2016
Community Health Needs Assessment
St. Anthony Hospital and OrthoColorado Hospital
At a Glance: Community Health Needs Assessment
St. Anthony Hospital and OrthoColorado Hospital

Area Served

Jefferson County, Clear Creek County and a portion of Denver County

Priorities

Behavioral Health
Healthy Eating Active Living (HEAL)/Obesity
Injury Prevention
Access to Health Care

Partners

Public health departments, school district, hunger, homeless and domestic violence service providers, law enforcement, mental health providers, community health centers, and faith organizations
Executive Summary

The Patient Protection and Affordable Care Act, enacted March 23, 2010, added new requirements for nonprofit hospitals to maintain their tax-exempt status, including a requirement to conduct a Community Health Needs Assessment (CHNA) once every three years to gauge the health needs of their communities and to develop strategies and implementation plans for addressing them. This CHNA was conducted in compliance with these new federal requirements and as an opportunity for St. Anthony Hospital and OrthoColorado Hospital 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.”

CHNA Methodology and Process

Service Area Definition:
To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas, defined as the lowest number of contiguous ZIP codes that account for 75% of a hospital’s inpatient admissions. We used the main counties within the STARK-Law service area to analyze our health driver and health outcome data, as health outcome data was generally not available at the ZIP code level.

Qualitative and Quantitative 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.

Additionally, we sought to engage our community in the qualitative data collection process. Once health needs were prioritized, we determined groups and individuals appropriate for focus groups, being sure to solicit input from underserved or minority groups within the communities we serve. These focus groups helped identify particularly important needs as seen by our communities, help us identify gaps in knowledge, and understand current external efforts around health needs that could be improved by healthcare participation.

Prioritization Process:
St. Anthony Hospital and OrthoColorado Hospital created a CHNA subcommittee to review the qualitative and quantitative health data, prioritize health needs in our communities, and to develop implementation strategies to address the prioritized needs. This subcommittee was made up of both hospital staff and community stakeholders including representatives from local public health departments. We prioritized health needs in our community using the Centura Health prioritization method, 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 already aligned with Centura Health and the community’s existing efforts. Based on the criteria rankings assigned to each health need, we calculated priority scores using the formula: D= C[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.

**Prioritized Need: Behavioral Health**

Our hospitals prioritized Behavioral Health due to both severity and community alignment. It ranked high in severity due to the relationship between behavioral health status and intentional injury or unintentional injury, such as substance abuse-related injury, as well as poor health outcomes related to comorbidity with chronic diseases. Jefferson County has a higher prevalence of people without social/emotional support than Colorado (18% vs. 16.9%), which is correlated with poor behavioral health status. Barriers and gaps include lack of screening and, if an issue is identified, stigma associated with behavioral health and insufficient providers to serve the community, especially lower income communities.

We have developed an implementation plan to build community and organizational capacity and care team skills to promote behavioral wellbeing. We will accomplish this by improving utilization of evidence-based practices in behavioral health screening; promote care team training; and increase awareness and referrals to appropriate behavioral health resources in partnership with the community.

**Goal 1:** Decrease rate of behavioral health hospitalizations in service area by 3%.

**Goal 2:** Decrease percentage of adults with a lack of social or emotional support from 18% to 17%.

We can achieve this goal through the following:

- Improve the detection and treatment of behavioral health needs through the utilization of evidence based screening tools in our SAH service area.
- Promote care team training and education of associates in most appropriate evidence-based screening and referral practices.
- Increase awareness of and improve referral to behavioral health resources (leverage/implement relationships so care systems can work with community partners).
- Develop an internal strategy to support resilience in associates by year-end 2016.
- Build Primary Prevention strategies through providing positive protective factors for youth in partnership with community organization.

**Prioritized Need: Obesity and Overweight Prevention through Healthy Eating and Active Living**

Healthy Eating and Active Living (HEAL) are associated with overweight/obesity, cardiovascular disease, cancer, diabetes and impact upon joints. St. Anthony Hospital and OrthoColorado Hospital see the outcomes of the lack of Healthy Eating and Active Living in our hospitals due to the diseases with the high morbidity rates (cancer, diabetes, cardiovascular disease and stroke). Many of the high utilizers within our Emergency Department are those with more than one chronic disease, many of which are HEAL-related. Diabetes is one of the top four diagnoses in our hospital which is increasing as people age, up to 14% of diagnoses for hospital patients among those sixty-five years and older.

We will reduce obesity and improve utilization of evidence-based practices in screening; promote care team training; and increase awareness and referrals to appropriate resources in partnership with the community.

**Goal 1:** Increase percent of population at a healthy Body Mass Index.

**Goal 2:** Decrease incidence of diabetes.
We can achieve this goal through the following:

- Increase utilization of evidence-based practices to screen for health factors and indicators for obesity and related conditions.
- Implement continuing education for associates to increase knowledge of clinical tools, methods and communication strategies to promote healthy weight.
- Increase awareness of and improve referral to healthy eating and active living resources at points of services (e.g., Neighborhood Health Centers, Senior Care Center, etc.)
- Obtain Gold Award for the Healthy Hospitals Compact by June 30, 2018.
- Increase water availability and accessibility in area schools to decrease daily caloric consumption through sweetened beverage and soda consumption.

**Prioritized Need: Injury Prevention**

Unintentional Injury was our third priority. The incidence of unintentional injury in our community is higher than in Colorado (50.6/100,000 vs. 45.1/100,000 in population, respectively). The impact of injury upon our hospital system is significant as a Level 1 Hospital treating the most serious injuries within our region and an orthopedic hospital addressing injuries. Additionally, as a community with a large aging population, falls are a contributor to both Emergency Department and in-patient admissions.

**Goal 1:** Decrease the number of hospitalizations for preventable falls.

**Goal 2:** Decrease the number of recreation/leisure activity-related traumatic brain injuries due to bike accidents without helmets.

We can achieve this goal through the following:

- Increase the number of people reached by evidence based injury prevention strategies by 20%.
- Increase the number of children biking to school with bicycle helmets.

As outlined in the above section, St. Anthony Hospital and OrthoColorado Hospital identified Injury Prevention as an urgent issue in our community. As such, we have prioritized Injury Prevention and have developed an implementation plan to build community and organizational capacity and care team skills to promote fall prevention among the aging and youth in our community. We will reduce preventable injuries by utilization of evidence-based practices in screening, education, and environmental and program supports and increase awareness and referrals to appropriate resources in partnership with the community. We will work with the Falls Prevention Network, Colorado Older Adult Wellness Program, Nurse Family Partnership, local fire departments, Safe Kids Denver Metro and local public health.

To determine our efficacy in the above efforts, we will measure and track data through the following databases:

- St. Anthony Trauma Registry
- Injury Prevention Programming Data

**Access to Health Care**

As outlined in the above section, St. Anthony Hospital and OrthoColorado Hospital identified access to health care as an urgent issue in our community. As such, we have prioritized access to health care and have developed an implementation plan to increase the number of patients in our communities who have a designated primary
care medical home and decrease the number who are uninsured. We will work with the community including The Action Center, local human services, Jefferson County Public Schools, and Metro Community Provider Network, among others.

**Goal 1:** Increase the percentage of adults with a regular doctor/medical home.

**Goal 2:** Increase the number of people who are insured.

We can achieve this goal through the following:

- Increase the number of people enrolled into Medicaid or Commercial Coverage by 15%
- Decrease overutilization of the Emergency Department through referrals to a medical home.
- Increase the percent of people with Primary Care Medical Home.

**Implementation Planning Process:**

The first step to developing our implementation plans was to present evidence-based practices focused on addressing [behavioral health, overweight/obesity prevention through healthy eating and active living (HEAL), injury prevention and access to care] to our hospital subcommittees. Next, we completed an environmental scan to determine which established efforts in St. Anthony Hospital, OrthoColorado Hospital and our community we could leverage or build upon to meet the health needs. We then used the PEARL test to determine if a program or strategy would be effective and appropriate.

To create our implementation plan, we modified the CHAPS Action Plan, provided by CDPHE. For each health priority we created SMART goals, strategies, and metrics. After identifying best practices applicable to our community and the hospital setting, we developed a crosswalk of these practices with that already happening in our community. We assessed internal structures for health care delivery to determine the best strategy to reach the most people through the systems in place. This method was utilized to get maximum reach, achieve outcomes through best practices and leverage community assets. We embed a systems and assets-based approach in the design of the Community Health Improvement Plan to reach more people. The involvement of partners, both internal and external to our hospital system, provided valuable input regarding how to bridge the hospital work with the community work. Alignment with community efforts was a key factor in decision-making.

**Implementation Plan Review and Approval:**

The final implementation plans were presented and approved by the OrthoColorado Hospital Board on May 22, 2016 and St. Anthony Hospital Board on June 1, 2016.
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.

Centura Health Vision
Centura Health will fulfill a covenant of caring for our communities with excellence and integrity to become their partner for life.

OrthoColorado Hospital Vision
Recognized in the Rocky Mountain region as the premier orthopedic destination by consumers, payers and physicians for creating a first class experience every step of the way.

Centura Health Core Values
Compassion
Respect
Integrity
Spirituality
Stewardship
Imagination
Excellence
Introduction

Centura Health, St. Anthony Hospital, OrthoColorado Hospital and Our Community

Background on the Community Health Needs Assessment

The evolving health care landscape has provided health systems throughout the country the opportunity to work with partners in their communities to improve and promote population health. The Patient Protection and Affordable Care Act, enacted March 23, 2010, added new requirements for nonprofit hospitals to maintain their tax-exempt status. One such provision requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) once every three years to gauge the health needs of their communities and to develop strategies and implementation plans for addressing them. This CHNA was conducted in compliance with these new federal requirements.

In addition to Affordable Care Act (ACA) compliance, the implementation of the CHNA furthers Centura Health’s and St. Anthony Hospital and OrthoColorado Hospital’s mission and vision. As the region’s largest health care provider, Centura Health fulfills our 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. We honor our commitment to provide outstanding care within our hospitals’ walls and to move upstream to positively impact our patients’ lives.
Our Goals for the Community Health Needs Assessment

The CHNA process gave St. Anthony Hospital and OrthoColorado Hospital 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 between St. Anthony Hospital, OrthoColorado Hospital, our local public health departments, community leaders, and stakeholders. Our goal is to build our organizational capacity in population health best practices and to better position St. Anthony Hospital and OrthoColorado Hospital 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 hospital and 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 seek to create efficiencies in our processes, community partnerships, and delivery of care. We have continued to build upon existing relationships between St. Anthony Hospital and OrthoColorado Hospital and the Jefferson County, Denver County and Clear Creek County Public Health Departments. Together, we have taken great strides to create a model to which hospitals and health care systems around the nation can look to address their own community’s needs. By following the model of activating primary care networks, advancing evidence-based practices, and providing training for care teams and community providers, St. Anthony Hospital and OrthoColorado Hospital are continuing to strengthen opportunities for good health and addressing the determinants of poor health in the communities we serve.

To more fully integrate a population health mindset throughout the Centura Health system, we leveraged existing data resources, internal expertise, and the strength of our network to design a system-wide CHNA process. This helped to assure key stakeholders’ increased knowledge of public health and to engage internal systems in population health data to help explain the drivers of emergency room and inpatient visits. The knowledge we gained from the CHNA process helped our hospitals more effectively lay out their strategic plan for addressing the needs in their communities. Over the course of the year, 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.
St. Anthony Hospital:  
Our Services and History

Since its foundation in 1890, St. Anthony Hospital has provided people throughout Denver, Lakewood and the surrounding communities compassionate, personalized, whole-person care. St. Anthony Hospital is a full-service, award-winning, 224 bed hospital specializing in Cardiology, Comprehensive Stroke, Breast Health and Neurosurgery and Neurology Specialties.

St. Anthony Hospital was founded by Reverend Joseph P. Machebeuf and the Sisters at Lafayette, Indiana in 1884. Seven nuns arrived from the newly formed American branch of the Poor Sisters of Saint Francis Seraph of Perpetual Adoration. The Sisters worked with heartfelt concern for their patients, but Sister Mary Huberta believed the Order needed its own hospital. In May 1892, the hospital opened with 120 ward beds, 60 private beds, and a name faithful to its patron.

Distinctive Services

St. Anthony Hospital offers leading medical experts, cutting-edge technology, and a broad array of specialties and services. Our distinctive services include:

- Emergency Care and Level I Trauma Center
- Comprehensive Stroke Center
- Heart and Vascular Care
- Cancer Center/Breast Center
- NeuroSciences Center

Our expertise in these areas has earned us a number of awards and honors throughout the years. St. Anthony Hospital is proud to have received the following awards:

- Lantern Award recipient for Emergency Care Excellence
- Stroke Gold Plus Performance Achievement Award
- Accredited Chest Pain Center
- Accredited Heart Attack Receiving Center
- ACTION Platinum Performance Achievement Award
- 2016 Healthgrades Honors for Distinguished Hospital Clinical Excellence, Stroke, Neuro, Heart and Vascular, GI and Critical Care Services
OrthoColorado Hospital: Our Services and History

Since its foundation in 2010, OrthoColorado Hospital has provided people throughout the state of Colorado and the surrounding states with compassionate, personalized, whole-person care. OrthoColorado Hospital is a full-service, award-winning, 48 bed hospital specializing in joint and spine care.

OrthoColorado Hospital is a joint venture between physician investors and Centura Health. This unique partnership offers a lot of benefits for our patients. With our strong physician leadership we are able to create the safest environment for our patients. Our physician investors reside in the Denver Metro area community, practicing at Panorama Orthopedics and Spine Center, Precision Orthopedics and South Denver Neurosurgery. Together with the strong mission of Centura Health and our physician investors, these healthcare leaders share a vision for creating a premier orthopedic specialty hospital to serve the Rocky Mountain region. OrthoColorado Hospital provides care that transcends the walls of the hospital to nurture the health of its communities.

Distinctive Services

OrthoColorado Hospital offers leading medical experts, cutting-edge technology, and a broad array of specialties and services. Our distinctive services include:

- Joint Replacement & Reconstruction
- Spine Care
- Hand and Wrist Surgery
- Foot and Ankle Surgery
- Sports Medicine

Our expertise in these areas have earned us a number of awards and honors throughout the years. OrthoColorado Hospital is proud to have received the following awards:

- 5 star rating from Centers for Medicare and Medicaid Services for patient experience
- 2014 Excellence Through Insight Award from Health Stream
- 2014 Becker’s Hospital Review named OrthoColorado Hospital “125 Hospitals and Health Systems With Great Orthopedic Programs.”
Commitment to Our Community

At St. Anthony Hospital and OrthoColorado Hospital, the work we do outside of medical care is born out of the second part of our mission, “to nurture the health of the people in our communities.” From access for the uninsured, to strengthening community partnerships to build vibrant and healthy neighborhoods, St. Anthony Hospital and OrthoColorado Hospital are partners for life.

As a private, non-profit hospital, our dedication is solely to fulfilling our organizational mission by living out our core values and protecting the health and wellbeing of our communities. Our community benefit activities are integral to our religious mission and are the basis of our tax-exempt status. Throughout Centura Health, these community benefit activities include improving community health by providing services to low-income patients and connecting patients with services after discharge, community building, such as economic development and community health programs, subsidized health services like hospice, home care, research to advance the field, financial and in-kind contributions to the community, and community benefit planning.

In fiscal year 2015, St. Anthony Hospital and OrthoColorado Hospital provided over $39 million in total community benefit. Community services ranged from workforce development to prevention education. Our investments included financial assistance for 30,672 patients and supportive therapies for 22,357 patients. We involved over 40 local high school students in health career engagement programs. We also provided flu shots, fall prevention, diabetes and chronic disease management programming in community settings. To increase healthy food access, we participated in summer food programs, partnered on farmers’ markets and walking programs, and hosted food drives. Our associates also serve on 50 advisory committees/boards and multiple comprehensive county-wide public health improvement coalitions.
Our Community

To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital’s inpatient admissions. These ZIP codes have a combined population of 1,143,793.

The demographic makeup of these communities is as follows:

Race and Ethnicity: The population is 85.3% white, 1.38% black, 3.11% Asian, 0.99% Native American/Alaskan Native, 0.06% native Hawaiian/Pacific Islander, 6.17% some other race, and 2.99% multiple races.

Additionally, 33.1% are Hispanic or Latino.

Education Level: In our communities, 48.5% of the population has an Associate’s Degree or higher. CO average is 44.7%

Unemployment Rate: 3.8%, CO average is 4.0%

Population with Limited English Proficiency: 8.3%, CO average is 6.7%

High School Graduation Rate: 67.6%, CO average is 77.6%

Population Living in Households with Income Below 200% of Federal Poverty level: 28.2%, CO average is 29.6%
Population Demographics in St. Anthony Hospital’s Service Area

Race

- White: 85.3%
- Black: 1.38%
- Asian: 3.11%
- Native American/Alaska Native: .99%
- Native Hawaiian/Pacific Islander: .06%
- Other: 6.17%
- Multiple races: 2.99%

Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>66.9%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Multiple races</td>
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</tbody>
</table>

Associate’s Degree or Higher

- St. Anthony Service Area: 48.5%
- State Average: 44.7%

High School Graduation Rate

- St. Anthony Service Area: 67.6%
- State Average: 77.6%

Limited English Proficiency

- St. Anthony Service Area: 8.3%
- State Average: 6.7%

Unemployment Rate

- St. Anthony Service Area: 3.8%
- State Average: 4.0%

Households Below 200% of Federal Poverty Level

- St. Anthony Service Area: 28.2%
- State Average: 29.6%
Our Approach to the Community Health Needs Assessment

In order to assess the needs of our community, we created a hospital subcommittee to solicit and take into account input from individuals representing the broad interest of our community. Our hospital subcommittee was made up of representatives from our hospital and the community. Our subcommittee:

- Reviewed the quantitative data and provided insight;
- Prioritized health needs using the Centura Health Prioritization Method;
- Identified implementation strategies to maximize impact on a specific health need; and
- Coordinated and collaborated implementation strategies across prioritized needs.

Each subcommittee member was provided with a written description of his/her role. Subcommittee members were required to attend up to four meetings, each two to three hours. Through mobilizing community partnerships, the subcommittee brought together over 30 individuals, representing 16 agencies, dedicating approximately 180 collective hours.

St. Anthony Hospital’s Partnerships with Public Health

St. Anthony Hospital and OrthoColorado Hospital have a strong partnership with Jefferson County Public Health (JCPH). We value leveraging community assets to be a good steward of community resources and lead to greater health outcomes. The key staff involved in the JCPH Public Health Improvement Plan served on our Advisory Council. After aggregating hospital data, we shared it with Metro Denver health departments, including JCPH and Denver Public Health, which then provided the population data for our service area. Population data included that for Jefferson County and Denver County and Clear Creek County. Local public health also worked with us to identify best practices for our priority health areas. This information was used to guide the Advisory Council through the prioritization and planning processes. Our plan is intentionally developed to complement local public health improvement plans for common areas of priority for joint implementation.

Clear Creek County is a small portion of our service area, and we will partner with the Clear Creek Public Health Department to support their Community Health Improvement Plan. We did not want to diminish the health issues within their service area by embedding them into the overall discussion of health priorities, recognizing that their needs are very different from the more populous areas in our Stark Service Area. We will continue to expand our partnerships in the more rural areas as our service area expands into this county.
Stage 1: Scanning the Data Landscape

The CHNA was conducted through a collaborative partnership between St. Anthony Hospital, OrthoColorado Hospital, the health departments of Jefferson and Denver Counties, and community stakeholders. We used the main counties within the STARK-Law service area to analyze our health driver and health outcome data. Health outcome data was generally not available at the ZIP code level. St. Anthony Hospital’s main service area encompasses Jefferson County, Clear Creek County and parts of Denver County, which was the data used for this process. OrthoColorado Hospital’s STARK-Law service area overlaps with that of St. Anthony Hospital.

The 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.
### Table 1. Health Indicator Data

The health needs in the table below were analyzed during the prioritization process. See Appendix B for the full dataset.

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Indicator</th>
<th>Community Value</th>
<th>Colorado Value</th>
<th>Healthy People 2020 Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Percentage of adults 18 and older who self-report that they have ever been told by a health professional that they had asthma</td>
<td>12.7%</td>
<td>12.9%</td>
<td>N/A</td>
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<tr>
<td>Breast Cancer</td>
<td>Cases per 100,000 females per year, age adjusted</td>
<td>132.6</td>
<td>125.3</td>
<td>N/A</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>Cases per 100,000 females per year, age adjusted</td>
<td>6.9</td>
<td>6.2</td>
<td>7.1</td>
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<tr>
<td>Colorectal Cancer</td>
<td>Cases per 100,000 population per year of colon and rectum cancer, age adjusted</td>
<td>37.1</td>
<td>36.9</td>
<td>38.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes</td>
<td>5.8%</td>
<td>6.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Death rate due to coronary heart disease per 100,000 population</td>
<td>156</td>
<td>137.4</td>
<td>N/A</td>
</tr>
<tr>
<td>Homicide</td>
<td>Rate per 100,000 population</td>
<td>4.7</td>
<td>3.7</td>
<td>5.5</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Chlamydia rate per 100,000 population</td>
<td>563.8</td>
<td>422.8</td>
<td>N/A</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>HIV Rate per 100,000 population</td>
<td>701.2</td>
<td>265</td>
<td>N/A</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>Death rate due to chronic lower respiratory disease per 100,000 population</td>
<td>50</td>
<td>48.4</td>
<td>N/A</td>
</tr>
<tr>
<td>Maternal, Infant, and Child Health</td>
<td>Infant mortality rate per 1,000 births</td>
<td>6</td>
<td>5.5</td>
<td>6</td>
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<tr>
<td>Maternal, Infant, and Child Health</td>
<td>Teen birth rate per 1,000 female teens</td>
<td>43</td>
<td>36.5</td>
<td>N/A</td>
</tr>
<tr>
<td>Maternal, Infant, and Child Health</td>
<td>Percentage of low birth weight births</td>
<td>8.9%</td>
<td>8.8%</td>
<td>7.80%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Percentage of adults who lack social or emotional support</td>
<td>18%</td>
<td>16.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>Obesity/Overweight, Physical Activity and Nutrition</td>
<td>Percentage of adults 18 and older who self-report a Body Mass Index (BMI) greater than 30.0</td>
<td>17.7%</td>
<td>20.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Percentage of adults who did not receive a dental exam in the past year</td>
<td>21.9%</td>
<td>31.1%</td>
<td>N/A</td>
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<tr>
<td>Oral Health</td>
<td>Percentage of adults with poor dental health</td>
<td>9.8%</td>
<td>10.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>Cases per 100,000 males per year, age adjusted</td>
<td>159.2</td>
<td>147.6</td>
<td>N/A</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Adults reporting heavy alcohol consumption</td>
<td>19.2%</td>
<td>17.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>Suicide</td>
<td>Rate per 100,000 population</td>
<td>17.4</td>
<td>17.2</td>
<td>10.2</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>Death rate due to unintentional injury (accident) per 100,000 population</td>
<td>50.6</td>
<td>45.1</td>
<td>36</td>
</tr>
</tbody>
</table>
Stage 2: Delving into the Data to Identify Priorities

Our St. Anthony Hospital and OrthoColorado Hospital CHNA Subcommittee received a health indicator data presentation compiled by the CHNA Steering Committee. The Subcommittee identified and prioritized community health needs using the Centura Health prioritization method as detailed below. They identified the most pressing needs in the Jefferson County community based on health indicators, health drivers, and health outcomes. It is important to note that the prioritization process focused on Jefferson County, based upon our STARK service area and the number of patients represented in Jefferson County. Representatives from Denver Public Health were involved in our process, as well, recognizing that their public health department is part of a hospital in that county with a CHNA we support. Clear Creek County’s needs and solutions are unique due to their more rural nature, and we will focus on priority areas for the zip code within their county separately to ensure we support them in a meaningful manner in order to not diminish their needs or approach the community will less localized solutions.

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 or Healthy People 2020.

Process to Identify Priority and Non-Priority 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%/rate same as 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%-.09%/rate slightly lower than Colorado benchmark</td>
<td>Relatively Not Serious</td>
<td>Some alignment with 1 or two 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 being addressed</td>
</tr>
</tbody>
</table>
Based on the criteria rankings assigned to each health need above, we calculated priority scores using the formula: \( D = C[A + (2B)] \), 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.

St. Anthony Hospital and OrthoColorado Hospital identified four needs as priority areas that we have the ability to effectively impact. These include:

- Overweight/Obesity Prevention
- Behavioral Health
- Injury Prevention
- Access to Health Care
- Access to Health Care

Additional data provided by our local public health departments was also reviewed. Please see more information in Appendix C.

**Stage 3: Engaging our Community to Understand and Act**

We sought to engage our community in qualitative data collection. Once health needs were prioritized, the Subcommittee worked together to determine groups and individuals appropriate for focus groups, being sure to solicit input from those in the communities we serve who know the experiences of the underserved, minority, and aging populations best through personal experience or close work with them. When connecting with partners, we identified those with strong community connections and trust, including within historically underserved communities.

Next, the group identified key questions to better understand obesity and behavioral health. Specifically, we wanted to identify focus areas, knowledge gaps, unmet needs, or current external efforts that could be improved by health care participation. Through our partnerships, we gathered information from people trusted by those disproportionately affected by these issues through informal focus groups. NAMI, Jefferson Center for Mental
Health and our own Psychiatric team shared qualitative information from clients, and Metro Community Provider Network shared information from diverse and low-income populations.

A formal focus group was held with faith organizations, recognizing the mission alignment and their reach in community. Twelve people, representing eight racially and economically diverse congregations, met at St. Anthony Hospital for 1.5 hours. An overview of health data preceded a discussion focusing on the community context of the needs as well as the associated challenges, gaps and resources. We also asked what people would do if they could address the issues. Several themes arose:

1) Ministers often see first signs of behavioral health issues. Counseling is the #2 cost within their budgets. Although they are a trusted resource, they are unsure how to identify/address behavioral health needs.

2) Appropriate referrals are challenging due to unknown resources. “I send people to a guy {psychologist} I know in {different county 20 miles away}”.

3) Stigma is a barrier. People identify situational problems vs. how they feel. “Brokenness does not have to define you”, but it tends to do so.

We learned more about our role in the community. The faith community was unaware of our faith-based mission so they had not seen the opportunity to build stronger relationships so we are perceived as a trusted place.

Stage 4: Developing the Implementation Plan

Once our community health needs were identified and prioritized, we began to develop an implementation plan for to address behavioral health, obesity, injury prevention and access to care. The first step was to present evidence-based practices focused on behavioral health and obesity to our hospital subcommittees. The literature review, done in partnership with the public health department, assessed both practices demonstrated to be effective in community and practices identified to be effective in the hospital setting, recognizing the importance of community-based approaches as well as our assets as a health care provider and the importance of making connections between care and community. Next, we completed an environmental scan to identify those established efforts in St. Anthony Hospital, OrthoColorado Hospital and our community we could leverage or build upon to meet the health needs. We then used the PEARL test to determine if a program or strategy would be effective and appropriate.

On September 17, 2015, the CHNA hospital leads from each Centura Health hospital attended a panel at Porter Adventist Hospital. The panel featured local experts on mental health, healthy eating, and active living initiatives:

- Shannon Breitzman, Branch Director, Injury, Suicide and Violence Prevention, CDPHE
- Doug Muir, Director of Behavioral Health Service Line, Porter Adventist Hospital
- Sarah Kurz, VP of Policy and Communication, Livewell Colorado
- Kim Patton, HRSA, Acting Deputy Regional Administrator, Mental Health
- Reg Cox, Senior Minister, Lakewood Church of Christ
- Andrea Bon-Wilson, Psychological and Behavioral Counselor, Cardiac Rehabilitation and Health Wellness, HELP for Diabetes Program, St. Anthony Hospital

The panelists spoke about available resources and programs in their communities that are impactful, and gaining traction locally, regionally, and/or statewide that address mental health and/or healthy eating and active living. They also spoke to current programming gaps in programming that health care systems or hospitals can help to address.

To create our implementation plan, we modified the Colorado Health Assessment and Planning System (CHAPS)
Our Approach to the Community Health Needs Assessment

Action Plan, provided by Colorado Department of Public Health and Environment. CHAPS is a standardized process used by local public health departments to meet the community health needs assessment and planning requirements. For each health priority we created specific, measurable, achievable, realistic, and time bound (SMART) goals, strategies, and metrics.

After identifying best practices applicable to our community and the hospital setting, we developed a crosswalk of these practices with that already happening in our community. We assessed our internal structures for health care delivery to determine the best strategy to reach the most people through the systems in place. This method was utilized to get maximum reach, achieve outcomes through best practices and leverage community assets. We embed a systems and assets-based approach in the design of the Community Health Improvement Plan to reach more people. The involvement of partners, both internal and external to our hospital system, provided valuable input regarding how to bridge the hospital work with the community work. Alignment with community efforts was a key factor in decision-making.

Our Community Health Improvement Plan includes SMART goals related to specific activities to be done by members of the community and/or St. Anthony and OrthoColorado Hospitals. For those areas for which we had baseline information, the data informed the development of measurable and realistic goals. Several strategies were designed to integrate community efforts into the work. For example, when planning for behavioral health screening and referral, we recognize that our SMART goal should establish the foundation for the work, such as doing an inventory of the tools currently being used to identify behavioral health needs and the best referral resources. When we identified an area for which we needed additional information, the process of data collection is included in this plan.

In January 2016, we hosted a Steering Committee meeting to present our draft Community Health Improvement Plan. During the meeting, we received input regarding what partners could contribute to the plan’s strategies, gaps in the plan and those things of which we should be aware due to perceived risk. This process enabled us to further clarify our goals in relation to how they would be done and the lead for each. Our CHNA has not been designed as a St. Anthony Hospital/OrthoColorado Hospital plan but, rather, as a community plan for which each Advisory Committee member has a role to play. For example, the obesity prevention focus will be led by the local public health department which already has a plan with engaged community members focused on the work. Our hospitals will support this plan and bring our assets to this work.

Social-Ecological Model

The social-ecological model recognizes the complex interplay between individual, relationship, community, and societal factors. Individuals are responsible for making and maintaining lifestyle choices, such as healthy eating and active living. However, the ability to make these choices is determined largely by the social environment we live in (i.e., community norms, laws, policies). Barriers to healthy eating and active living are shared by the community, and removal of the barriers makes behaviors attainable and sustainable. The overlapping rings in the model illustrate how factors at one level influence factors at another level (see Figure 2). Therefore the most effective approach to impacting health outcomes is a combination of efforts at the individual, interpersonal, organizational, community, and public policy levels.

The following are examples of factors in the social-ecological model for the areas of priority for this Community Health Needs Assessment. To achieve long-term health outcomes among our communities, changes at every level of the model will both support people making the healthy choices and removing the barriers to making the healthy choices. The model makes it such that a person can leave the physician’s office and their community – people and environment – will support the person in the changes recommended by the physician. It also makes it possible for healthy choices to be supported in diverse communities or various income and race/ethnicity.

Healthy Eating:

*Individual*: Eat nine servings of fruits/vegetables daily
**Interpersonal:** When friends gather, there are fruits/vegetables served  
**Organizational:** At work and in schools, vending machines and cafeterias offer fruits/vegetables  
**Community:** Stores that sell fruits/vegetables are in all communities (e.g., food pantries, convenience stores and grocery stores)  
**Public policy:** Women, Infants and Children Program for lower income moms can be used to purchase all healthy options within a store  

**Active Living:**  
**Individual:** Exercise for 150 minutes/week  
**Interpersonal:** Friends and neighbors go for walks together as a part of their routines  
**Organizational:** At work and in schools, there are daily opportunities to get up and move for longer periods of time (e.g., breaks and recess)  
**Community:** There are places to walk in communities that support people safely walking where they would typically go (e.g., sidewalks to stores)  
**Public policy:** Complete Streets policies guide cities and states to create sidewalks and bike lanes along with roads  

**Behavioral Health:**  
**Individual:** Sense of safety and security (e.g., shelter and safety from violence)  
**Interpersonal:** Positive connections with peers and family  
**Organizational:** Access to community activities, such as school clubs and recreation facilities, in which people have an awareness and understanding of behavioral health signs and symptoms through classes such as Mental Health First Aid  
**Hospital/HealthCare:** Assess for risk factors associated with behavioral health issues to identify risk and early symptoms and referral to resources to meet basic needs (food, shelter) and health care services  
**Community:** Create environments that encourage positive connections and in which there is decreased stigma associated with behavioral health  
**Public policy:** Increase access to basic needs (e.g., affordable housing, Supplemental Nutrition Assistance Program enrollment) and behavioral health care providers through reducing shortages among those who accept Medicaid  

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1 [http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html](http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)
Health in St. Anthony and OrthoColorado Hospitals’ Community

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, in order of priority:

- Behavioral/Mental Health
- Overweight/Obesity Prevention, Physical Activity and Nutrition
- Unintentional Injury
- Communicable disease
- Breast Cancer

Prioritized Health Needs

St. Anthony Hospital and OrthoColorado Hospital initially prioritized two health needs, behavioral health and overweight/obesity prevention (healthy eating and active living) due to their high rank in our prioritization process. These two areas of health focus are also priorities within our local public health departments’ Community Health Improvement Plans. Additionally, as the process unfolded, we recognized the importance of unintentional injury due to the Level 1 status of St. Anthony Hospital and the focus of OrthoColorado Hospital and the natural alignment with our work in the community.

St. Anthony Hospital and OrthoColorado Hospital prioritized Behavioral Health due to both severity and community alignment. On a scale of 1 (low) to 10 (high), Behavioral Health scored as follows: Size = 5, Seriousness = 8.2, and Alignment = 7.2. Severity is due to the relationship between behavioral health status and injury (suicide) or unintentional (substance abuse-related injury and assault) as well as poor health outcomes related to comorbidity.
with chronic diseases. Jefferson County has a higher prevalence of people without social/emotional support than Colorado (18% vs. 16.9%), which is correlated with poor behavioral health status. Barriers and gaps include lack of screening and, if an issue is identified, the stigma associated with behavioral health which is a barrier to accessing care. Lastly, if treatment is sought, there are insufficient providers to serve the community, especially lower income communities.

St. Anthony Hospital sees poor behavioral health throughout our system. In fact, behavioral health is the most frequent key health diagnosis for patients ages 18 years and older, ranging from 24% of diagnoses for patients 65 years of age and older to 36% of diagnoses for people 18-34 years of age. Alcohol/substance abuse is the second highest diagnosis for patients ages 35-49 (25%) and ages 50-64 (19%). The largest population in our hospital is those 65 years of age and older (27.47%), who often experience social isolation during the aging process, also associated with poor behavioral health.

The hospitals and community have resources to leverage and new strategies to reduce barriers to behavioral health care. Our local FQHC, behavioral health provider, regional accountable care collaborative, hospitals and public health department are supporting Emergency Department high utilizers with wrap-around services to include behavioral and physical health, case management and resource navigation. A stigma reduction campaign is in design for the Metro Denver Area, presenting an opportunity to reduce and remove this barrier to care. Mental Health First Aid and Motivational Interviewing are skills being developed as methods through which community members and professionals can identify and respond to early-stage behavioral health issues. St. Anthony Hospital and OrthoColorado Hospital's capacity to reach higher risk people and desire to implement best practices to address behavioral health issues, complemented by similar desires among community partners and the schools, creates an environment supportive of collaborative work to address this health issue.

Healthy Eating and Active Living (HEAL) are associated with overweight/obesity, cardiovascular disease, cancer, diabetes and impact upon joints. In relation to mortality in our service area, the top four causes of death are associated with poor HEAL behaviors. HEAL, therefore, rose to the top in priority based upon severity (7.35) and alignment (8.14).

St. Anthony Hospital and OrthoColorado Hospital see the outcomes of the lack of Healthy Eating and Active Living in our hospital due to the diseases with the high morbidity rates (cancer, diabetes, cardiovascular disease and stroke). Many of the high utilizers within our Emergency Department are those with more than one chronic disease, many of which are HEAL-related. Diabetes is one of the top four diagnoses in our hospital which is increasing as people age, up to 14% of diagnoses for hospital patients among those sixty-five years and older.
An understanding of the non-clinical factors influencing health, including environmental quality and the built environment, is important to fully grasp the needs of our communities. Environmental factors, including access to healthy foods and recreation facilities, impact both behavior and health outcomes.

An analysis of the environmental indicators for Clear Creek, Denver, and Jefferson Counties revealed that we have many opportunities to participate in recreational activities.

However, there are over 87 fast food restaurants available per 100,000 population in our community compared to the state average of only 76.6. There are also fewer WIC-authorized food stores in our community and more liquor stores.

<table>
<thead>
<tr>
<th>Environmental Indicator</th>
<th>Fast Food Restaurant Access</th>
<th>WIC-Authorized Food Store Access</th>
<th>Liquor Store Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>87.6</td>
<td>6.7</td>
<td>28.2</td>
</tr>
<tr>
<td>Colorado</td>
<td>76.6</td>
<td>8.8</td>
<td>25</td>
</tr>
</tbody>
</table>

Moving forward into our implementation plans, St. Anthony Hospital and OrthoColorado Hospital recognize both the opportunities and barriers to achieve a healthy and active lifestyle in our community.

There is strong momentum to address HEAL in the community among our community partners. Jefferson County Public Health Department has a well-developed Healthy Eating Active Living Coalition and work plan based upon their Community Health Assessment. Our hospitals will, therefore, be strong partners in this work without duplicating any efforts. We will build upon our capacity to screen for HEAL behaviors and refer patients and community members to community-based and hospital resources to address HEAL and the chronic diseases for which management is better through HEAL.

Unintentional Injury was our third priority based upon size (7) and alignment (7.21). The incidence of unintentional injury in our community is higher than in Colorado (50.6/100,000 vs. 45.1/100,000 in population, respectively). The impact of injury upon our hospital system is significant as a Level 1 Hospital treating the most serious injuries within our region and an orthopedic hospital addressing injuries. Additionally, as a community with a large aging population, falls are a contributor to both Emergency Department and in-patient admissions. Injury is the leading cause of inpatient admission within our Emergency Department for all ages other than 35-49, for whom substance abuse is the leading cause. The percent of admissions ranges from 28% (ages 65 and older) to 38% of patients ages 0-17.

The St. Anthony Hospital injury prevention coordinator ensures the availability of injury prevention resources in our community, including screening and referrals to fall prevention resources. A strong partnership with the Colorado Older Adult Wellness Program ensures access to health promotion classes related to injury and other health needs among this population. St. Anthony Hospital has the capacity to provide education and advocate for systems to support fall prevention throughout our community and to support physical activity through injury prevention strategies.

Incidence of unintentional injury per 100,000

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Anthony Community</td>
<td>50.6</td>
</tr>
<tr>
<td>Colorado</td>
<td>45.1</td>
</tr>
</tbody>
</table>
Access to Care

In addition to the above prioritized health needs, Centura Health and St. Anthony and OrthoColorado Hospitals recognize 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 has been a top priority for Centura Health throughout our history. Our founders recognized a community need for health care services and built the first hospitals to meet that need. More recently, 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.

While not a driver of health outcomes, improving access to care is a critical factor in addressing the mental health, obesity and injury prevention needs identified in the CHNA process. As a nonprofit and faith-based hospital, St. Anthony Hospital and OrthoColorado Hospital have a mission to understand all of the potential factors that prevent members of our community from accessing the care, both mental and physical, that they need. The rising costs of healthcare can prevent members of our communities from seeking care or from continuing with the care they need. 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.

Centura Health continually promotes programs and services to ensure that individuals in our communities can access the care they need. Throughout the organization, we engage Community Health Advocates (CHA’s) who 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 number who are uninsured. We identify uninsured patients in our Emergency Departments, our community-based partner organizations, and at local events to engage them with CHA’s 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.
St. Anthony Hospital has a full-time Community Health Advocate (CHA) certified to enroll patients and their families into public and commercial insurance options. The CHA and hospital Eligibility Specialists reach all uninsured patients entering our system and support them until enrolled in coverage. Additionally, our CHA assesses the connection to a medical home and, if missing, connects patients to a primary care provider. In Fiscal Year 2016, our CHA team has enrolled 58 people into Medicaid, 98 into commercial insurance and linked 120 people to a primary care physician within our operating region. These referrals increase the likelihood that people meet their behavioral health, HEAL and injury prevention needs through the primary care setting.

Our CHNA 2013 (most recent) data demonstrated 15.5% of adults were uninsured, and 10.4% of children were uninsured. Our uninsured rates for adults were better than Colorado (18.6%), and child rates were slightly worse than Colorado (9%). Insurance is a step toward care, also recognizing the importance of a medical home. Our community has 2.4 Federally Qualified Health Centers per 100,000 population serving the uninsured and underinsured (vs. 2.9 in Colorado). We have 101.1 primary care physicians per 100,000 population (vs. 79.2 in Colorado), and 23.8% of adults do not have a regular doctor (vs. 23.6 in Colorado).

Access to Behavioral Health Services

Inadequate access to behavioral health services is also a concern in the communities we serve. Centura Health has recognized this gap and is currently working with behavioral health partners and providers to better integrate behavioral health services into our hospitals, clinics, and neighborhood health centers. At St. Anthony Hospital, we are currently working with Jefferson Center for Mental Health to provide behavioral health services to our patients and our communities. St. Anthony Hospital is a member of the Jefferson County Hot Spotting Alliance and Bridges to Care Program which identify high utilizers of the Emergency Department, many of whom have behavioral health care needs, and link them with a case manager and available behavioral and physical health services to improve health outcomes.

Other Issues Impacting Health across the State and in Our Community

Smoking

The Colorado Clean Indoor Air Act is a state law limiting smoking in indoor areas and within 15 feet of building entryways. The law does not extend to outdoor areas. Many cities and counties in Colorado have enacted ordinances to make their smoking laws more stringent than state law. In many cases, cities and counties have extended their restrictions to widen the perimeter of restricted entryways and extend no smoking laws to outdoor areas like downtown areas, parks, transit waiting areas, and dining patios. Some counties have also chosen to apply all of their existing smoking laws to the use of electronic cigarettes. The city of Denver extended Colorado state smoking laws to prohibit smoking on hospital grounds and sidewalks. The cities of Westminster, Wheat Ridge, Arvada, Littleton and Lakewood all extended the application of laws that prohibit smoking to the use of electronic cigarettes.

SNAP and WIC Accepted at Farmer’s Markets
Many Coloradans purchase their fresh fruits and vegetables from their local farmers’ market. Farmers’ markets are an excellent way for people to access nutritious, locally grown products. Ideally, farmers’ markets would be accessible to all Coloradans, regardless of income levels. Supplemental Nutrition Assistance Program (SNAP) payments are accepted at numerous farmers’ markets across the state. Women, Infants, and Children (WIC) payments are accepted only at 7 farmers’ markets across the state. There are multiple farmers’ markets in Denver and Jefferson counties that accept SNAP benefits; however there are none that accept WIC.

Colorado’s Lack of Affordable Housing

The average cost of rent in Colorado is growing three times faster than the national average. For a Coloradan to afford a median-priced rental in the state, the resident must make thirty-five dollars an hour, which is four times as much as Colorado’s minimum wage. Denver is one of five U.S. cities that has seen housing prices rise above pre-bubble historical averages. An individual living in Denver earning a median income can expect to devote 35% of their pay to cover the rent on a typical rental property, and that is compared with an average U.S. rent burden of 30.2% of income. Currently Denver ranks first among major metro areas in the United States in home price appreciation rate.

High “Self Sufficiency Standard”

The cost of living in Colorado has risen 32% from 2001 to 2015. Between 2001 and 2005, health care went up by 86%, food by 63%, child-care by 48%, and housing increased by 27%. The state’s minimum wage is insufficient to support families anywhere inside the state, and is only sufficient to support one-person households in Otero, Bent, and Custer Counties. 76% of workers in the most common occupations do not earn wages sufficient to support their families.

Homelessness

The Sturm College of Law at the University of Denver has conducted an extensive report addressing Colorado’s homelessness issues. Closely related to the issue of a shortage of affordable housing in many Colorado towns is a failure to address the needs of homeless residents. In Colorado’s 76 largest cities, there are 351 city ordinances in Colorado that criminalize life-sustaining behaviors for the homeless. These laws disproportionately impact homeless residents. Sturm College of Law at the University of Denver estimates that six Colorado cities spent at least $5 million enforcing fourteen anti-homeless ordinances between 2010 and 2014, and this is a conservative estimate. These funds could be better used to fund programs to rehabilitate and support the homeless, many of whom suffer from behavioral health issues.

Marijuana Legalization – Effect on Tourists

Out-of-state visitors to Colorado emergency rooms for marijuana-related symptoms accounted for 163 per 10,000 visits in 2014, up from 78 per 10,000 visits in 2012, according to research published by Dr. Howard Kim, a Northwestern research fellow and emergency medicine physician. The 109% increase far outpaced the 44% increase among Colorado residents since the state’s recreational marijuana sales began Jan. 1, 2014.

Access to Care for Undocumented Individuals

Due to current laws and regulations, it is difficult for undocumented individuals to get health insurance. Also, families with both documented and undocumented individuals are apprehensive of applying for coverage even when they are eligible, out of fear that the undocumented members of their family will be reported to immigration authorities. However, there are currently strong legal protections against using information received through health insurance against an undocumented individual. Centura Health and other community organizations must educate the community regarding these rules to encourage more undocumented individuals to apply for coverage.
Preventable Motor Vehicle Accidents

Colorado is only one of fifteen states in the country with secondary safety belt laws – meaning that law enforcement drivers can only cite drivers for not wearing seat belts if they are stopped for another violation. Colorado safety belt usage is lower than the national average at 82.4% compared with 87% nationally. Also, it is not mandatory by law for motorcycle riders to wear helmets\(^\text{10}\). Currently, it is legal for anyone over the age of 18 to use a phone while driving\(^\text{11}\).

Education

Coloradans with less education are more likely to live in poverty. A 2012 report shows that only 4.5% of Coloradans with a bachelor’s degree or higher lived in poverty, while 26.9% of Coloradans without a high school diploma or GED are living in poverty. Furthermore, the unemployment rate for Coloradans with a bachelor degree is 3.9%, which is significantly lower than the state average of 8%. 10.6% of Coloradans without a high school diploma or GED are unemployed. Education is strongly associated with higher earners. Coloradans with a bachelor’s degree had a median income of $47,782, while those with only a high school education or GED had a median income of $28,486.
Civil Commitment Statute - Statewide

According to Colorado law, a person can be involuntary committed for psychiatric evaluation if they pose an “imminent danger” of harm to themselves or others. Spurred by the Aurora movie theater shooting in July 2012, there has been a contentious debate over this current law because it does not fall in line with 43 other states in which there is a lesser standard to involuntarily commit a person that poses a behavioral health risk to the public. Proposed bills to change this standard have been rejected as policymakers have shown hesitation to encroach on civil rights. Despite civil rights concerns, there are concerns that the current involuntary commitment standard is insufficient. Researchers at the School of Social Welfare at the University of California at Berkley reported in 2011 that broader commitment criteria are strongly associated with lower homicide rates.

Shortage of Mental Health Professionals

There is a shortage of mental health professionals in many Colorado counties. Colorado ranks near the bottom in psychiatric beds per capita. Also, Colorado ranks in the bottom half in per capita state and federal spending on mental-health. Despite the Affordable Care Act’s mandate that commercial insurers create “parity” between mental health care services and physical care services, insurers are still able to reimburse hospitals at a higher rate for physical healthcare than mental healthcare. Low funding and low reimbursement rates are leaving providers unable to invest in improving their behavioral health services.

Lack of Integration between Primary Care and Behavioral Healthcare

There is high demand for integration between behavioral health services and primary care. A 2014 study found that only 12% of patients who were referred to behavioral health therapy actually completed the treatment. Policy makers believe that if behavioral health treatment is integrated into primary care, the social stigma behind receiving behavioral healthcare will be eroded and patients will actually receive the treatment they need. There have been statewide attempts to integrate primary care and behavioral health services. Currently, the State is focusing on integrating the Accountable Care Collaborative efforts with the Colorado State Innovation Model and Behavioral Health Organization efforts. The goal of these efforts is to result in integration of physical and behavioral health services for Medicaid patients.

Also, Colorado has the seventh highest suicide rate in the nation. In the month before their deaths, a majority of people who have committed suicide were found to have visited a primary care physician. Increased integration of primary care and behavioral healthcare can result in improved detection tools and support for primary care physicians to identify mental illness and those at risk for suicide.

Bike Friendliness

Bike friendliness is an important function to encourage active lifestyles. Also, bike friendliness means creating roads that are cognizant of bicyclists, which leads to the reduction of unnecessary bike and car accidents. Colorado is currently named by The League of American Bicyclists as a top 10 state for bike friendliness. Policies and laws can be enacted to increase bike friendliness and bike safety.

Golden received a gold rating from the League of American Bicyclists in 2015 for having bike lanes on 75% of its arterial roads and very good biking laws and ordinances. The cities of Denver and Arvada received a silver rating. In Denver, only 8% of its arterial streets have bike lanes, but the city possesses many bike-friendly ordinances. Lakewood and Westminster received bronze ratings.
Conclusion

Evaluation

Progress since our last CHNA

Prior areas of focus for the St. Anthony Hospital CHNA 2013 – 2015 and the actions and progress to date include the following:

• **Obesity Prevention, Nutrition, Physical Activity and Diabetes** – We launched evidence-based chronic disease self-management and Healthy Eating and Active Living programming and diabetes management classes in our communities, reaching 787 with this programming designed to decrease chronic disease and obesity.

• **Access to Care and Behavioral Health** – Our Community Health Advocate and Eligibility Specialists enrolled 2,597 people into Medicaid and commercial insurance. Additionally, we partner on the Hot Spotting Alliance to link high utilizers of the Emergency Department to appropriate care within the community. We have reached 26 people and demonstrated changes in patients’ ability to manage their own health at graduation from the program.

• **Injury Prevention** – We launched two evidence-based fall prevention classes among older adults with community partners. We have implemented screening for fall risk within our system and the community, reached 100 people through fall prevention programming.

• **Disease Diagnosis (Cancer, Heart Disease, and Cerebrovascular Disease)** – We have partnered to provide evidence-based chronic disease prevention and management classes to those in the community. Additionally, we provide screening for disease diagnosis through community-based screenings. Through these, we have reached over 1500 members of our community.

Evaluating our Impact for this CHNA

To understand the impact we are having in our communities, we remain dedicated to consistently evaluating and measuring the effectiveness of our implementation plans and strategies. We will complete bi-annual assessments of core metric progress measures. St. Anthony Hospital and OrthoColorado Hospital will also track progress through annual community health improvement plans and community benefit reports.

Community Health Improvement Plans

The CHNA allows St. Anthony Hospital and OrthoColorado Hospital to measurably identify, target, and improve health needs in our communities. From this assessment, we will generate annual Community Health Improvement Plans to carry out strategies for the advancement of all individuals in our communities. These plans detail the specifics of implementing the strategies from the CHNA, including the prioritized needs, partnerships in the community to address those needs, goals, initiatives, and progress to date.

Community Benefit Reports

As mentioned previously, a vital aspect of our non-profit and religious hospital status is the benefit we provide to the
communities. Each 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 strategies because they clearly demonstrate the number of people reached through our programs and services and the resources spent to achieve our goals.

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:

Monica Buhlig, Group Director of Community Health, monicabuhlig@centura.org or 720-321-0028
Or
Corina Lindley, Vice President of Mission and Community Health, corinalindley@centura.org or 720-321-1734

No written feedback from the community was received on our last Community Health Needs Assessment.

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.

- Cindy Stevenson, SAH Board of Trustee
- Chris Katzenmeyer, Founder/Director of Community Health, Council on Older Adult Wellness
- John Reid, Vice President of Fund Development, Metro Community Provider Network (MCPN)
- Dr. Christine McLemore, Metro Community Provider Network (MCPN)
- Mindy Klowden, MNM, Director, Ofc. Of Healthcare Transformation, Jefferson Center for Mental Health
- Sue Damour, Reg. Administrator – GSA, National Prevention Council, Federal Center
- Carol Salzmann, VP Community Development, Exempla
- Patty Boyd, RD MPH, Strategic Partnerships Manager, Tri-County Health Department
- Pamela Gould, MPH, Public Health Planner, Jefferson County Public Health
- Elise Lubell, Director of Health Promotion, Jefferson County Public Health
- Ana Marin Cachu, Epidemiologist, Jefferson County Public Health
- Molly Hanson, Health Policy Analyst, Jefferson County Public Health
- Linda Buzard, Director, Dept. of Health, Jeffco Public Schools
- Emily O’Winter, MURP, MPH, District Healthy Schools Coordinator, Jeffco Public Schools
- Emily McCormick, MPH, Epidemiologist, Denver Public Health
- Kit Newland, Director Community Resources OR, City of Lakewood
- Peggy Boccard, Recreation Manager, City of Lakewood
- Bruce Dikken, EMS Division Chief, Wildland Program Director, West Metro Fire Rescue
- Reg Cox, Senior Minister, Lakewood Faith Coalition
Appendix A: Data Sources

American Community Survey, 2008-12
Colorado Health and Hospital Association, 2010-12
County Health Rankings, 2008-2010
County Business Patterns, 2012
Dartmouth Atlas of Health Care, 2012
National Center for Education Statistics, 2012-2013
National Center for Education Statistics, 2008-2009
Behavioral Risk Factor Surveillance System, 2006-2012
Behavioral Risk Factor Surveillance System, 2005-09
Behavioral Risk Factor Surveillance System, 2006-2010
Behavioral Risk Factor Surveillance System, 2006-2012
Behavioral Risk Factor Surveillance System, 2011-2012
Federal Bureau of Investigation Uniform Crime Reports, 2010-12
Health Resources and Human Services Administration, Health Professional Shortage Areas, 2014
National Center for Chronic Disease Prevention and Health Promotion, 2012
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2012
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2010
National Environmental Public Health Tracking Network, 2008
National Vital Statistics System, 2006-2010
Small Area Health Insurance Estimates, 2012
State Cancer Profiles, 2007-2011
Area Health Resource File, 2012
US Department of Health & Human Services, Health Resources and Services Administration
USDA Food Access Research Atlas, 2010
Appendix B: First Round of Data

St. Anthony Hospital

Centura Health Data Approach

DEMOGRAPHICS: COMMUNITY & POPULATION
HEALTH DRIVERS: BEHAVIORS & ENVIRONMENT
HEALTH OUTCOMES: MORBIDITY & MORTALITY
ACCESS: COVERAGE & QUALITY CARE

Service Area Definition

- Stark versus County
- The Stark Law-defined service area is defined as the lowest number of contiguous zip codes that accounts for 75% of a hospital's inpatient admissions
  - Demographic data was gathered for Stark service areas
- County level data used for health drivers, outcome, and access data
  - Keep it consistent when we prioritize. Outcome data not available at zip code level
Data Sources

- American Community Survey
- Behavioral Risk Factor Surveillance System
- National Center for Education Statistics
- National Vital Statistics System
- State Cancer Profiles
- Bureau of Labor Statistics

St. Anthony Hospital

DEMOGRAPHICS: COMMUNITY & POPULATION

Centura’s Communities

St. Anthony Community

Service Area Population: 1,143,793

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Population in Age Range</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>37,891</td>
<td>3.3%</td>
</tr>
<tr>
<td>Age 5-17</td>
<td>86,187</td>
<td>7.7%</td>
</tr>
<tr>
<td>Age 18-24</td>
<td>41,280</td>
<td>3.7%</td>
</tr>
<tr>
<td>Age 25-34</td>
<td>72,123</td>
<td>6.4%</td>
</tr>
<tr>
<td>Age 35-44</td>
<td>65,459</td>
<td>5.8%</td>
</tr>
<tr>
<td>Age 45-54</td>
<td>58,174</td>
<td>5.2%</td>
</tr>
<tr>
<td>Age 55-65</td>
<td>42,276</td>
<td>3.7%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>37,596</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, 2008-12
Appendix B: First Round of Data

### Education

<table>
<thead>
<tr>
<th>Service Area</th>
<th>High School Graduation Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>48.5%</strong></td>
<td><strong>67.6%</strong></td>
</tr>
<tr>
<td>Colorado</td>
<td>44.7%</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

*Source: American Community Survey, 2008-12, National Center for Education Statistics, 2008-09*

### Health Behaviors

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Adults resorting heavy alcohol consumption</th>
<th>Adults eating less than 5 fruits and vegetables daily</th>
<th>Current smokers</th>
<th>Adults with no leisure time physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19.2%</strong></td>
<td><strong>74.9%</strong></td>
<td><strong>17.8%</strong></td>
<td><strong>12.4%</strong></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>17.6%</td>
<td>75.0%</td>
<td>16.8%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>


### Environment

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Liquor Store Access Per 100,000 Population</th>
<th>Low Income Population with Low Food Access</th>
<th>Recreation and Fitness Facility Access Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28.7%</strong></td>
<td><strong>5.6%</strong></td>
<td><strong>12.2%</strong></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>24.6%</td>
<td>6.4%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>


### Health Outcomes: Morbidity & Mortality

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Violent Crime Rate of Violent Crime Reported by Law Enforcement per 100,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0.3%</strong></td>
<td><strong>423.7</strong></td>
</tr>
<tr>
<td>Colorado</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

*Source: National Environmental Public Health Tracking Network, 2008, Federal Bureau of Investigation Uniform Crime Reports, 2010-12*
Cancer Incidence by Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Service Area</th>
<th>Colorado</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>132.6</td>
<td>125.3</td>
<td>40.9</td>
</tr>
<tr>
<td>Cervical</td>
<td>6.9</td>
<td>6.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Colon and Rectal</td>
<td>37.1</td>
<td>36.8</td>
<td>38.7</td>
</tr>
<tr>
<td>Lung</td>
<td>48.5</td>
<td>48.4</td>
<td>N/A</td>
</tr>
<tr>
<td>Prostate</td>
<td>199.2</td>
<td>147.6</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: State Cancer Profiles, 2007-2011

Years of Potential Life Lost Due to Premature Death (Per 100,000 Population)

Service Area: 6,801
Colorado: 6,073

Source: County Health Rankings, 2009-2013

Uninsured Adults Ages 18-64
*Jefferson, Clear Creek, Denver Counties

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Population Without Medical Insurance</th>
<th>Percentage Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>775,451</td>
<td>147,852</td>
<td>19.1%</td>
</tr>
<tr>
<td>Colorado</td>
<td>3,256,899</td>
<td>635,874</td>
<td>19.52%</td>
</tr>
</tbody>
</table>

Source: Small Area Health Insurance Estimates, 2012
<table>
<thead>
<tr>
<th>ACCESS: QUALITY CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pneumonia Vaccination</strong></td>
</tr>
<tr>
<td>Percentage of adults 65 and over who have received</td>
</tr>
<tr>
<td>Service Area</td>
</tr>
<tr>
<td>Colorado</td>
</tr>
<tr>
<td><strong>Preventable Hospital Events</strong></td>
</tr>
<tr>
<td>Discharge rate per 1,000 Medicare enrollees for ambulatory-sensitive events</td>
</tr>
<tr>
<td>Service Area</td>
</tr>
<tr>
<td>Colorado</td>
</tr>
</tbody>
</table>

Behavioral Risk Factor Surveillance System, 2006-1012
Source: Dartmouth Atlas of Health Care, 2012

### Centura Health Data Approach

<table>
<thead>
<tr>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
</tr>
<tr>
<td>Quality Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
</tr>
<tr>
<td>Population</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviors</td>
</tr>
<tr>
<td>Environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbidity</td>
</tr>
<tr>
<td>Mortality</td>
</tr>
</tbody>
</table>
Appendix C: Data From Local Public Health Departments

Obesity and Mental Health: Indicators Telling a Story

August 10, 2015

Weight, diet, physical activity

- Body mass index (BMI) is a widely used measure of unhealthy (over)weight, as defined by:
  - For adults, a BMI of 25 to 29 (overweight) or 30 or greater (obesity)
  - For children and adolescents, a BMI at or above the 85th to 94th BMI-for-age percentile (overweight) and above the 95th BMI-for-age percentile (obesity)

Hospital Service Area: Demographic Description Handout

Adult Overweight & Obesity is Common

- Jefferson
- Denver
- Arapahoe
- COLORADO

Source: CDC/PHS, Behavioral Risk Factor Surveillance System (BRFSS) 2013-2015 combined
Appendix C: Data From Local Public Health Departments
### Appendix C: Data From Local Public Health Departments

#### Slight Regional Variation in Obesity-Related Outcomes

<table>
<thead>
<tr>
<th>County</th>
<th>Told you have diabetes</th>
<th>Told you have hypertension</th>
<th>Told you have high cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampahoe</td>
<td>7.2%</td>
<td>24.9%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Denver</td>
<td>7.3%</td>
<td>24.7%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>4.5%</td>
<td>25.3%</td>
<td>34.5%</td>
</tr>
<tr>
<td><strong>COLORADO</strong></td>
<td><strong>6.3%</strong></td>
<td><strong>26.3%</strong></td>
<td><strong>34.8%</strong></td>
</tr>
</tbody>
</table>

*Source: Colorado Behavioral Risk Factor Surveillance System (BRFSS) 2012*

#### Lifestyle Behaviors Track With Weight

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Normal/Underweight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consuming fruit less than once per day</td>
<td>32%</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>Consuming vegetables less than once per day</td>
<td>17%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Air fresh food one or more times in past week</td>
<td>59%</td>
<td>71%*</td>
<td>72%*</td>
</tr>
<tr>
<td>Drink more than one SSB per day</td>
<td>31%</td>
<td>32%</td>
<td>36%</td>
</tr>
<tr>
<td>Exercise past 30 days</td>
<td>89%</td>
<td>87%</td>
<td>77%*</td>
</tr>
<tr>
<td>Exercise &gt;2 hours per week</td>
<td>60%</td>
<td>59%*</td>
<td>51%*</td>
</tr>
</tbody>
</table>

*Statistical difference versus normal weight

*Source: Colorado Behavioral Risk Factor Surveillance System (BRFSS). DENVER METRO COMBINED, 2011-2012*

#### Environment Can Impact Health Behavior - Adults

- Not easy to purchase healthy foods in neighborhood: 11%
- Worry about affording nutritious meals: 23%
- Do not have sidewalks or shoulders to safely walk, run, or bike: 9%


#### Environment Can Impact Health Behavior - Children <14 years

- Drink more than one SSB per day: 18%
- Eat fast food more than one time per week: 66%
- Do not walk bike, or skateboard to school more than one day per week: 69%
- Households with children who could not afford food they needed in past year: 24%

*Source: Colorado Behavioral Risk Factor Surveillance System (BRFSS). DENVER METRO COMBINED, 2011-2014*

#### Obesity Risk - Take Home Points

- **Obesity is common**
  - Obesity tracks with diabetes, risks for heart disease
  - Childhood obesity progresses into adulthood

- **Racial & demographic disparities**
  - Black, Hispanic, low income, less educational attainment populations are disproportionately affected

- **Lifestyle behaviors track with obesity**
  - Nutritional and physical activity choices are less than optimal is overweight and obese adults
  - Behaviors are established during childhood

#### Mental Health & Substance Abuse

- Mental health is a leading cause of disability and has substantial co-morbidity with substance abuse and physical health
- Mental health impacts the entire lifespan

*Source: Healthy People 2020; National Institute of Mental Health; National Institute on Drug Abuse.*
Appendix C: Data From Local Public Health Departments

How Common is Depression & Anxiety in Adults?

<table>
<thead>
<tr>
<th></th>
<th>8 or more poor mental health days in past month</th>
<th>Current depression</th>
<th>Ever had anxiety disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arapahoe</td>
<td>11.6%</td>
<td>9.5%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Denver</td>
<td>14.6%</td>
<td>6.9%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>11.7%</td>
<td>5.3%</td>
<td>15.1%</td>
</tr>
<tr>
<td>COLORADO</td>
<td>12.6%</td>
<td>6.8%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

Source: COPHI, Behavioral Risk Factor Surveillance System (BRFSS), 2014

Consequences of Depression in Adults

- Currently depressed
- Not currently depressed

<table>
<thead>
<tr>
<th></th>
<th>Trouble sleeping</th>
<th>Binge drinking</th>
<th>Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently depressed</td>
<td>30%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Not currently depressed</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* Statistical difference versus not depressed

Source: COPHI, Behavioral Risk Factor Surveillance System (BRFSS), Denver Metro Combined, 2014

Consequences of Anxiety in Adults

- Anxiety disorder
- No anxiety disorder

<table>
<thead>
<tr>
<th></th>
<th>Trouble sleeping</th>
<th>Binge drinking</th>
<th>Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>No anxiety disorder</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Statistical difference versus no anxiety

Source: COPHI, Behavioral Risk Factor Surveillance System (BRFSS), Denver Metro Combined, 2014

Sadness Among High School Students

“During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities”

- Consistently across Denver Metro area, teens experiencing sadness are more likely to:
  - Smoke cigarettes
  - Binge drink
  - Use marijuana
  - Be recently sexually active

Source: COPHI, Healthy Kids Colorado Survey, 2015

Regional Variations in Adolescent Depression

<table>
<thead>
<tr>
<th></th>
<th>Feeling sad or hopeless</th>
<th>Considered suicide in past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arapahoe</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>Denver</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>COLORADO</td>
<td>24%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: COPHI, Healthy Kids Colorado Survey, 2015

Teen Sadness Associated with Suicidal Ideation

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage with suicidal ideation in past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Experiencing Sadness</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>5.8%</td>
</tr>
<tr>
<td>Denver</td>
<td>3.8%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: COPHI, Healthy Kids Colorado Survey, 2015
Appendix C: Data From Local Public Health Departments
Gender Disparities in Suicide Deaths

- Higher suicide-related hospitalizations in females, but higher suicide death rates in males
- Method of suicide
  - Males – firearms
  - Females - drugs, hanging

Mental Health Care: Costs, Insurance, Stigma

<table>
<thead>
<tr>
<th>Why did you not receive needed mental health care?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerned about the cost of treatment</td>
<td>75%</td>
</tr>
<tr>
<td>Did not think health insurance would cover</td>
<td>35%</td>
</tr>
<tr>
<td>Not comfortable talking with health professional about personal problems</td>
<td>31%</td>
</tr>
<tr>
<td>Hard time getting an appointment</td>
<td>30%</td>
</tr>
<tr>
<td>Concerned about what would happen if someone found out you had a problem</td>
<td>25%</td>
</tr>
</tbody>
</table>

Mental Health Risk - Take Home Points

- Depression & anxiety are common
- Mental health conditions are prominent across the lifespan
- Disparities related to socioeconomic factors
- Depression impacts health behaviors
- Such as sleep disturbance, smoking, alcohol use
- Teen depression associated with suicidal ideation
- Barriers to accessing mental health care
- Perceived concerns about cost and insurance coverage
- Stigma is evident