2016

Community Health Needs Assessment

St. Anthony Summit Medical Center
Summit County

At a Glance: Community Health Needs Assessment
St. Anthony Summit Medical Center

Area Served

Summit County

Priorities

Unintentional Injury Prevention
Behavioral Health
Access to Health Care

Partners

Summit County Public Health, Community Care Clinic, Mind Springs Health, CHPG High Country Healthcare, Family and Intercultural Resource Center, Summit County Community and Senior Services, faith community, Bristlecone Home Health, ski resorts, school district, emergency medical services, law enforcement, Advocates for Victims of Assault, and individual community primary care physicians.
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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 Summit Medical Center 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 Summit Medical Center 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**

In the St. Anthony Summit community, 19.5% of adults report having a lack of social and emotional support, compared to 16.9% in Colorado. Additionally, Summit County sees 1,297 behavioral health hospitalizations per 100,000 people. Additionally, 27.4% of adults report heavy alcohol consumption, as compared to 17.6% in the state. These indicators caused us to look deeper into behavioral health issues in our community.

To address behavioral health, St. Anthony Summit Medical Center will explore more opportunities to work with Mind Springs Health in addition to our existing contracts and memorandum of understanding in order to treat the full spectrum of behavioral health issues from mild to severe, all with care, compassion, and genuine desire for a full recovery. The hospital will also use Mental Health First Aid and motivational interviewing as tools to identify behavioral health signs and refer people to follow-up care.

St. Anthony Summit Medical Center will also collaborate with the healthcare community to screen patients and clients for behavioral health issues.

**Prioritized Need: Unintentional Injury**

Motor vehicle crashes are one of the leading causes of injury and death in Colorado. Annually, more than 300 people die in motor vehicle crashes statewide, while almost 2,500 are hospitalized for injuries sustained in these accidents. The total cost associated with injuries is more than $103 million every year. Injury prevention is the second top priority identified in our process. Summit County is “Colorado’s Playground” and, as such, is home to vast array of activities enjoyed by residents and visitors alike. Seat belt use, vehicle crashes and injuries from sport-related falls and crashes are real issues for Summit County residents and visitors. The rate of motor vehicle accidents in Summit County was 11.1 per 100,000 individuals, compared to 5.6 per 100,000 in Colorado. With more than 3.5 million skier visits annually and almost 2,500 hospitalization due to injuries, St. Anthony Summit Medical Center is committed to lead in the work of preventing and reducing injuries in Summit County. We will partner with the ski resorts to promote skier safety, evidence-based guidelines and helmet use. The hospital will expand the traumatic brain (TBI) program and services, including the annual TBI seminar and support group meetings.

St. Anthony Summit Medical Center believes that reducing injury improves physical and emotional health; we developed three goals to provide individuals and families with the knowledge, skills, and tools to make safe choices that can prevent injuries. Our plan will be implemented with community stakeholders including Public Health, School Districts, Police & Fire Departments, EMS, CHPG High Country Healthcare, Central Mountains RETAC, Community Care Clinic, Bristlecone Home Health, and Consortium for Older Adult Wellness, we will work to achieve these injury prevention goals.

**Implementation Planning Process:**

The first step to developing our implementation plans was to present evidence-based practices focused on addressing unintentional injury prevention and behavioral health to our hospital subcommittees. Next, we completed an environmental scan to determine which established efforts in St. Anthony Summit Medical Center 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.

Following the lessons learned from the prioritization process, the subcommittee agreed that it will be beneficial to apply the logic model in implementation development to serve as an evaluation tool to help facilitate effective program planning, implementation, and evaluation. The committee worked on the visual way to present and share our understanding of the relationships among the resources we have to implement the programs, the activities we plan to do, and the changes and results we hope to achieve in addressing the identified health needs.

**Implementation Plan Review and Approval:**

The final implementation plan was presented to and approved by the St. Anthony Summit Medical Center Community Board on May 20, 2016.
Our Mission

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

Our Vision

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

Our Core Values

Compassion
Respect
Integrity
Spirituality
Stewardship
Imagination
Excellence
Introduction

Centura Health, St. Anthony Summit Medical Center 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 Summit Medical Center’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 hospital 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 Summit Medical Center 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 Summit Medical Center, our local public health department, community leaders, and stakeholders. Our goal is to build our organizational capacity in population health best practices and to better position St. Anthony Summit Medical Center 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 Summit Medical Center and Summit County Public Health. 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 Summit Medical Center is 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 health 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.
Since its foundation in 1978, St. Anthony Summit Medical Center has provided compassionate, personalized, whole-person care. St. Anthony Summit Medical Center is a full-service, award-winning, 35 bed hospital, with a Level III trauma designation, and 24-hour emergency department specializing in Orthopedics, Total Joint Replacement, Spine Surgery, Cardiology, and Labor and Delivery.

St. Anthony Summit Medical Center was founded by Sisters of Charity in 1978 to serve the high country and surrounding area as a 24-hour emergency facility. With the opening of the state-of-art facility in 2005, St. Anthony Summit Medical Center expanded to add Flight For Life Services. We have the highest medical helicopter base in the United States with a heated helipad to accommodate 2 helicopters adjacent to the emergency room. Severely ill or injured patients can be transported to a Level 1 Trauma center in Denver with a short 20 to 30 minute flight.

As part of Centura Health, Colorado’s largest health network with 16 hospitals and a number of senior living communities, medical clinics, Flight for Life® Colorado, and home care and hospice services, St. Anthony Summit Medical Center provides care that transcends the walls of the hospital to nurture the health of its communities.

Distinctive Services

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

- Acute Care Services: Emergency, Trauma, OR, Medical/Surgical Inpatient, Obstetrician and Gynecology, Critical Care/ICU
- Summit Sleep Disorders Center
- Women’s Health-Summit Breast Care Services
- Imaging: X-ray, CT scan, Nuclear medicine, Digital Mammography, Ultrasound and MRI
- Laboratory and Pharmacy services
- TBI (Traumatic Brain Injury)
- Forensic Nurse Examiner
- Telem medicine
- Outpatient Infusion Center

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

- Top Rural Hospital, The Leap Frog Group 2012, 2014, 2015
- The Joint Commission’s Gold Seal of Approval for Orthopedic Trauma 2013, 2015
- The Joint Commission’s Top Performer on Key Quality Measures for exemplary performance in Surgical Care and Perinatal Services, 2015
- HealthStream’s Insight Awards for Patient Satisfaction, 2011
- ACR Nuclear Medicine Accreditation, 2015
Commitment to Our Community

At St. Anthony Summit Medical Center, 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 Summit Medical Center is a partner 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 Summit Medical Center provided over $4,312,713 in total community benefit. Community services ranged from supporting 3,735 patients with medical financial assistance to county-wide collaborative efforts focused on injury prevention which addresses the unique needs of our outdoor playground of Colorado. In 1946, snow became a business in Summit County when Arapahoe Basin Ski area launched its operation. With the opening of Breckenridge Ski Area in 1961, Keystone in 1970, and Copper Mountain in 1972, “The Summit” became one of the greatest destination ski areas in the nation and was coined “Colorado’s Playground.” As area ski resorts expand and the community grows, so does our commitment to providing the highest quality of health care and efforts to move upstream to maintain the health of our communities. Over the years we have developed robust injury prevention programs to reduce injuries associated with sports and recreational activities in Summit County.
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 account for 75% of a hospital’s inpatient admissions. These ZIP codes have a combined population of 43,982.

The demographic makeup of these communities is as follows:

Race: White 89.6%; Black 1.2%; Asian 0.9%; Native American/Alaskan Native 1.0%; Native Hawaiian/Pacific Islander 0.2%; some other race 6.1%; Multiple races 1.1%.

Ethnicity: 16.11% of the population in our service area reports as Hispanic or Latino.

Education Level: In our community, 49.0% of the population has an Associate’s Degree or higher; CO average is 44.7%.

Unemployment Rate: 2.9%; CO average is 4.0%.

Population with Limited English Proficiency: 7.1%; CO average is 6.7%.

High School Graduation Rate: 82.6%; CO average is 77.6%.

Population Living in Households with Income Below 200% of Federal Poverty level: 30.0%; CO average is 29.6%.
Population Demographics in St. Anthony Summit Medical Center’s Service Area

Race

- White 89.6%
- Black 1.2%
- Asian 0.9%
- Native American/Alaska Native 1%
- Native Hawaiian/Pacific Islander 0.2%
- Other 6.1%
- Multiple races 1.1%

Ethnicity

- Non-Hispanic 83.89%
- Hispanic 16.11%

Associate’s Degree or Higher

- St. Anthony Summit Service Area 49%
- State Average 44.7%

High School Graduation Rate

- St. Anthony Summit Service Area 82%
- State Average 77.6%

Limited English Proficiency

- St. Anthony Summit Service Area 7.1%
- State Average 6.7%

Unemployment Rate

- St. Anthony Summit Service Area 2.9%
- State Average 4.0%

Households Below 200% of Federal Poverty Level

- St. Anthony Summit Service Area 30%
- 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 the role. The subcommittee met six times throughout the process and dedicated over 350 collective hours for this work.

St. Anthony Summit Medical Center’s Partnerships with Public Health

Collaboration has been the foundation of this needs assessment. St. Anthony Summit Medical Center provided overall project coordination. Summit County Public Health and other community partners played a key role in data review, prioritization, and implementation plan development. We met with the Public Health Director several times to solicit public health involvement in the subcommittee, technical assistance with local data, and identification of best practices around behavioral health and injury prevention.

The Summit County Public Health Department plays a major role in behavioral health promotion, outreach and education, and coordination of systems that improve integration of behavioral health services and primary care in collaboration with the hospital and other community partners.
Stage 1: Scanning the Data Landscape

The CHNA was conducted through a collaborative partnership between St. Anthony Summit Medical Center, Summit County Public Health Department, 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 Summit Medical Center’s main service area encompasses Summit County, which was the data used for this process.

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 demographics, disparities, populations, 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>14.6%</td>
<td>12.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Cases per 100,000 females per year, age adjusted</td>
<td>98.7</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>N/A</td>
<td>6.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>Cases per 100,000 population per year of colon and rectum cancer, age adjusted</td>
<td>26.2</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>4.4%</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>74.3</td>
<td>137.4</td>
<td>N/A</td>
</tr>
<tr>
<td>Homicide</td>
<td>Rate per 100,000 population</td>
<td>2</td>
<td>3.7</td>
<td>5.5</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Chlamydia rate per 100,000 population</td>
<td>350.4</td>
<td>422.8</td>
<td>N/A</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>HIV Rate per 100,000 population</td>
<td>153.4</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>N/A</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>4.6</td>
<td>5.5</td>
<td>6</td>
</tr>
<tr>
<td>Maternal, Infant, and Child Health</td>
<td>Teen birth rate per 1,000 female teens</td>
<td>31.5</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>11.2%</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>19.5%</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>12.5%</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>16.2%</td>
<td>31.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Percentage of adults with poor dental health</td>
<td>1.5%</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>98.5</td>
<td>147.6</td>
<td>N/A</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Adults reporting heavy alcohol consumption</td>
<td>27.4%</td>
<td>17.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>Suicide</td>
<td>Rate per 100,000 population</td>
<td>14</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>31.2</td>
<td>45.1</td>
<td>36</td>
</tr>
</tbody>
</table>
Stage 2: Delving into the Data to Identify Priorities

St. Anthony Summit Medical Center 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 Summit County community based on health indicators, health drivers and health outcomes.

Our subcommittee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need. To fit the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark 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 2. Centura Health CHNA Prioritization Method: Sample Criteria Rating

<table>
<thead>
<tr>
<th>Rating</th>
<th>Size of Health Problem</th>
<th>Seriousness of Health Problem</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 or 10</td>
<td>&gt;25% /rate much higher than Colorado benchmark</td>
<td>Very Serious</td>
<td>Alignment with CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>7 or 8</td>
<td>10%-24.9%/rate somewhat higher than Colorado benchmark</td>
<td>Relatively Serious</td>
<td>Alignment with 3 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>5 or 6</td>
<td>1%-9.9%/rate slightly higher than Colorado benchmark</td>
<td>Serious</td>
<td>Alignment with 2 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>3 or 4</td>
<td>.1%-9.9%/rate 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%-0.9%/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>

Guiding Considerations

Does it require immediate attention? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate? Is there public demand? Is this health need being addressed by our last CHNA? Is this health need addressed in our last CHIP? Is this health need addressed by a local public health department’s CHIP? Is this health need addressed by a strong local community organization?
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 Summit Medical Center identified two needs as priority areas for which we have the ability to impact. These include:

- Behavioral health
- Unintentional Injury

From the subcommittee’s further review of the hospital data on the two categories, behavioral health and unintentional injury, we see a correlation between the public health data and hospital data on the two top health needs as prioritized. Data collected from both of the English and Spanish focus groups supported the two top health needs and encouraged hospital’s partnership with other community agencies to work together in these areas to improve the health of our communities.

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

We sought to engage our community in the qualitative data collection process. 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 experiences of the underserved, minority, and aging populations best through personal experience or close work with them.

St. Anthony Summit Medical Center contracted local private surveyors Virginia Bradley, MSW, and Susan Bridges
Robertson, MPH, to moderate the focus group meetings and develop the moderator guide with input from the CHNA subcommittee. Interested participants were randomly selected from within our communities to participate in three focus groups at St. Anthony Summit Medical Center in Frisco. The hospital assumed the responsibility of recruiting English speaking participants, while Summit Community Care Clinic recruited for the Spanish-speaking group.

The groups focused on behavioral health and injury prevention in our community. Building upon the hospital and public health data, the groups were designed to identify focus areas, gaps in knowledge, unmet needs, or current external efforts around behavioral health and injury prevention that could be improved by health care participation.

Participants felt there are not enough local mental health resources and that it is difficult for uninsured/underinsured residents to afford the available resources. There was group consensus that increased awareness of the consequences of drug and alcohol abuse is needed. The groups agreed that most injuries are the result of individual choices regarding risky behavior and alcohol consumption. Some injuries, however, are the result of external factors, and the groups thought we should do more to educate tourists regarding safety guidelines.

For all health topics, the lack of Spanish service provision and information about programs arose as a prominent barrier to accessing services. The Spanish language group unanimously agreed that lack of communication with the Hispanic community keeps awareness of health services low among the Hispanic community. This sentiment was echoed throughout the two English language groups as well. Lack of knowledge about resources available was an issue brought up by every focus group, Spanish or English language.

Stage 4: Developing the Implementation Plan

Once our community’s health needs were identified and prioritized, we began the process to develop an implementation plan to address behavioral health (mental health and substance abuse, together) and unintentional injury prevention. The first step was to present evidence-based practices focused on addressing behavioral health and unintentional injury prevention to our subcommittee.

Next, we completed an environmental scan to identify those established efforts in St. Anthony Summit Medical Center 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 that health care systems or hospitals can help to address.

Following the lessons learned from the prioritization process, the subcommittee agreed that it will be beneficial
to use a logic model (See Appendix D) to develop our implementation plans. The subcommittee agreed the logic model would serve as an evaluation tool to help facilitate effective program planning and implementation. The committee worked on a visual way to present and share our understanding of the relationships among resources we have to implement programs, activities we plan to manage, and the changes and results we hope to achieve in addressing the identified health needs.

To create our implementation plan, we modified the Colorado Health Assessment and Planning System (CHAPS) 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.

**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. Therefore the most effective approach to impacting health outcomes is a combination of efforts at the individual, interpersonal, organizational, community, and public policy levels.1

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.

**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

1 http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

Figure 2. The Socio-Ecological Model
Health in St. Anthony Summit Medical Center’s 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:

- Behavioral Health
- Unintentional Injury

Prioritized Health Needs

St. Anthony Summit Medical Center prioritized behavioral health and unintentional injury as top health needs to address in the next three years. The hospital’s key health diagnosis rates for both emergency room patients and for inpatient admissions on mental health, substance abuse, and injury are high.

**Behavioral Health**

In the St. Anthony Summit community, 19.5% of adults report having a lack of social and emotional support, compared to 16.9% in Colorado. Additionally, Summit County sees 1,297 behavioral health hospitalizations per 100,000 people. Roughly 27.4% of adults report heavy alcohol consumption, as compared to 17.6% in the state. These indicators caused us to look deeper into behavioral health issues in our community. Additionally, the focus groups reinforced that
mental health and substance abuse are strongly related and should be addressed together as behavioral health.

An overriding concern throughout the assessment was behavioral health, both in terms of diagnosis and treatment. St. Anthony Summit Medical Center understands that anyone can experience these issues at some point during their lives, and is, therefore, committed to work with our close partner Mind Springs Health to address behavioral health (mental health and substance abuse), without judgment. We are partnering with the medical community to provide an integrated care package for both physical and mental well-being of the communities we serve.

Increasing capacity for behavioral health care was a common theme from our focus meetings. Many participants offered specific comments about behavioral health care. One participant characterized experience with behavioral health and specialty services in Summit County as “overwhelming.” Another noted the demand for bilingual providers with a diverse array of skills.

To address behavioral health, St. Anthony Summit Medical Center will explore more opportunities to work with Mind Springs Health in addition to our existing contracts and memorandum of understanding in order to treat the full spectrum of behavioral health issues from mild to severe, with care, compassion, and genuine desire for a full recovery. The hospital will also use Mental Health First Aid and motivation interviewing as tools to identify behavioral health signs and refer people for follow-up care.

St. Anthony Summit Medical Center will also collaborate with the healthcare community to screen patients and clients for behavioral health issues. This will be complemented by community awareness and patient education. In response to recognition of insufficient behavioral health resources, St. Anthony Summit Medical Center will identify resources and build a behavioral health referral network with Mind Springs Health in cases of behavioral health related emergency visits.

Unintentional Injury

Injuries are the leading cause of death for young people, ages 1 to 44 and a significant cause of disability for people of all ages. The effects of injuries extend to relatives, friends, employers, and taxpayers. Motor vehicle crashes are one of the leading causes of injury and death in Colorado. Annually, more than 300 people die in motor vehicle crashes statewide, while almost 2,500 are hospitalized for injuries sustained in these accidents. The total cost associated with injuries is more than $103 million every year.

Injury prevention is the second top priority identified in our process. Summit County is “Colorado’s Playground” and, as such, is home to vast array of activities enjoyed by residents and visitors alike. Seat belt use, vehicle crashes and injuries from sport-related falls and crashes are real issues for Summit County residents and visitors. The rate of motor vehicle accidents in Summit County was 11.1 per 100,000 individuals, compared to 5.6 per 100,000 in Colorado. With more than 3.5 million skier visits annually and almost 2,500 hospitalization due to injuries, St. Anthony Summit Medical Center is committed to lead in the work of preventing and reducing injuries in Summit County. We will partner with the ski resorts to promote skier safety, evidence-based guidelines, and helmet use. The hospital will expand the traumatic brain (TBI) program and services, including the annual TBI seminar and support group meetings.

In a hospital study of 5,565 trauma patient records (2015), the majority of injuries among all populations were related to skiing or snowboarding accidents. Seventy-six percent of the pediatric population (76%) presented with a Mechanism of Injury (MOI) due to skiing or snowboarding. Within this population, 70% of skiers, 67% of snowboarders and 90% of bikers were wearing helmet. For patients without a helmet, 60.3% were from out of
state or country and 11.7% resided locally. In terms of motor vehicle accidents, less than three quarters of vehicle occupants (71%) had a seat belt on at the time of the crash. This rate was slightly lower among the pediatric patients at 70%, and highest among the geriatric population at 95%.

St. Anthony Summit Medical Center believes that reducing injury improves physical and emotional health. We developed three goals to provide individuals and families with the knowledge, skills, and tools to make safe choices that can prevent injuries. Our plan will be implemented with community stakeholders including Public Health, School Districts, Police & Fire Departments, EMS, CHPG High Country Healthcare, Central Mountains RETAC, Community Care Clinic, Bristlecone Home Health, and Consortium for Older Adult Wellness. We will work collaboratively to achieve these injury prevention goals.

Focus group participants identified falls as a major issue for seniors due to the impact it can have on their independence. The threat of falling can be a barrier to safely doing all the things one wants to do at home and in the community. In partnership with the Community and Senior Center, St. Anthony Summit Medical Center will expand its Stepping On program to offer at least two Stepping On classes per year.

Access to Care

In addition to the above prioritized health needs, Centura Health and St. Anthony Summit Medical Center 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 Behavioral Health and Unintentional Injury Prevention needs identified in the CHNA process. As a nonprofit and faith-based hospital, St. Anthony Summit Medical Center has 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 experiencing a lack of access to 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 numbers who are uninsured. We identify uninsured patients in our Emergency Departments through 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.

From our recent assessment, 16.2% of adults in our service area are without a regular doctor, lower than Colorado as a whole, at 23.6%. The number of primary care physicians per 100,000 population in our service area is 78.5, compared to Colorado at 79.2. While access to primary care physicians in Summit County is comparable to the state, our goal, through the work of our Community Health Advocate, is to continue to work with Centura Health Physician Group High Country Health Care and Summit Community Care Clinic to increase access to care for our population of 28,000 Summit County residents.
Since the program’s inception in December 2014, St. Anthony Summit’s Community Health Advocate has connected 477 people with health insurance. During 2016 Open Enrollment, 1,787 Summit County residents enrolled in health insurance through the Connect for Health Colorado marketplace, a 44% increase from Open Enrollment in 2015. Our bilingual Community Health Advocate regularly participates in community outreach events to organize screenings and health insurance enrollment assistance to hard-to-reach populations. She maintains a strong relationship with our local partners through the Patient Navigator Group and the Summit Health Care Collaborative. Our Community Health Advocate also leads Healthier Living Colorado classes for residents to improve the quality of life for those managing chronic conditions.

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 mental health and substance abuse services into our hospitals, clinics, and neighborhood health centers. At St. Anthony Summit Medical Center, we are currently working with Mind Springs Health to provide mental health services to our patients and communities. We have signed a memorandum of understanding with Mind Springs Health to improve access to crisis stabilization, residential and respite services. Through this collaboration, we will have a dedicated crisis staff for 24/7 crisis coverage in our region. Further, we will maintain our agreement with Mind Springs Health to cover the hospital’s Emergency Room patients and inpatient behavioral health evaluations and treatment; and continue to explore ways to increase access to mental health services.

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 entrances. 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 cities of Frisco and Breckenridge have extended smoking laws to apply to electronic cigarettes and transit waiting areas. Frisco extended smoking bans to include the inside of gondolas, while Breckenridge extended smoking bans to include ski lift lines.

**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.

**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.

**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. Denver Law School’s report 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 which 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. Currently, it is legal for anyone over the age of 18 to use a phone while driving.

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.

**Premium Costs**

Due to a shortage of providers, health insurance premiums in Summit County are some of the highest cost in the country. Despite government attempts in 2015 to control these costs, premiums in Summit County have remained well above the national average. Cost of services seems to be driving these higher costs, not quantity of services consumed.

**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.

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12. C.R.S. 27-65-105
13. [http://www.denverpost.com/news/ci_25831191/debate%C2%AD-rages%C2%AD-colorado%C2%AD-over-involuntary%C2%AD-holds%C2%AD-mental%C2%AD-illness](http://www.denverpost.com/news/ci_25831191/debate%C2%AD-rages%C2%AD-colorado%C2%AD-over-involuntary%C2%AD-holds%C2%AD-mental%C2%AD-illness)
21. [http://www.coloradohealthinstitute.org/blog/detail/health-insurance-and-high-prices-a-proposed-solution](http://www.coloradohealthinstitute.org/blog/detail/health-insurance-and-high-prices-a-proposed-solution)
Conclusion

Evaluation

Progress since our last CHNA

St. Anthony Summit Medical Center prioritized access for the uninsured and underinsured and injury prevention in the 2012 Community Health Needs Assessment. A Community Health Advocate (CHA) position was created and filled in December 2014. From our collaborative work with partners, Summit County uninsured rate is close to 13%, down from approximately 21% in 2012. During Open Enrollment in 2016, 1,787 residents enrolled in health insurance, up 44% from 1,237 in 2015 Open Enrollment. We achieved 100% in car seat fitting safety of newborns, and Summit County seatbelt use has increased from 58% to 86%. Helmet use also has increased by 18% from 2009 to 2013. We will continue to lead the way in providing and promoting access to quality health care for our community residents and visitors alike, committing more than ever before to keeping our communities healthy and safe as we move forward to implement the 2016 CHNA action plan.

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 Summit Medical Center will also track progress through annual community health improvement plans and community benefit reports.

Community Health Improvement Plans

The CHNA allows St. Anthony Summit Medical Center 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:
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.

- Michele Abbott, Finance Manager, St. Anthony Summit Medical Center
- Shelly Almroth, Trauma Service, St. Anthony Summit Medical Center
- Tracy Bartels, Safety and Risk Manager, Breckenridge Ski Resort
- Susan Bradley, Quality, Regulatory, and Patient Safety, St. Anthony Summit Medical Center
- Anthony Cammarata, Safety Manager, Arapahoe Basin Ski Resort
- Paul Chodkowski, President & CEO, St. Anthony Summit Medical Center
- Kathy Davis, Program Director, Mind Springs Health
- Rob Dewing, Bristlecone Home Health
- Marc Doucette, MD, Emergency Medical Service
- Tamara Drangstveit, Executive Director Family and Intercultural Resource Center
- Alan Dulit, MD, Chief Medical Officer, St. Anthony Summit Medical Center
- Tara Galvin, Community Health Advocate, St. Anthony Summit Medical Center
- Mary Henrikson, VP Patient Care, Chief Operating Officer, Chief Nursing Officer, St. Anthony Summit Medical Center
- Jen Kagan, Traumatic Brain Injury Coordinator, St. Anthony Summit Medical Center
- Deacon Chuck Lamar, Community Ministerial Alliance
- Suzanne Lifgren, Marketing & Public Relations, St. Anthony Summit Medical Center
- Corina Lindley, VP Community Health & Values Integration, Mountains and North Denver Operating Group, Centura Health
- Kathleen Maher, Violence Prevention Coordinator, St. Anthony Summit Medical Center
- Erin McGinnis, Marketing & Public Relation, St. Anthony Summit Medical Center
- Rev. Tema Nnamezie, Mission Integration, St. Anthony Summit Medical Center
- Don Parsons, MD, St. Anthony Summit Medical Center Board of Trustees
- Tom Resignolo, Emergency Medical Service, St. Anthony Summit Medical Center
- Maria Rocha, Community Member, Hispanic Leader
- Mike Russo, Risk & Safety Manager, Copper Mountain Ski Resort
- Sara Vaine, CEO, Summit Community Care Clinic
- Trixie VanderSchaaff, Patient Care Services, St. Anthony Summit Medical Center
- Lori Williams, Summit Community and Senior Services
- Amy WineLand, Director Summit County Public Health Department
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

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 hospitals 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
Appendix B: First Round of Data

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 Summit Hospital
DEMOGRAPHICS: COMMUNITY & POPULATION

Centura’s Communities

St. Anthony Summit Community

St. Anthony Summit Stark Service Area

Service Area Population: 46,883

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Source: American Community Survey, 2018-12
Appendix B: First Round of Data
Appendix B: First Round of Data

**General Health**

**Poor General Health**

- **Service Area**: No data
- **Colorado**: 12.8%

*Source: Behavioral Risk Factor Surveillance System, 2006-2013*

**Obesity**

**Overweight Adults**

- **Service Area**: 12.5%
- **Colorado**: 20.2%

**Obesity Adults**

- **Service Area**: 25.9%
- **Colorado**: 35.3%

*Source: National Center for Chronic Disease Prevention and Health Promotion, 2012 Behavioral Risk Factor Surveillance System, 2011-2012*

**Health Outcomes**

**Asthma**

- **Service Area**: 14.6%
- **Colorado**: 12.9%

**Diabetes**

- **Service Area**: 4.4%
- **Colorado**: 6.1%

*Source: Behavioral Risk Factor Surveillance System, 2011-2012*

**Health Outcomes: Beginnings**

**Teen Birth Rate (Per 1,000)**

- **Service Area**: 31.5
- **Colorado**: 35.6

**Low Birth Weight Percentage of Births**

- **Service Area**: 11.2%
- **Colorado**: 8.8%

*Source: National Vital Statistics System, 2006-2010*

**Healthy People 2020**

- **Service Area**: 1.8%
- **Colorado**: 2.7%

*Source: Behavioral Risk Factor Surveillance System, 2006-2012*

**Heart Health**

- **Service Area**: 14.6%
- **Colorado**: 23.1%

Appendix B: First Round of Data
**Uninsured Children Under Age 19**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Population</th>
<th>Population Without Medical Insurance</th>
<th>Percentage Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9,121</td>
<td>1,074</td>
<td>11.8%</td>
</tr>
<tr>
<td>Colorado</td>
<td>1,276,087</td>
<td>121,166</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Source: Small Area Health Insurance Estimates, 2012

---

**Mental Health Hospitalizations**

<table>
<thead>
<tr>
<th>Summit County</th>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>1297</td>
<td>19.5%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Source: Colorado Health and Hospital Association 2010-11

---

**Mammogram**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.2%</td>
<td>60.5%</td>
</tr>
</tbody>
</table>

Source: Dartmouth Atlas of Health Care, 2012

---

**Pap Test**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.4%</td>
<td>75.5%</td>
</tr>
</tbody>
</table>

---

**Sigmoidoscopy or Colonoscopy**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.3%</td>
<td>60.8%</td>
</tr>
</tbody>
</table>

---

**Adult Dental Care Utilization**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.2%</td>
<td>31.1%</td>
</tr>
</tbody>
</table>


---

**Poor Dental Health**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.45%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>


---

**Access to Primary Care**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.5</td>
<td>79.2</td>
</tr>
</tbody>
</table>

Source: Dartmouth Atlas of Health Care, 2012

---

**Diabetes Management**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.2%</td>
<td>83.4%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System, 2006-2010

---

**High Blood Pressure Management**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Data</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System, 2006-2010
**Appendix B: First Round of Data**

### ACCESS: QUALITY CARE

#### Pneumonia Vaccination
- Service Area: 72.1%
- Colorado: 74.5%

*Behavioral Risk Factor Surveillance System, 2006-2012*

#### Preventable Hospital Events
- Service Area: 15.4%
- Colorado: 38.2%

*Source: Dartmouth Atlas of Health Care, 2012*

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### Centura Health Data Approach

- **Demographics**
  - Community
  - Population

- **Health Drivers**
  - Behaviors
  - Environment

- **Health Outcomes**
  - Morbidity
  - Mortality

- **Access**
  - Coverage

- **Quality Care**

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*Centura Health.*