

2019 Community Health Needs Assessment

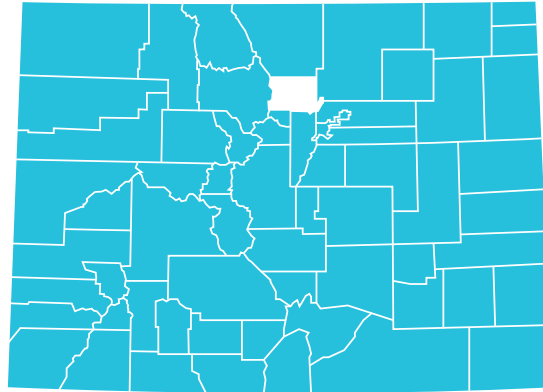
Avista Adventist Hospital



AT A GLANCE:

Avista Adventist Hospital

AREA SERVED: BOULDER AND BROOMFIELD COUNTIES



PRIORITIES:



Behavioral Health



Access to Safe
and Affordable
Housing/Shelter

PARTNERS:

Mental Health Partners, Colorado Community Health Alliance, Boulder Seventh-day Adventist Church, Chapel Haven Seventh-day Adventist Church, Foothills United Way, Nurse Family Partnership, Broomfield Public Health, Boulder County Public Health, Rocky Mountain Adventist Health, The Natural Funeral, Boulder County Child Welfare, Clinica, Broomfield Community Foundation, City Unite

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

AVISTA ADVENTIST HOSPITAL

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OUR MISSION, OUR VISION, AND OUR VALUES

Mission

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

Vision

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

Values

Compassion

Respect

Integrity

Spirituality

Stewardship

Imagination

Excellence



Executive Summary

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

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Avista Adventist Hospital collaborated closely with Boulder County Public Health and Broomfield County Public Health to inform our Community Health Needs Assessment Advisory Subcommittee as this public health departments cover the majority of the hospital service area. In addition to serving on our Advisory Subcommittee, we agreed with Boulder County Public Health to align community-based efforts to avoid duplication and address community health holistically. Avista Adventist Hospital associates participated in the analyzed Boulder County Community Health Assessment process through meeting participation. Additionally, we Boulder County Public Health’s very thorough focus group data as our qualitative data, as it included racial, ethnic, income and geographic diversity. We have aligned strategies, as applicable, to ensure greater movement toward same goals and complementary efforts. In addition to the partnerships with local public health departments, Centura Health sits on the Metro Denver Partnership for Health, a partnership between nonprofit hospitals and Metro Denver public health departments to align community health efforts across the seven-county region, of which Boulder County Public Health is a member.

Avista Adventist Hospital received input from community-based organizations focused on health and social determinants of health regarding medically underserved, low-income and minority populations in the service area. Avista Adventist Hospital conducted three Community Health Needs Assessment Advisory Subcommittee meetings with community-based organizations. Organizations were identified based upon their connection with the community, including those serving people who are medically underserved and at greater risk of poor health and those organizations with influence on overall health in the community. Stakeholders provided input in multiple meetings to rank and prioritize health issues, identify both community assets and gaps, and to identify strategies for the health priorities. Lastly, we engaged in the State of Colorado Health Care Policy and Finance Hospital Transformation Program Community and Health Neighborhood Engagement process focusing on the Medicaid population through which both community and Medicaid data were analyzed and focus groups were conducted. Appendix B contains a list of public agencies and community organizations that collaborated with us in this process.

We also provided multiple points of contact to receive public comment regarding the 2016 CHNA and implementation strategy. We did not receive feedback.

SERVICE AREA DEFINITION

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

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



PROCESS AND METHODS USED TO CONDUCT CHNA

QUANTITATIVE AND QUALITATIVE DATA COLLECTION:

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

PRIORITIZATION PROCESS:

Avista Adventist Hospital created a CHNA subcommittee to review the qualitative and quantitative health data and prioritize health needs in our communities. This subcommittee was made up of both hospital staff and community stakeholders including representatives from 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 on a scale of 1-10 (low – high) against the size of the problem and the seriousness of the problem. This ranking was calculated by adding these two rankings together. For the top five issues, we used the second meeting to collect information about that which is already happening, gaps related to each priority and public health qualitative data. Based upon these results, the committee identified the priorities upon which to focus.

PRIORITIZED DESCRIPTION OF HEALTH NEEDS AND POTENTIAL RESOURCES

Prioritized Need: Behavioral Health

Behavioral Health, as defined by both mental health and substance abuse, was the number one priority within our Community Health Needs Assessment process. The data which supported this prioritization included that for mental health (post-partum depression, days of poor mental health) and access to mental health services, substance abuse (smoking, alcohol consumption, liquor store access), and intentional injury (violent crimes, mortality via homicide and suicide, suicide hospitalizations). While data regarding access to mental health services was not robust, qualitative data collected indicated this to be a significant barrier to addressing the health issue. Community members have difficulty accessing services in a timely manner due to limited providers and limited coverage for services. Additionally, the focus on prevention and stigma reduction arose as areas for which there is a need to focus to address behavioral health well.

While there are resources to address behavioral health within the community, it was acknowledged that the system is fragmented and complex, leading to the need to coordinate resources and increase accessibility to resources and ease the ability to navigate them.

Potential resources in the community identified included the following:

- Mental Health First Aid efforts through a variety of organizations
- Let's Talk CO social media campaign
- Clinica Family Health Center provides integrated care in partnership with the Mental Health Partners
- Mental Health Partners provides services focusing on both mental health and substance abuse
- The faith community is very interested in addressing behavioral health within their congregations and the community
- Boulder County is focusing on mental health and resiliency with the school district



- Boulder County Human Services and Public Health are working together to connect community members with greatest needs to resources
- There are many programs available to help people connect with one another in the community

Prioritized Need: Access to Safe and Affordable Housing/Shelter

Access to safe, affordable housing and shelter arose in our CHNA process based upon the review of indicators measuring Social Determinants of Health of poverty, housing and food insecurity. Upon review of the data and community input through focus groups conducted by Boulder County Public Health and Broomfield County Public Health, it was clear that affordable housing and homelessness are areas about which the community is concerned. The Social Determinant of Health of food security was less of a priority due to the strong efforts already underway to address it within this community through focus on nutrition and food systems.

Human services providers will help families struggling to make ends meet access available resources within



the community. However, there was the feeling that a strong, concerted effort focusing on access to housing and homelessness would be beneficial, recognizing that the climate to support stability in homes feels as though it is increasing. Potential resources identified in the community included:

- Coordinated entry system being used by social service providers and family resource centers
- Coordinated shelter system within the City of Boulder
- Affordable housing organizations
- The Human Services and Public Health partnership to connect people in need of more help to available resources
- A Regional Affordable Housing Plan for the community

EVALUATION OF ACTIONS TO ADDRESS 2016 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Avista Adventist Hospital 2016 and the actions and progress to date include the following:

Healthy Eating and Active Living

The Create Your Life Program provided case management to over 60 new mothers to promote breastfeeding and strong mother child wellness to promote nutrition through the lifetime. Reached 1,562 women with training to support healthy birth and nutrition for newborns. Established an electronic referral system to the Nurse Family Partnership Program, providing education to first time mothers, prenatal to 2 years of age.

Behavioral Health

The Create Your Life Program has provided case management to over 60 new mothers. This program offers case management and support to promote mental wellness after birth. We provided 582 people with supportive therapies to heal mind, body and spirit. Received CPC+ funding to integrate behavioral health into our primary care practices in FY19. Partnered with Let's Talk CO social norming campaign with a total of 45,744,882 impressions.

Access to Care

Avista Adventist Hospital provided 15,804 patients with Medical Financial Assistance. Additionally, we enrolled 1,954 people into available health coverage. Through our Neighborhood Health Centers, we provide a medical home to people in our community. Our partner, Clinica Family Health, also provides care in the community, and we have partnered with them to support an electronic system through which physicians can exchange medical information to provide the best care to our patients.



Introduction

CENTURA HEALTH, AVISTA ADVENTIST HOSPITAL, AND OUR COMMUNITY



Background

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

Our Goals

The CHNA process gave Avista Adventist 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 among Avista Adventist Hospital, Boulder and Broomfield County Public Health, community leaders, and stakeholders. Our goal is to build our organizational capacity in population health best practices and to better position Avista Adventist 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 strategic plans.

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

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





Our Services, History and Community

CENTURY LONG LEGACY OF AWARD WINNING SERVICES TO HEAL, INSPIRE AND CONNECT OUR COMMUNITY.

Avista Adventist Hospital is a comprehensive medical center known for its higher level of personalized, whole person care, that's been the hallmark of the organization for more than a century. The 114-bed full service community hospital provides a full range of medical specialties and exceptional health care to the Louisville, Superior, Broomfield and surrounding Boulder County communities. Known for its award winning joint and spine program, as well as its widely recognized New Life Center and the area's largest neonatal intensive care nursery.

Distinctive Services *Noteworthy areas of care include:*

First-Rate Heart & Vascular

- Society of Cardiovascular Patient Care
- Chest Pain Center Accreditation

Primary Stroke Center

- Joint Commission: Gold Seal of Approval

Award Winning Joint and Spine Program

- Joint Commission: Gold Seal of Approval

Award Winning New Life Center and the area's largest Neonatal Intensive Care Unit

- Joint Commission: Gold Seal of Approval

Award Winning Women's Care

– AAGL: Center of Excellence in Minimally Invasive Gynecology

GI Center of Excellence certified by the American Society for Gastrointestinal Endoscopy

CNOR Strong

– Recognition of a high level of advanced certification among operating room nurses. Nursing excellence for enhanced patient safety

***NICHE Designated Hospital**

– *NICHE is the leading nurse driven program designed to help hospitals and healthcare organizations improve the care of older adults.

Honors

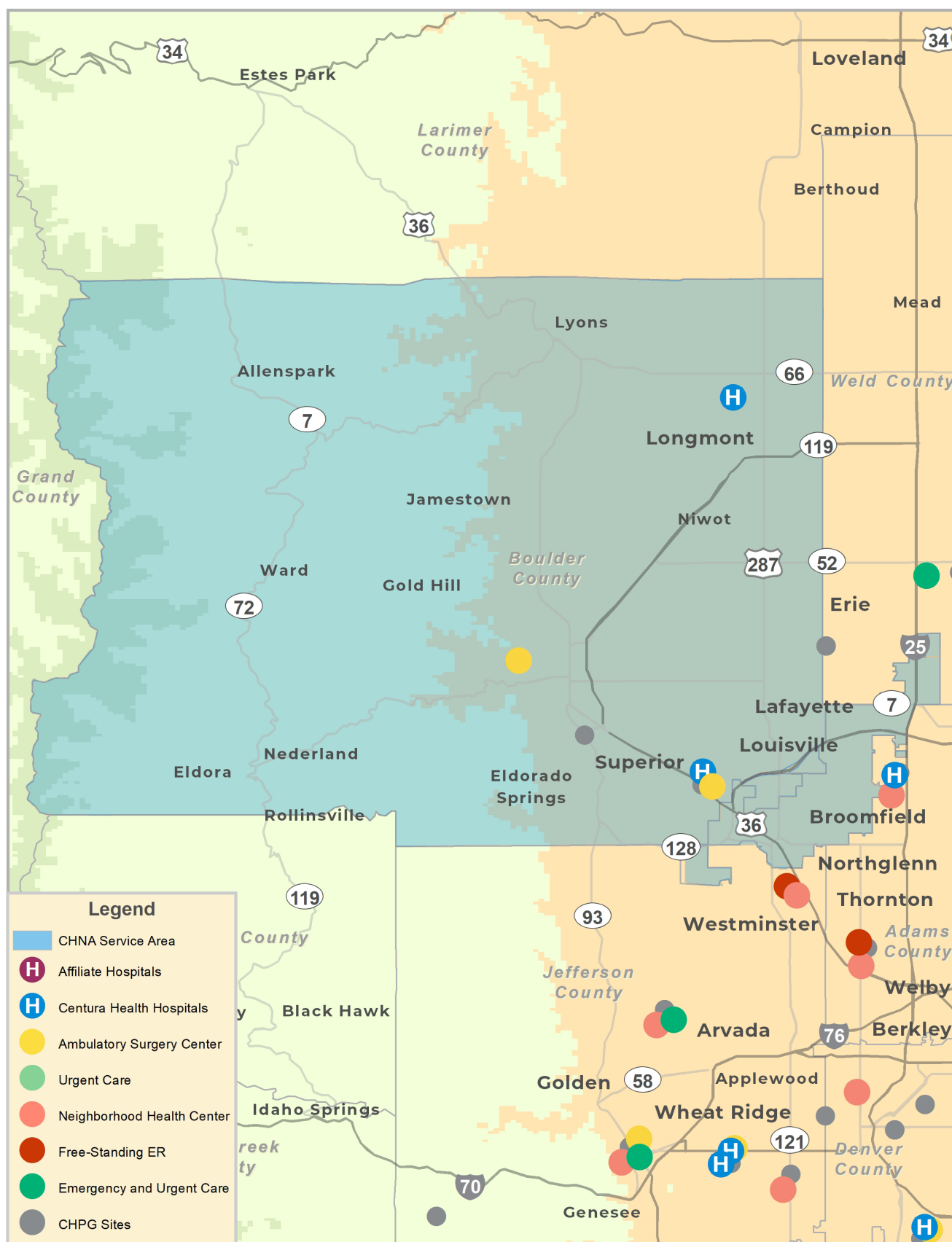
Healthgrades has named Avista Adventist Hospital among the Top 10% in the nation for Outstanding Patient Experience (2016-2018). The hospital is also honored with five-star awards for its treatment of Pneumonia and Sepsis (2015-2018) – as well as Total Knee Replacement (2016-2018).

Commitment to Our Community

At Centura Health and Avista Adventist Hospital, we remain committed to advancing vibrant and flourishing communities. The CHNA helps fuel our caregivers to continuously engage with, understand, and contribute to whole person health in our shared neighborhoods. By focusing on Behavioral Health and Access to Safe, Affordable Housing and Shelter for the next three years, we are excited to continue to live out our Mission, Vision, and Values every day.

In FY18, Avista Adventist Hospital provided over \$12,867,609 in total community benefit. Community services ranged from providing 7,017 patients with Medical Financial Benefit, enrolling 1,051 people into available health coverage, maintaining the technology to create a system of care with Clinica Family Health Services to reach 51,667 community members, reaching 47 new mothers with the Create Your Life Program to support overall well-being, supporting the Let's Talk Campaign which had 45,744,882 total impressions, and collaborating with community organizations to leverage strengths to create a healthy community.





OUR COMMUNITY

To understand the profile of Avista Adventist Hospital's community we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 422,294. The demographic makeup of these communities is as follows:

Race: The population is 84.3% white, 1.1% black, 4.7% Asian, 0.6% Native American/Alaskan Native, 0.1% Native Hawaiian/Pacific Islander, 6.1% some other race, and 3.1% multiple races.

Ethnicity: 13.9% are Hispanic or Latino.

Education Level: In our communities, 83.2% of the population has an Associate's Degree or higher. Colorado percentage is 71%.

Unemployment Rate: 3.2%; Colorado percentage is 3.9%

Population with Limited English Proficiency: 1.9%, Colorado percentage is 2.8%

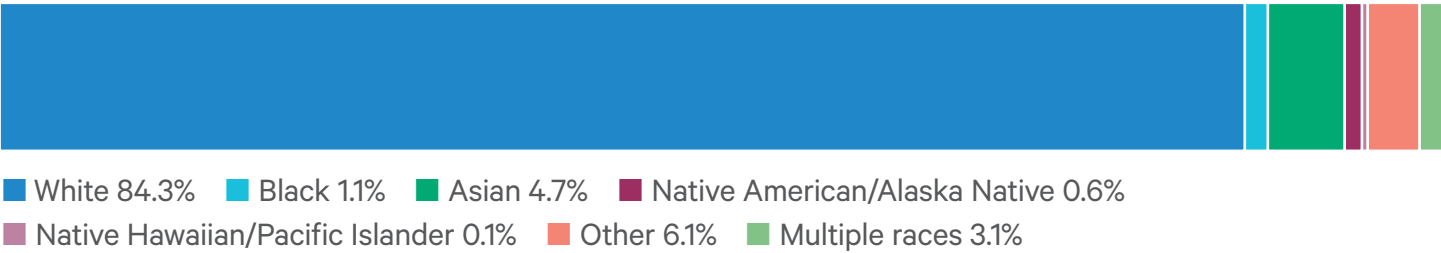
High School Graduation Rate: 71%, Colorado percentage is 77.3%.

Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income: 4.9, Colorado ratio is 4.5.

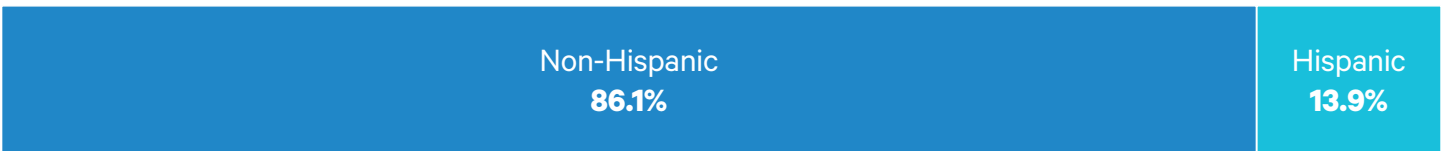


POPULATION DEMOGRAPHICS IN AVISTA ADVENTIST HOSPITAL'S SERVICE AREA

Race



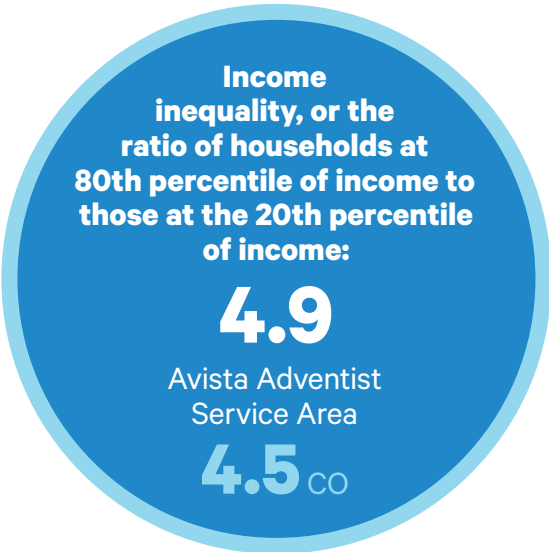
Ethnicity



Associates Degree or Higher



High School Graduation Rate





Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Avista Adventist Hospital collaborated with Boulder County Public Health and Broomfield Public Health with their representation on our Advisory Subcommittee. In addition to serving on our Advisory Subcommittee, we agreed with the public health departments to align community-based efforts in order to avoid duplication and address community health holistically. We leveraged their qualitative data collected through focus groups to inform our CHNA. We have intentionally aligned strategies, as applicable, to ensure greater movement toward same goals and complementary efforts. In addition to the partnerships with local public health departments, Centura Health sits on the Metro Denver Partnership for Health, a partnership between

nonprofit hospitals and public health departments to align efforts across the seven-county region.

We created a hospital subcommittee to solicit and take into account input from individuals and organizations representing the broad interest of our community to assess the needs of our community. Please see Appendix B for a list of Avista Adventist Hospital's subcommittee members. Our subcommittee:

- Reviewed the quantitative data and provided insight;
- Prioritized health needs using the Centura Health Prioritization Method;

Our subcommittee met three times for two hours each meeting in order to rank and prioritize health needs, assets and gaps and to design the overarching strategies to be used to address the health needs. All stakeholders were invited to the meetings, which were held either early in the morning or at lunchtime to increase ability to join. We had consistent participation in the process.

STAGE 1: SCANNING THE DATA LANDSCAPE

The CHNA was conducted through a collaborative partnership among Avista Adventist Hospital, Boulder County Public Health, Boulder County Public Health and community stakeholders. We analyzed health driver and health outcome data within the defined service area. Avista Adventist Hospital's main service area encompasses Boulder and Broomfield Counties, 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 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.

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

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

Our subcommittee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need. To fit

the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark of Healthy People 2020.

STAGE 3: PROCESS TO PRIORITIZE HEALTH NEEDS

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

CENTURA HEALTH CHNA PRIORITIZATION METHOD: SAMPLE CRITERIA RATING

Rating	Size of Health Problem	Seriousness of Health Problem	Alignment
9 or 10	>25%/rate much higher than Colorado benchmark	Very Serious	Alignment with CHNA, CHIP, community groups, hospital and system strengths
7 or 8	10%-24.9%/rate somewhat higher than Colorado benchmark	Relatively Serious	Alignment with 3 of the following: CHNA, CHIP, community groups, hospital and system strengths
5 or 6	1%-9.9%/rate slightly higher than Colorado benchmark	Serious	Alignment with 2 of the following: CHNA, CHIP, community groups, hospital and system strengths
3 or 4	.1%-9%/rate slightly lower than Colorado benchmark	Moderately Serious	Alignment with 1 of the following: CHNA, CHIP, community groups, hospital and system strengths
1 or 2	.01%-.09%/rate slightly lower than Colorado benchmark	Relatively Not Serious	Some alignment with 1 or 2 of the following: CHNA, CHIP, community groups, hospital and system strengths
0	<.01%/rate lower than Colorado benchmark	Not Serious	No alignment and/or no community gap in need of being addressed

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 on a scale of 1-10 (low – high) against the size of the problem and the seriousness of the problem. This ranking was calculated by adding these two rankings together. For the top five issues, we used the second meeting to collect additional information about that which is already happening and gaps related to each health priority. Following this, we used focus group data provided by our local public health department to confirm our priorities.

In addition to the assets and gaps, we also considered Centura Health's Mission and Values when reviewing 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.

Avista Adventist Hospital identified two needs as priority areas that we have the ability to impact. These include:

- Behavioral Health
- Access to Safe, Affordable Housing/Shelter

Engaging our Community to Understand and Act

We actively engaged our valued community members throughout the CHNA process. Boulder County Public Health and Broomfield Public Health collected significant data from individuals and organizations in the community representing those who are traditionally underserved and/or members of more vulnerable communities more likely to experience health inequities. We determined it was best to use existing qualitative data rather than asking communities similar questions more than one time due to the thorough nature of the work by our public health partners. Lastly, during our CHNA process, the State of Colorado launched the Hospital Transformation Program's Community and Health Neighborhood Engagement process, which focused on data collection to understand the priorities of those insured through Medicaid. This process included many focus groups and the evaluation of Medicaid data. These data were also considered in the finalization of our health priorities.





Health in Our Community

AVISTA ADVENTIST HOSPITAL

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
- Access to Safe, Affordable Housing/Shelter

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Avista Adventist Hospital identified Behavioral Health and Access to Safe, Affordable Housing/Shelter as priority focus areas.

At Avista Adventist Hospital, we are collectively unified by our Centura Health Mission: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. This Mission guides and inspires our shared desire to make a difference – one whole person and one healthy neighborhood at a time. We believe that our focus on Behavioral Health and Access to Safe, Affordable Housing/Shelter will have the greatest impact on our organizational commitment to whole person health.

PRIORITIZED NEED: BEHAVIORAL HEALTH

Both quantitative and qualitative data drove the prioritization of Behavioral Health for Avista Adventist Hospital. The community health data that led to identification of Behavioral Health as a priority included that there are 2,204 mental health hospitalizations per 100,000 population; however, there are only 4.64 providers per 1000 population (CO is at 2.74). The community's suicide rate is 17.9 per 100,000 population, and Colorado ranks as a state highest for suicide. The community's rate of suicide hospitalizations is 37.2 per 100,000 (CO at 52.0). The quantitative population health data available for substance abuse is for alcohol use and tobacco use. Excessive drinking weighted by population is 19.4% (CO at 19.1%), and adult smoking is at 12.5% (CO 15.6%).

Quantitative population health data was validated and strengthened by qualitative data. Both mental health and substance abuse were identified as priorities within community conversations among our CHNA Advisory Subcommittee and the focus groups conducted by Boulder and Broomfield Public Health. These conversations clarified that behavioral health is the greatest community concern. Mental health is a large concern due to the awareness of suicides. The recognition of the hidden mental health needs. While this service area has higher provider availability than many, we still hear that it was difficult to navigate the health system and pay for services. The community emphasized that these are tough issues to address and believe in the importance of coordinating work to have an impact, with solutions spanning from prevention with a focus on youth health and well-being, stigma reduction, screening and treatment.

Behavioral Health was identified as a priority in our 2016 Community Health Needs Assessment. Avista Adventist Hospital addressed behavioral health through evidence-based approaches including prevention focusing on new moms, education, and stigma reduction. We reached 60 new mothers with the Create Your Life Program. We provided 582 people with supportive therapies to heal mind, body and spirit. We partnered with Metro Denver public health departments to implement the Let's Talk CO stigma reduction campaign, leading to 45,744,882 total impressions. We also received CPC+ funding to integrate behavioral health services into our primary care settings in FY19.



Potential community resources available to address behavioral health include local public health departments which are addressing this priority as part of their Public Health Improvement Plan, which will include a focus on school-age children through the schools. Public Health is working with Human Services to support people in the community who have greater needs through more integrated services. Stigma and community awareness efforts are underway through Mental Health First Aid and the Let's Talk CO social media campaign. A focus on schools has been prioritized for the community. The Mental Health Center and the Federally Qualified Health Centers provide integrated care through partnerships. There are many supports for seniors in the community which can be leveraged to increase resiliency and social cohesion.

Avista Adventist Hospital will leverage our existing efforts with the community and focus on targeting and sustaining these efforts. In addition, as a health care system, we will expand our clinical work to include more behavioral health and substance use screening and referrals to the organizations in the community. As we move forward addressing behavioral health, it is important to recognize two overarching themes from our Advisory Subcommittee: 1) Centura Health is a large system and with our focus on behavioral health with the community, significant changes can occur through our work and our voice regarding the importance of focusing on this issue, and 2) behavioral health should be addressed as part of whole person health, supporting our community's mind, body and spirit in all we do.

PRIORITIZED NEED: SAFE, AFFORDABLE HOUSING/SHELTER

Access to safe, affordable housing and shelter arose in our CHNA process based upon the review of indicators measuring the Social Determinants of Health of poverty, housing and food insecurity. Upon review of the data and community input through focus groups conducted by Boulder County Public Health, it was clear that affordable housing and homelessness are areas about which the community is very concerned.

In the review of health data during the Community Health Needs Assessment process, metrics related to Social Determinants of Health were presented to our CHNA Advisory Subcommittee. This was done to recognize underlying barriers to being healthy. We know that disease states need to be addressed. We also know that when a person's basic needs are unmet, it is more difficult to maintain one's own health. Social Determinants of Health data presented to the Advisory Subcommittee included that related to hunger and housing stability. In the Avista Adventist Hospital service area, 11.2% of the residents are experiencing hunger (CO is 10.3%). Additionally, the median gross rent for a home in the service area is \$1,417 (CO is \$1,057). Income inequality, a ratio of household income at 80th percentile to income at the 20th percentile, weighted by population was 4.9 (CO is at 4.5). The percentage of children eligible for free/reduced price lunch is 24.6% (CO at 41.6%).

In the Advisory Subcommittee discussions, health would begin conversations, but the inability to access resources or feel stable in an economic environment that is challenging for people of lower incomes would arise during each conversation. The current impact upon overall health status and the potential growth of the issue in the future were factors that led to the prioritization of access to safe, stable housing and shelter.

This is a new priority for Avista Adventist Hospital. It was recognized in the CHNA process that this is not a hospital-only issue to be addressed; it is a collaborative effort in which the hospital will work with other organizations to develop a more concerted and coordinated effort in the community. Existing activities to leverage include the coordinated entry system, the resource centers available to help people navigate their basic needs, a shelter system in Boulder county, and a Regional Affordable Housing Plan. To this, the hospital can add our ability to screen people for basic needs while in our health care system, a focus on transitions to available resources and using the data regarding connection between housing and health to move the community along a path toward longer-term solutions. Additionally, Centura Health's mission on whole person care and wellness in the community will enable us to contribute to efforts to build social cohesion and connectedness within the community.

IDENTIFIED HEALTH NEEDS NOT PRIORITIZED

The reason for not prioritizing certain identified health needs is listed below for those health issues which were ranked among the highest five health issues in the prioritization process:

ACCESS TO CARE

Access to care was ranked first out of the five top priorities identified during the ranking process. Data focusing on access to care included mental health providers at 4.64 per 1000 population (CO at 2.74); uninsured rates of 11.1% for adults and 4.8% for children (CO is at 14% and 5.9% respectively); 78.1% have a primary care doctor (CO is at 74%), and there are 82 FQHC's per 100,000 population (CO is at 86); and 1.08 primary care physicians per 1,000 population (CO is at 0.76).

The Advisory Subcommittee discussed that access to care is a changing environment which we need to

monitor due to continually changing guidelines and policies. However, they determined it would be best to focus on access to behavioral health care in order to maintain a strong focus on this issue and to have a greater impact with a greater focus on fewer priorities.

CANCER AND HEART HEALTH

Both Cancer and Heart Health were identified within the top five community priorities. It was determined there are medical resources available to treat these issues. Additionally, Boulder County Health Improvement Collaborative is addressing access to specialty care within the community, and the majority of partners were involved in this health alliance effort.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Behavioral Health Resources

- Mental Health First Aid efforts through a variety of organizations
- Let's Talk CO social media campaign
- Clinica Family Health Center provides integrated care in partnership with the Mental Health Partners
- Mental Health Partners provides services focusing on both mental health and substance abuse
- The faith community is very interested in addressing behavioral health within their congregations and the community
- Boulder County is focusing on mental health and resiliency with the school district
- Boulder County Human Services and Public Health are working together to connect community members with greatest needs to resources
- There are many programs available to help people connect with one another in the community

Access to Safe, Affordable Housing/Shelter

- Coordinated entry system being used by social service providers and family resource centers



- Coordinated shelter system within the City of Boulder
- Affordable housing organizations
- The Human Services and Public Health partnership to connect people in need of more help to available resources
- A Regional Affordable Housing Plan for the community





Conclusion

EVALUATION

Progress since our last CHNA

Prior areas of focus for the Avista Adventist Hospital 2016 Community Health Needs Assessment and the actions and progress to date include the following:

2016 PRIORITIZED NEED: HEALTHY EATING AND ACTIVE LIVING

The Create Your Life Program provided case management to over 60 new mothers to promote breastfeeding and strong mother child wellness to promote nutrition through the lifetime. Reached 1,562 women with training to support healthy birth and nutrition for newborns. Established an electronic referral system to the Nurse Family Partnership Program, providing education to first time mothers, prenatal to 2 years of age.

2016 PRIORITIZED NEED: BEHAVIORAL HEALTH

The Create Your Life Program has provided case management to over 60 new mothers. This program offers case management and support to promote mental wellness after birth. We provided 582 people with supportive therapies to heal mind, body and spirit. Received CPC+ funding to integrate behavioral health into our primary care practices in FY19. Partnered with Let's Talk CO social norming campaign with a total of 45,744,882 impressions.

2016 PRIORITIZED NEED: ACCESS TO CARE

Avista Adventist Hospital provided 15,804 patients with Medical Financial Assistance. Additionally, we enrolled 1,954 people into available health coverage. Through our Neighborhood Health Centers, we provide a medical home to people in our community. Our partner, Clinica Family Health, also provides care in the community, and we have partnered with them to support an electronic system through which physicians can exchange medical information to provide the best care to our patients.

EVALUATING OUR IMPACT FOR THIS CHNA

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

IMPLEMENTATION STRATEGY

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

COMMUNITY BENEFIT REPORTS

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

FEEDBACK FROM PRIOR CHNAS

Avista Adventist Hospital did not receive feedback regarding our Community Health Needs Assessment published on our web site.

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, Denver Metro Region, or Johnathan Ward, Director of Mission, at AAHCommunityBenefit@Centura.Org.



THANK YOU AND RECOGNITION

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

- Mental Health Partners
- Colorado Community Health Alliance
- Boulder Adventist Church
- Foothills United Way
- Seventh Day Adventist Church
- Nurse Family Partnership
- Broomfield Public Health
- Boulder County Public Health
- Rocky Mountain Adventist Health
- The Natural Funeral
- Boulder County Child Welfare
- Clinica
- Broomfield Community Foundation
- City Unite

APPENDIX A: DATA SOURCES

Source	Subject
CDC Diabetes Interactive Atlas	Adult obesity
Behavioral Risk Factor Surveillance System	Adult smoking
Environmental Public Health Tracking Network	Air pollution - particulate matter
Area Health Resource File/National Provider Identification file	Dentists
Dartmouth Atlas of Health Care	Diabetes monitoring
Behavioral Risk Factor Surveillance System	Excessive drinking
EDFacts	High school graduation
American Community Survey	Income inequality
CDC WONDER mortality data	Injury deaths
National Center for Health Statistics - Natality files	Low birthweight
Dartmouth Atlas of Health Care	Mammography screening
CDC Diabetes Interactive Atlas	Physical inactivity
Behavioral Risk Factor Surveillance System	Poor or fair health
National Center for Health Statistics - Mortality files	Premature death
Dartmouth Atlas of Health Care	Preventable hospital stays
Area Health Resource File/American Medical Association	Primary care physicians
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Sexually transmitted infections
American Community Survey	Some college
National Center for Health Statistics - Natality files	Teen births
Bureau of Labor Statistics	Unemployment
Uniform Crime Reporting - FBI	Violent crime
CMS, National Provider Identification file	Mental Health Providers
CDPHE 2013-2015	Mental Health
CDPHE 2012-2014	Mental Health
CDPHE 2013-2015	Mental Health
CDPHE	Suicide
CDC & NCI	Breast cancer incidence
CDC & NCI	Cervical cancer incidence
CDC & NCI	Colorectal cancer incidence
CDC & NCI	Lung cancer incidence
CDC & NCI	Prostate cancer incidence

APPENDIX A: DATA SOURCES, CONT.

Source	Subject
CDC & NCI	Cancer Mortality
National Center for Education Statistics	Children eligible for free or reduced price lunch
CDC Diabetes Interactive Atlas	Diabetes prevalence
National HIV Surveillance System	HIV prevalence
CDC WONDER mortality data	Homicides
Small Area Health Insurance Estimates	Uninsured adults
Small Area Health Insurance Estimates	Uninsured children
American Community Survey	Demographics
CMS, National Provider Identification file	Other primary care providers
Hunger Free Colorado	Food insecurity
Fatality Analysis Reporting System	Alcohol-impaired driving deaths
CDC WONDER mortality data	Motor Vehicle Mortality
Esri Demographics 2017	Liquor Stores & Bars
CDPHE - VISION	% Adult overweight
CDPHE - VISION	% with Asthma
CDPHE - VISION	% High blood pressure (2015)
CDPHE - VISION	% High cholesterol (2015) - 20+
Community Commons	Infant Mortality
Community Commons	Lung Disease
Community Commons	Heart Disease


APPENDIX B: LIST OF SUBCOMMITTEE ORGANIZATIONS

- Mental Health Partners
- Colorado Community Health Alliance
- Boulder Seventh-day Adventist Church
- Chapel Haven Seventh-day Adventist Church
- Foothills United Way
- Nurse Family Partnership
- Broomfield Public Health
- Boulder County Public Health
- Rocky Mountain Adventist Health
- The Natural Funeral
- Boulder County Child Welfare
- Clinica
- Broomfield Community Foundation
- City Unite

APPENDIX C: DATA PRESENTED

Avista Adventist Hospital Community Health Needs Assessment

Community Advisory Meeting June 12, 2018




Reflection

Making a Difference: Flourishing Communities




Introductions


- Name
- Organization
- What Makes a Flourishing Community?



Today's Meeting

Goal: Identify the health priorities within the community (4-5).


- About Centura Health
- Background: Community Health Needs Assessment Process
- Public Health Needs Assessment Process
- Review Community Health Data
- Rank Community Health Needs
- Review Next Steps



Who is Centura Health?

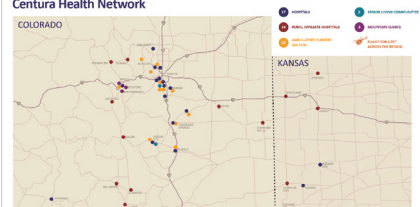
Non-Profit, Mission-Based Hospital System

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 Communities

Centura Health Network




17 hospitals, 13 affiliate hospitals, health neighborhoods, health at home, urgent care centers and emergency rooms, mountain clinics, 100+ physician practices and clinics, and Flight For Life® Colorado

We meet the wellness needs of more than a half million people each year.



Community Health Needs Assessment

- ✓ IRS Requirement of all non-profit hospitals
 - Every three years
 - Identify health needs within the community
- ❖ Intent of the CHNA
 - Identify health needs important to community
 - Work together to address these needs
 - Leverage community strengths
 - Be a meaningful collaborator in flourishing communities




Community Health Needs Assessment Timeline

Activities	Date
Identify and assemble Community Health Needs Assessment Subcommittee	May 2018
Community Health Committee Meeting 1 - Present and review data; identify needs (4 priorities)	June 2018
Community Health Committee Meeting 2 - Review needs, present best practices, identify groups for qualitative data collection	Early August 2018
Qualitative Data Collection: Focus groups/key informant interviews	September 2018
Community Health Committee Meeting 3 - Present qualitative data, narrow priorities (2 priorities), discuss strategies	October 1, 2018
Community Health Committee Meeting 4 - Create 3-year implementation plans	December 1, 2018
Complete Implementation Plan	February 1, 2019
Hospital Board approves implementation plan	April 1, 2019

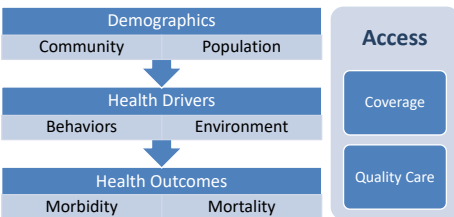

CHNA and Public Health

- Boulder County Public Health Needs Assessment Process
- Broomfield County Public Health Needs Assessment Process




Population Health Data Approach

Health => Mind, Body and Spirit

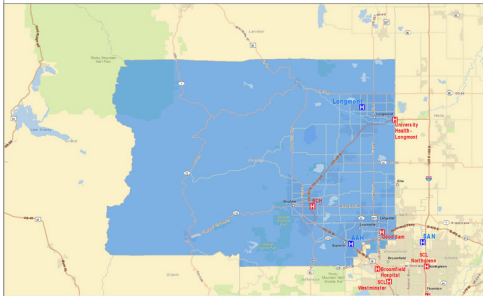




Avista Adventist Hospital

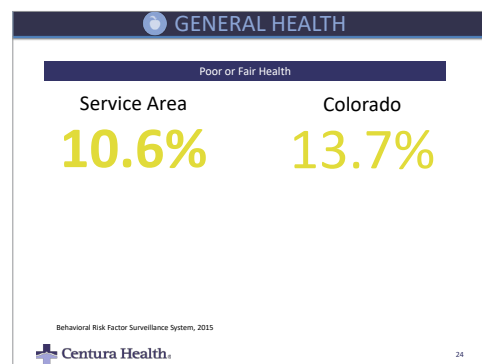
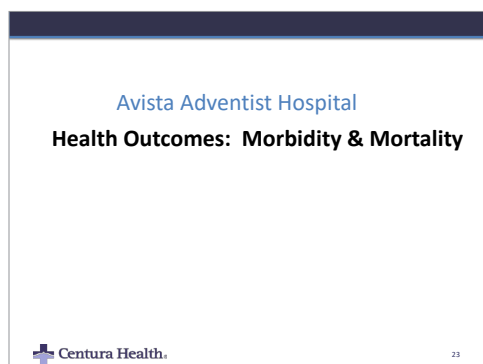
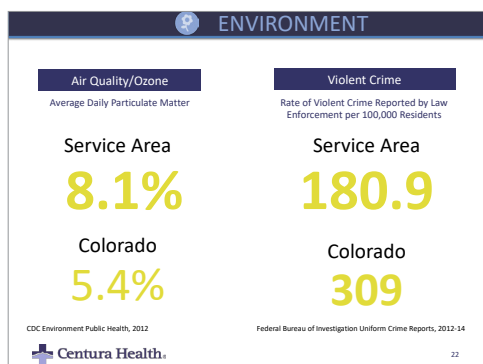
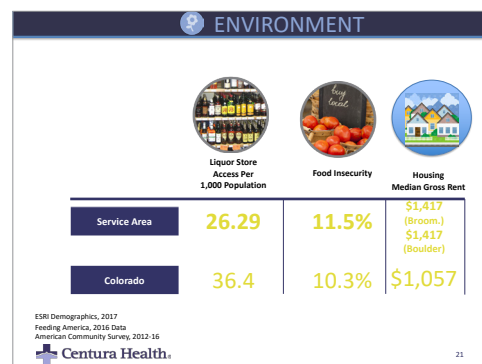
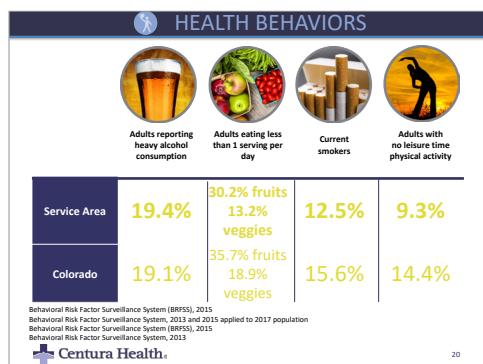
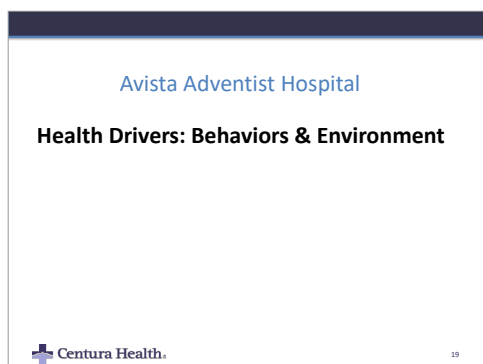
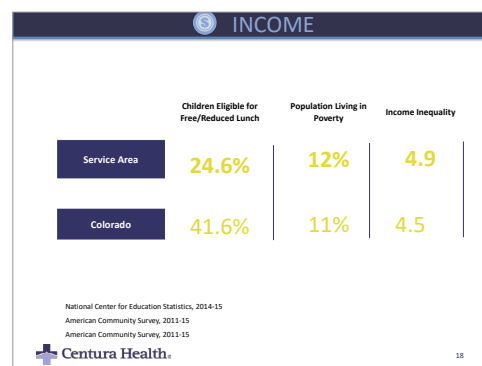
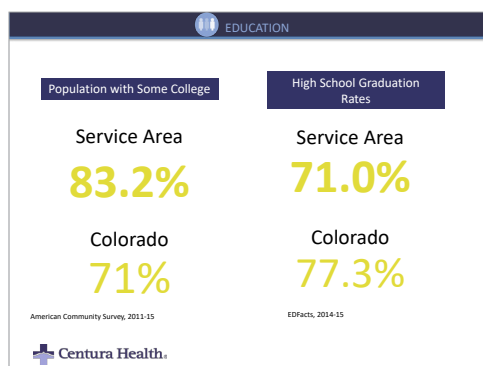
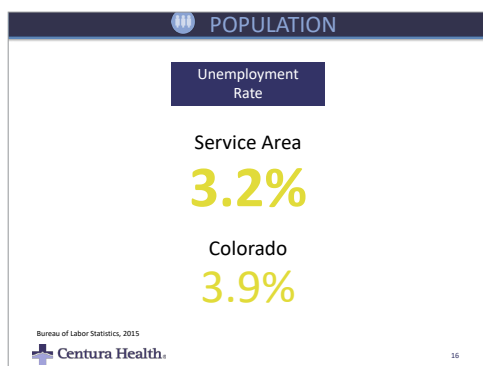
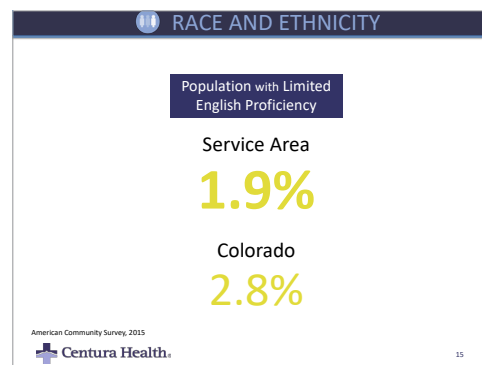
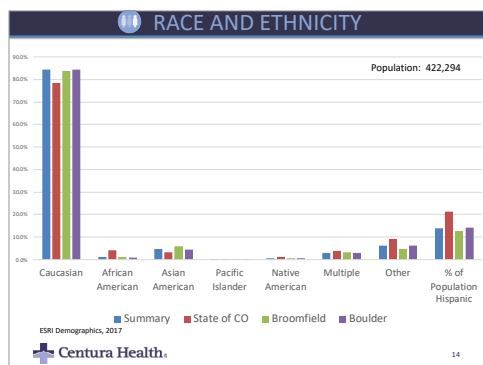
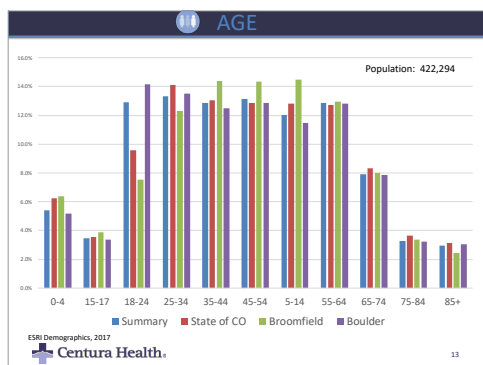
Demographics: Community & Population



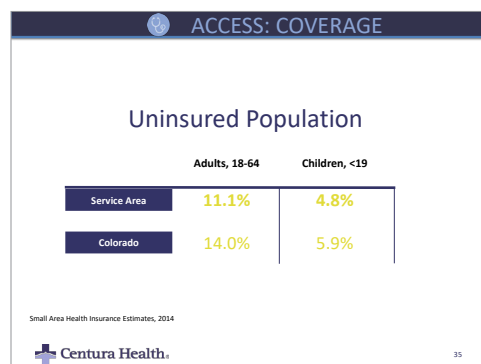
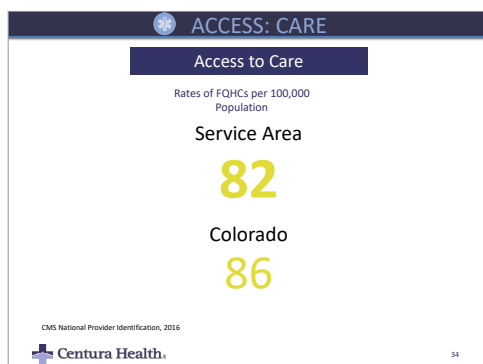
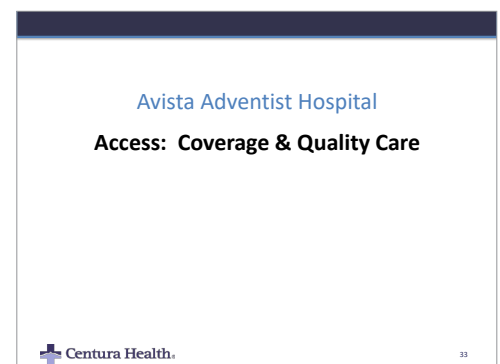
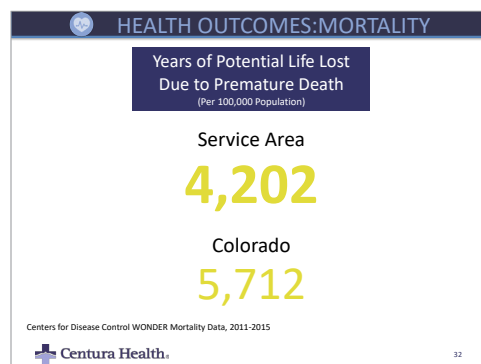
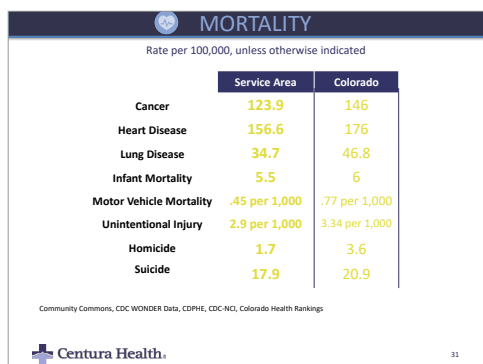
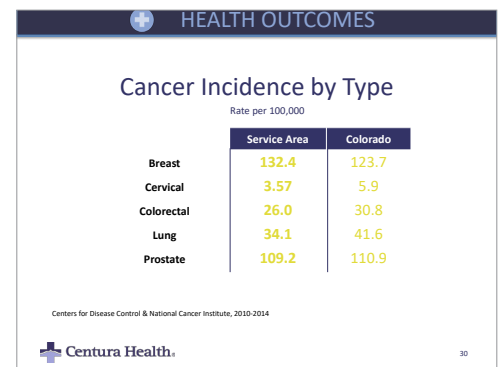
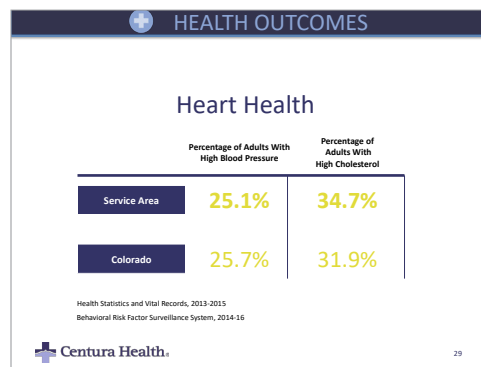
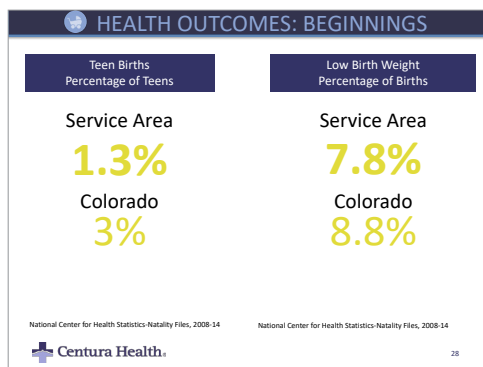
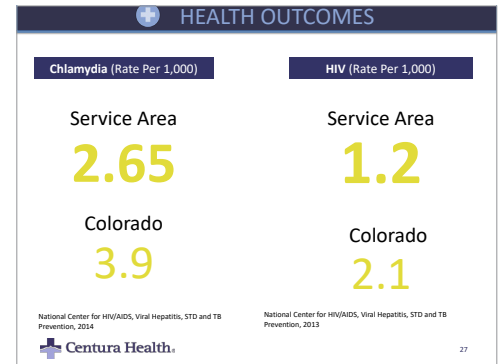
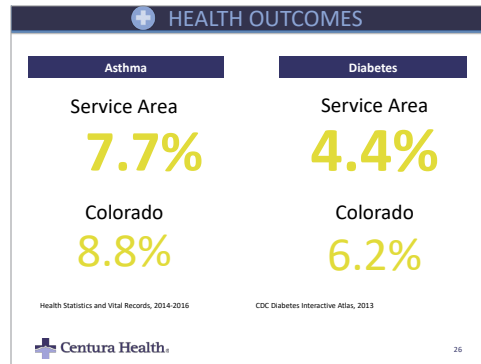
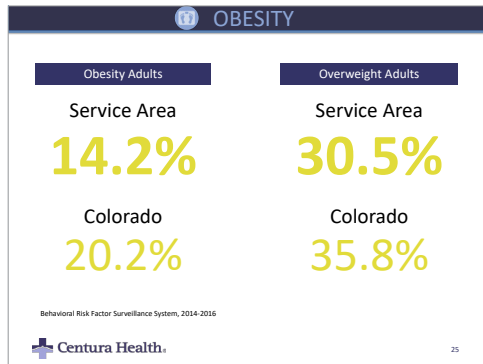
Community (Service Area)

APPENDIX C: DATA PRESENTED, CONT.



APPENDIX C: DATA PRESENTED, CONT.



APPENDIX C: DATA PRESENTED, CONT.

