

2019 Community Health Needs Assessment

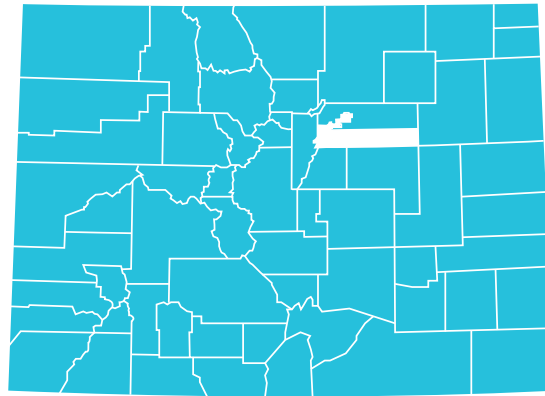
Porter Adventist Hospital



AT A GLANCE:

Porter Adventist Hospital

AREA SERVED: ARAPAHOE AND DENVER COUNTIES



PRIORITIES:



Behavioral Health (Mental Health
and Substance Use Disorder)



Food Insecurity, or Access to
Healthy Affordable Food

PARTNERS:

New Day Seventh Day Adventist Church, Mile High Ministries, Doctors Care, Metro Community Provider Network, All Health Network, NAMI Colorado, Douglas County Sheriff Department, South Metro Fire Department, Tri County Public Health, Denver Public Health, Douglas County Public Schools, Denver Public Schools, Littleton Public Schools, Colorado Access, Mile High Health Alliance, American Heart Association, Colorado Wellness

2019 COMMUNITY HEALTH NEEDS ASSESSMENT
PORTER ADVENTIST HOSPITAL

TABLE OF CONTENTS

Mission, Vision and Values 4

Executive Summary 5

Introduction..... 10

Our Services, History and Community..... 12

Our Approach..... 17

Health in Our Community..... 22

Conclusion..... 28



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 Porter 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 Porter 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 between Porter Adventist Hospital, our local public health departments, community leaders, and partner organizations.

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Porter Adventist Hospital partnered with three other Centura Health hospitals to coordinate a Regional Community Health Needs Assessment Advisory Subcommittee. The partnership among Porter Adventist Hospital, Parker Adventist Hospital, Castle Rock Adventist Hospital, and Littleton Adventist Hospital enabled us to best understand our neighboring communities, recognizing that people live, work, play, learn and pray across geographic boundaries. We, therefore, collaborated closely with both Tri County Public Health and Denver Public Health to inform our CHNA process, as these two public health departments cover the service areas of these four hospitals. 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. Our Community Health team participated in the public health Community Health Assessment processes through meeting participation and using their focus group data as our qualitative data. We have also aligned strategies, as applicable, to ensure greater movement toward the 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.

Porter 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. Porter 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. While we did not receive comments through our web site, we did attend community meetings focusing on the health priorities to monitor our progress on the 2016 priorities. That which we learned through community partners was used to inform our 2019 process.

SERVICE AREA DEFINITION

To define Porter 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:

Porter 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 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 DESCRIPTION OF HEALTH NEEDS AND POTENTIAL RESOURCES

Prioritized Need: Behavioral Health (Substance Abuse and Mental 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 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. 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 the system is fragmented and complex, leading to difficulty addressing the overall issue in an efficient manner for both organizations in the community and the people in the community needing resources.

Potential resources include:

- Local public health departments provide well-child care and support to preschools
- Mental Health First Aid efforts through a variety of organizations
- Let's Talk CO social media campaign
- Local school districts have invested in staff training and student resources
- Local Sheriff Department has access to those incarcerated and the community
- Community Clinics and Federally Qualified Health Centers provide integrated care
- Mental Health Centers provide services focusing on both mental health and substance abuse
- Several coalitions address both access to care and behavioral health



Prioritized Need: Access to Healthy, Affordable Food (Food Insecurity)

Healthy food access arose as a priority through a deductive process. Initial community health data led to a prioritization of healthy eating and active living/obesity. However, food insecurity data was not included in the initial data reviewed. Focus groups conducted by Tri County Public Health and Denver Public Health and other County entities within Denver identified greater community interest in ensuring there are no barriers to access healthy food, including income/ affordability. This led to the prioritization of food insecurity/food access rather than healthy eating. Food insecurity is defined as the state of being without reliable access to a sufficient quantity of affordable, nutritious food. This need will focus on removing barriers that create food insecurity.

While there are resources to support people experiencing food insecurity, it was shown that people in this community do not know of them nor access them.

Potential resources include:

- Local food pantries are available to community members
- Schools provide free/reduced lunch program and help to enroll children into these programs
- Supplemental Nutrition Assistance Program (SNAP) is available to eligible families
- Women Infants and Children (WIC) program supports mothers with young children

- Denver Sustainable Food Policy Council
- Colorado has developed the Colorado Blueprint to End Hunger, providing a strategy for Colorado to address food insecurity

EVALUATION OF ACTIONS TO ADDRESS 2016 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Porter Adventist Hospital 2016 Community Health Needs Assessment and the actions and progress FY16 – FY18 include the following, all of which are evidence-based programs, demonstrated to be effective:

Healthy Eating/Active Living/Obesity — Porter Adventist Hospital enrolled 47 people into the Pathways to Health and Wellness classes. Weigh and Win reached 687 individuals to support healthy eating and active living behaviors.

Mental Health/Suicide Prevention — Porter Adventist Hospital provided Youth Mental Health First Aid classes to 223 people. Porter Adventist Hospital has implemented Screening Brief Intervention Referral and Treatment (SBIRT) screening into our hospital Emergency Department. In partnership with the State Innovation Model, we implemented integrated behavioral health services in primary care settings, serving 486 unique patients through 1,478 patient encounters. In partnership with Metro Denver public health departments, we launched the Let's Talk CO stigma reduction campaign which had 45,744,882 total impressions.

Oral Health — Through a partnership with Kids in Need of Dentistry, 14,000 children of lower incomes received oral health services.

Heart Disease — Screened 140 people for cardiovascular disease and referred them to services as appropriate.

Access to Care — Porter Adventist Hospital has enrolled 902 people into the available coverage for which they are eligible to ensure access to both immediate care and a medical home. Additionally, we have supported 27,004 patients with Medical Financial Assistance. We provided \$12,000 in charity care medications to those unable to pay. Provided physician oversight and education to EMS personnel in the community to ensure high quality emergency response within our community.





Introduction

CENTURA HEALTH, PORTER ADVENTIST HOSPITAL, AND OUR COMMUNITY

Background

The 2019 Porter 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 Porter Adventist Hospital, our local public health departments, community leaders, and partner organizations.

Our Goals

The CHNA process gave Porter 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 Porter Adventist Hospital, local public health partners, community leaders, and stakeholders. Our goal is to build our organizational capacity in population health best practices and to better position Porter 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

FOUNDED IN 1930, PORTER ADVENTIST HOSPITAL PROVIDES PEOPLE THROUGHOUT DENVER AND SURROUNDING COMMUNITIES WITH COMPASSIONATE, PERSONALIZED WHOLE PERSON HEALTH CARE.

The hospital is a leader in orthopedics, spine, cardiovascular, behavioral health, digestive health and cancer care. Porter is the first hospital in Colorado to receive triple accreditations from the Society of Cardiovascular Patient Care and is a fivetime recipient of the Distinguished Hospital Award for Clinical Excellence by Healthgrades. Porter was again recognized by Healthgrades as a top 100 hospital in the country for 2019, and one of the top two hospitals in Colorado by U.S. News and World Report.

Distinctive Services *Noteworthy areas of care include:*

Colorado Joint Replacement & The Porter Center for Joint Replacement

- Named a Women’s Choice Award® recipient as an America’s Best Hospital for Orthopedics.
- Ranked #49 in the nation for orthopedics by U.S. News and World Report.
- Has an international reputation for teaching, research and surgical excellence.

Porter Heart and Vascular Institute

- *Earned the 2018 American Heart Association Stroke Gold Plus and Target Stroke Elite Plus Honor Roll recognition.*
- *American College of Cardiology Chest Pain Accreditation with Primary PCI.*
- *Accredited through the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).*

Porter Hospital Emergency Department & Level III Trauma Center

- *Recipient of 2018 Platinum Performance Achievement Award, recognizing a higher standard of care for heart*

attack patients.

Porter Digestive Health

- *Earned the 2018 Gastrointestinal Care Excellence Award from Healthgrades.*

Porter Cancer Center

- *Nationally accredited by the American College of Surgeons and the American College of Radiology.*
- *Features a full-time nurse specialist as well as a dedicated breast radiologist who is fellowship trained in breast and women's imaging.*
- *Offers standard comprehensive services, PET-CT diagnostic scanning, advanced radiation therapy and genetic counseling.*

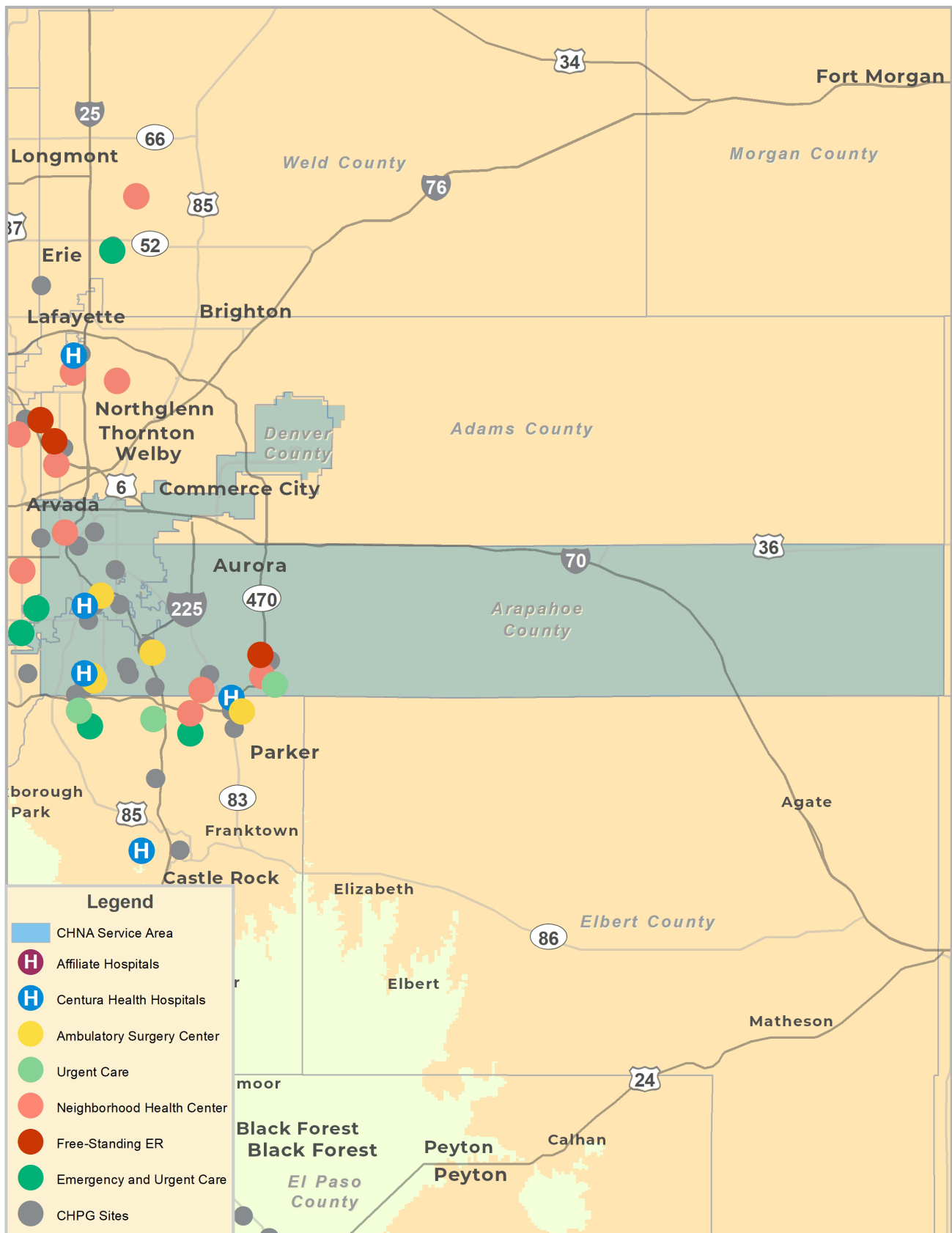
Honors

In 2018, Porter Adventist Hospital received four honors from Healthgrades, the leading online resource for comprehensive information on physicians and hospitals. In addition to earning the Distinguished Hospital Award for Clinical Excellence for the fifth year and the Outstanding Patient Experience Award, Healthgrades recognized Porter's General Surgery, Pulmonary Care, Gastrointestinal Care, and Joint Replacement programs.

Commitment to Our Community

At Centura Health and Porter 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 Food Insecurity/Access to Healthy Affordable Foods for the next three years, we are excited to continue to live out our Mission, Vision, and Values every day.

In FY18, Porter Adventist Hospital provided over \$24.4 million in total community benefit. Community services addressed the health priorities within the community. Examples include providing Mental Health First Aid and Youth Mental Health First aid to community members to enable them to support one another and to address stigma associated with behavioral health diagnoses and supporting the Let's Talk Campaign which had 45,744,882 impressions to normalize behavioral health diagnoses. Additionally, we provided Pathways to Health and Wellness classes and offered Weigh and Win to the community, reaching 687 people. We also helped to enroll people without coverage into available programs.



OUR COMMUNITY

To understand the profile of Porter 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 1,358,997. The demographic makeup of these communities is as follows:

Race: The population is 66.9% white, 10.6% black, 4.9% Asian, 1.1% Native American/Alaskan Native, 0.2% native Hawaiian/Pacific Islander, 11.7% some other race, and 4.7% multiple races.

Ethnicity: 26.6% are Hispanic or Latino.

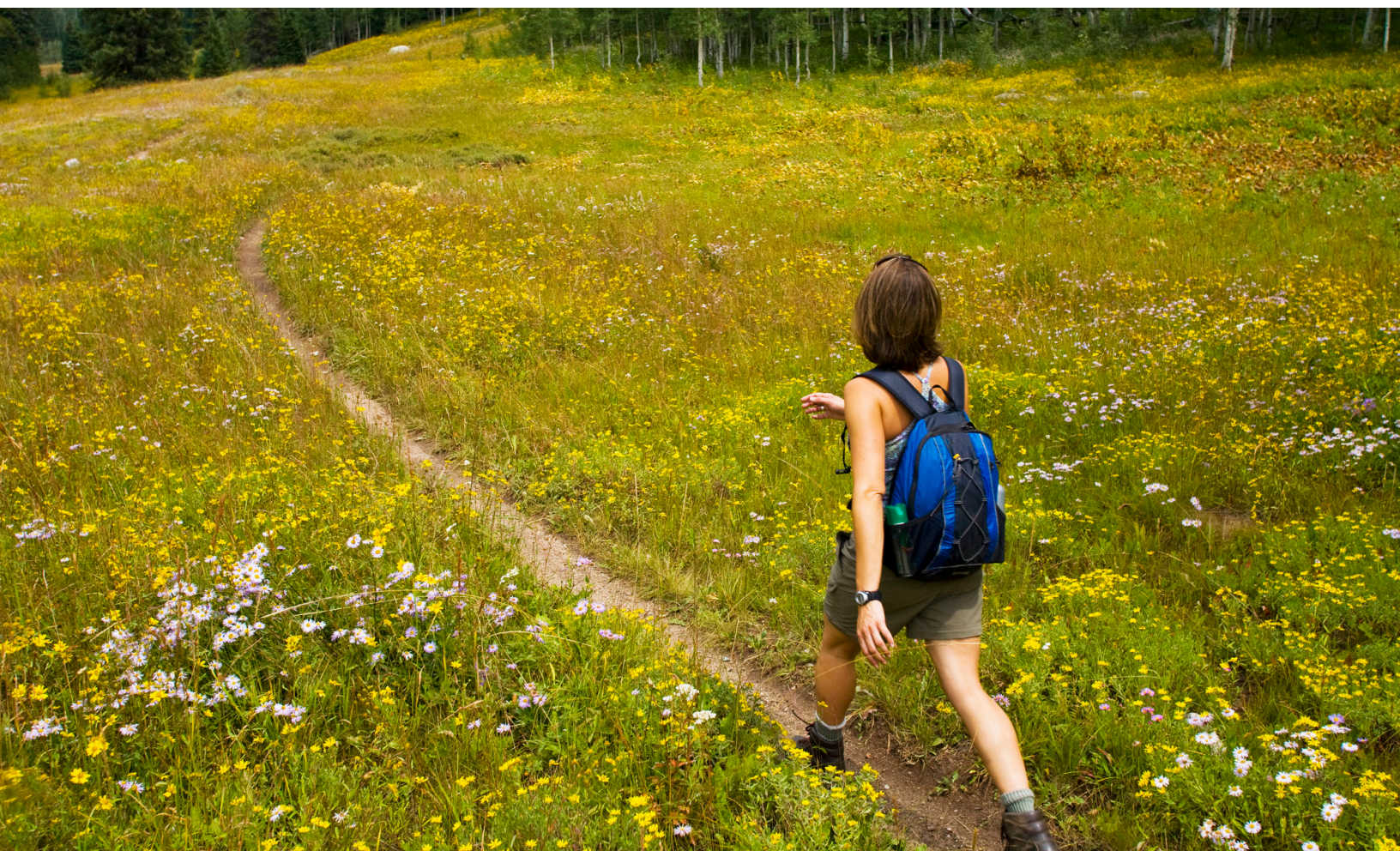
Education Level: In our communities, 72.8% of the population has some college. Colorado percentage is 71%.

Unemployment Rate: 3.7%, Colorado percentage is 3.9%

Population with Limited English Proficiency: 4.7%, Colorado percentage is 2.8%

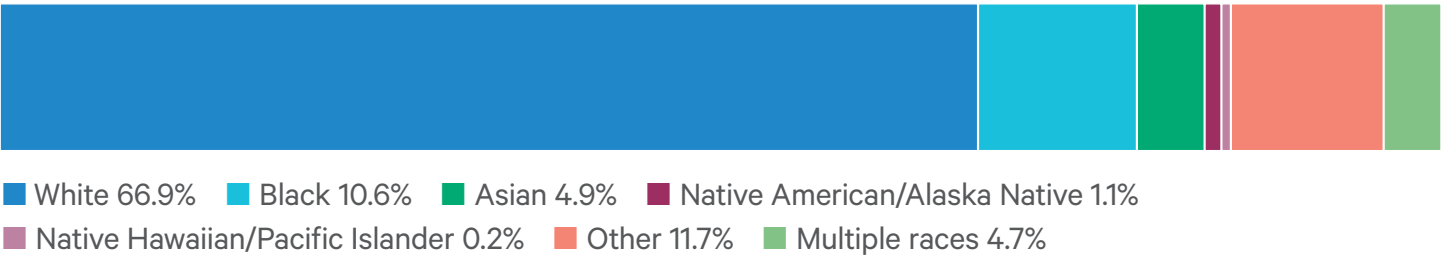
High School Graduation Rate: 68.4%, Colorado percentage is 77.3%.

Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income: 4.7, Colorado ratio is 4.5.



POPULATION DEMOGRAPHICS IN PORTER ADVENTIST HOSPITAL'S SERVICE AREA

Race



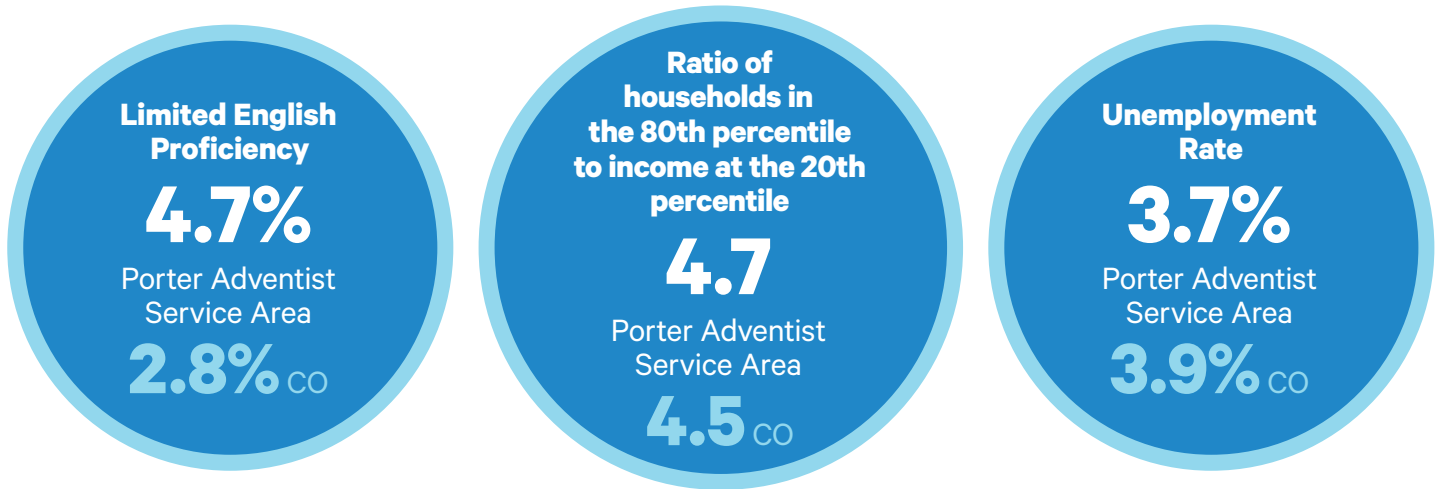
Ethnicity



Some College



High School Graduation Rate





Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Porter Adventist Hospital partnered with three other Centura Health hospitals to conduct a Regional Community Health Needs Assessment. This partnership among Porter Adventist Hospital, Castle Rock Adventist Hospital, Parker Adventist Hospital, and Littleton Adventist Hospital included collaboration with both Tri County Public Health and Denver Public Health as part of 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 participated in their Community Health Assessment processes and leveraged their qualitative data collected through focus groups to inform

our CHNA. We have intentionally aligned strategies, as applicable, to ensure greater movement toward the 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 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 Porter 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 at lunchtime to increase ability to join.

STAGE 1: SCANNING THE DATA LANDSCAPE

The CHNA was conducted through a collaborative partnership between Porter Adventist Hospital, Castle Rock Adventist Hospital, Parker Adventist Hospital, Littleton Adventist Hospital and the health departments of Tri County Public Health and Denver Public Health, and community stakeholders. We analyzed health driver and health outcome data within the defined service area. Porter Adventist Hospital's main service area encompasses Denver and Arapahoe 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

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.

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

- Behavioral Health (Mental Health and Substance Use)
- Access to Healthy Affordable Foods (Food Insecurity)

ENGAGING OUR COMMUNITY TO UNDERSTAND AND ACT

We actively engaged our valued community members throughout the CHNA process. Tri County Public Health and Denver Public Health each 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 to ask similar questions more than one time due to the thorough nature of the work by our public health partners and through the Community and Health Neighborhood Engagement process. Lastly, during the CHNA process, the State of Colorado launched the Hospital Transformation Program's Community and Health Neighborhood Engagement process, which we leveraged to collect data to understand the priorities in our community for those insured through Medicaid. This process included many focus groups and the evaluation of Medicaid data.





Health in Our Community

PORTER 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 (Mental Health and Substance Use Disorder)
- Access to Healthy Affordable Foods (Food Insecurity)

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Porter Adventist Hospital identified Behavioral Health and Access to Healthy Affordable Food as priority focus areas.

At Porter 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 Healthy Affordable Food (Food Insecurity) 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 Porter Adventist Hospital. The community health data that led to identification of Behavioral Health as a priority included that there are 3,315 mental health hospitalizations per 100,000 population; however, there are only 3.54 providers per 1000 population (CO is at 2.74). The community's suicide rate is 18.1 per 100,000 population, and Colorado ranks as a state highest for suicide. The community's rate of suicide hospitalizations is 48.2 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 19.9% (CO at 19.1%), and adult smoking is at 16% (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 Tri County Health Department. Additionally, these issues arose in Denver through a variety of county assessments analyzed by the public health department. These conversations clarified that behavioral health is the greatest community concern. Mental health is a large concern due to the suicides of which people are aware and the recognition of the hidden mental health needs and the limited availability of behavioral health providers and cost of service provision. Despite limited substance abuse data, the community recognized trends on the horizon of vaping and opioid use that need to be addressed, along with their relation to mental health. The community recognized these are tough issues to address and want to coordinate work to address behavioral health as a community.



Behavioral Health and Suicide Prevention were identified as a priority in our 2016 Community Health Needs Assessment. Porter Adventist Hospital addressed behavioral health through evidence-based approaches including prevention, education, stigma reduction and resiliency training for community and our caregivers. Through FY18, we reached 223 people with Mental Health First Aid and coordinated our trainings with other providers in the community. 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. In partnership with the State Innovation Model, we implemented integrated behavioral health care into our ambulatory care settings, reaching 486 unique patients through 1,478 patient encounters.

Potential community resources available to address behavioral health include local public health departments and their access to young children and their parents through Women, Infants and Children and childhood screenings, Mental Health First Aid efforts throughout the community, the Let's Talk CO social media campaign, our school district has efforts to reach students, and law enforcement has access to those incarcerated. Community Clinics and Federally Qualified Health Centers provide integrated care and partner frequently with the mental health centers, which are a significant source of care in the community.

Porter 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 a comment that was shared by a leader in our Advisory Subcommittee, which was that 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.

PRIORITIZED NEED: ACCESS TO HEALTHY AFFORDABLE FOOD (FOOD INSECURITY)

When we began our CHNA process, we could not have predicted that Access to Healthy Affordable Food (Food Insecurity) would be a priority for our community. In fact, during the first review of data, we did not include indicators for Food Insecurity (8.4% in our community; 12.2% in our state). While we are a community of higher incomes, Income Inequity is higher at 3.34 (4.5 in CO). The higher incomes for which our service area is known led us to initially overlook this indicator. Due to our commitment to the community process, we quickly learned from our community and prioritized Food Insecurity as a priority. In Tri County Public Health focus groups, food access arose frequently, as it was recognized that many in our communities were unable to access healthy food due to limited incomes. In Denver, significant focus has been placed upon food insecurity based upon community input. Additionally, the Hospital Transformation Program highlighted the need for health care to focus on Social Determinants of Health such as food insecurity, recognizing the impact they have on overall health. The Hospital Transformation Program's Community and Health Neighborhood Engagement process also elevated the community's desire to focus on things such as hunger, as without food stability, community members will be less likely to access a medical home and to engage in recommended healthy behaviors.

Food insecurity was not identified as a priority in our FY16 CHNA. Rather, Overweight/Obesity, Heart Disease and Oral Health were priorities, all of which relate to nutrition as a preventive behavior. This focus in FY16 helped to elevate that, despite all efforts to improve nutrition, there are financial barriers and access barriers that will not yield the intended results.

Resources available to address or promote the health need in the community include local food pantries; schools which provide free/reduced lunch program and help to enroll children into their programs; Women Infants and Children program supports nutrition education and income supports to purchase foods for families with young children; the Supplemental Nutrition Assistance Program is available to community members who are income eligible (and underutilized in this community); Denver has a Sustainable Food Policy Council with a focus on food security; and the CO Blueprint to End Hunger is available as a guide for local community solutions.

Porter Adventist Hospital has focused on a community garden and promoted healthy food options within our food services. As part of Centura Health, we have built a screening for Social Determinants of Health that has been piloted in several hospitals and which provides us with the opportunity to implement within our hospitals. Additionally, as a system of care, our ambulatory practices are positioned to screen for social determinants of health and connect people to available resources.

During our CHNA process and the Hospital Transformation Program process, we heard frequently from community partners that health care should lead the work focusing on Social Determinants of Health as our voice has been missing from some of the conversations. We have listened, and we will prioritize and act.

IDENTIFIED HEALTH NEEDS NOT PRIORITIZED

We reviewed data across the spectrum of health outcomes and health behaviors. Six health issues rose to the top in the following order: 1) Mental Health, 2) Intentional Injury, 3) Substance Abuse, 4) Overweight/Obesity, Physical Activity/Nutrition, 5) Asthma, and 6) Heart Disease. We narrowed down our priorities as outlined below, recognizing we wanted to narrow our focus to increase intensity of efforts and associated outcomes.

HEART DISEASE

Heart Disease scored on the lower end of a 1-10 ranking for “size” (5.4) and “seriousness” (6.3). It did, however, score higher for “alignment” (7.9). This led the Subcommittee to recognize that through a focus on the prevention of heart disease related to Overweight/Obesity and Physical Activity/Nutrition, we would achieve impacts related to diabetes. This discussion was an intentional one related to the importance of prevention.



DIABETES

Diabetes scored on the lower end of a 1-10 ranking for “size” (6.1) and “seriousness” (6.4). It did, however, score higher for “alignment” (7.7). This led the Subcommittee to recognize that through a focus on the prevention of diabetes related to Overweight/Obesity and Physical Activity/Nutrition, we would achieve impacts related to diabetes. This discussion was an intentional one related to the importance of prevention.

OVERWEIGHT/OBESITY AND PHYSICAL ACTIVITY/NUTRITION

Overweight/Obesity was categorized with Physical Activity/Nutrition due to the close link between the diagnosis and health behaviors. This issue ranked lower on a scale of 1-10 for “size” (6.1). It ranked higher for the categories of “seriousness” (8.7) and “alignment” (8.4) due to its alignment with both Heart Disease and Diabetes. As the community explored this issue at greater length, it was recognized that there was a lot already in place for Physical Activity. The issue of Nutrition arose in focus groups in the context of barriers to nutrition, specifically income barriers and access barriers. With this learning, we brought to the Subcommittee data related to “Food Insecurity” and learned that food insecurity is a hidden issue within the community and that there are many people who are eligible but not enrolled into food access programs such as Supplemental Nutrition Assistance Program. Additionally, through the Hospital Transformation Program work, the community explained that hospitals need to place more focus on the Social Determinants of Health such as Food Insecurity. This feedback led this issue to change Porter Adventist Hospital’s priority to Access to Healthy Affordable Food (Food Insecurity).

INTENTIONAL INJURY

Intentional Injury was prioritized with a high ranking for “seriousness” on a scale of 1-10 at 9.3, recognizing the impact of injuries such as suicide, homicide and violence. Its “alignment” also scored high (7.9). Through discussions with the Subcommittee, it was recognized that a focus on Mental Health and Substance Abuse would be a prevention strategy for Intentional Injury. The Subcommittee felt strongly that we address those issues that precede the outcomes of Intentional Injury. Additionally, there was less capacity for a hospital to address the issues; there is more capacity to address Behavioral Health. We are, therefore, addressing Intentional Injury through prevention related to Behavioral Health.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

In the prioritization process, resources to address the other potential health needs were identified. For both Heart Disease and Diabetes, the recognition of the strength of Safety Net Health Centers and the health care providers throughout the community was recognized. Screening and treatment programs are available through Metro Community Provider Network, Doctors Care and Centura Health. Overweight/Obesity

screening and recommendations regarding treatment are also available through these same providers. Over the past five to ten years, the public health community has strengthened the environmental supports for people to choose healthy behaviors such as being physically active and nutrition choices through things such as schools offering healthier choices, community gardens, and parks and trails. Intentional Injury's prioritization was embedded into behavioral health through which prevention, screening and treatment will be addressed. It is recognized that law enforcement and school districts are partners in this work.





Conclusion

EVALUATION

Progress since our last CHNA

Prior areas of focus for the Porter Adventist Hospital 2016 and the actions and progress to date through FY 18 include the following:

2016 PRIORITIZED NEED: Healthy Eating/Active Living/Obesity

Porter Adventist Hospital enrolled 47 people into the Pathways to Health and Wellness classes. Weigh and Win reached 687 (267 at Natural Grocers + 420 at PAH) individuals to support healthy eating and active living behaviors.

2016 PRIORITIZED NEED: Behavioral Health/Suicide Prevention

Porter Adventist Hospital provided Youth Mental Health First Aid classes to 223 people. Porter Adventist

Hospital has implemented Screening Brief Intervention Referral and Treatment (SBIRT) screening into our hospital Emergency Department. In partnership with the State Innovation Model, we implemented integrated behavioral health services in primary care settings, serving 486 unique patients through 1,478 patient encounters. In partnership with Metro Denver public health departments, we launched the Let's Talk CO stigma reduction campaign which had 45,744,882 total impressions.

2016 PRIORITIZED NEED: Oral Health

Through a partnership with Kids in Need of Dentistry, 14,000 children of lower incomes received oral health services.

2016 PRIORITIZED NEED: Heart Disease

Screened 140 people for cardiovascular disease and referred them to services as appropriate.

2016 PRIORITIZED NEED: Access to Care

Porter Adventist Hospital has enrolled 902 people into the available coverage for which they are eligible to ensure access to both immediate care and a medical home. Additionally, we have supported 27,004 patients with Medical Financial Assistance. We provided \$12,000 in charity care medications to those unable to pay. Provided physician oversight and education to EMS personnel in the community to ensure high quality emergency response within our community.

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. Porter Adventist Hospital will also track progress through implementation plans and community benefit reports.

IMPLEMENTATION STRATEGY

The CHNA allows Porter 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

Porter Adventist Hospital has not received any feedback on our previous Community Health Needs Assessment or Community Health Implementation Plan for FY17 – FY19.

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 for Centura Health's Denver Region, or Jim Feldbush, Director of Spiritual Care, at PAHHCommunitybenefit@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 which committed their time, talent and testimony to this process.

- New Day Seventh Day Adventist Church
- Mile High Ministries
- Doctors Care
- Metro Community Provider Network
- All Health Network
- NAMI Colorado
- Douglas County Sheriff Department
- South Metro Fire Department
- Tri County Public Health
- Denver Public Health
- Douglas County Public Schools
- Denver Public Schools
- Littleton Public Schools
- Colorado Access
- Mile High Health Alliance
- American Heart Association
- Colorado Wellness

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

- New Day Seventh Day Adventist Church
- Mile High Ministries
- Doctors Care
- Metro Community Provider Network
- All Health Network
- NAMI Colorado
- Douglas County Sheriff Department
- South Metro Fire Department
- Tri County Public Health
- Denver Public Health
- Douglas County Public Schools
- Denver Public Schools
- Littleton Public Schools
- Colorado Access
- Mile High Health Alliance
- American Heart Association
- Colorado Wellness

APPENDIX C: DATA PRESENTED

South Denver Group Regional CHNA/CHIP Committee

Community Health Needs Assessment and
Community Health Implementation Plan

April 2018



Overview

- Centura's mission is 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/CHIP approach is upstream. Focus on prevention.
- For this CHNA/CHIP, we are using a regional approach because of similarities in health needs across the South Denver region and to consolidate the number of meetings.
 - Region includes markets served by Castle Rock, Littleton, Parker & Porter Adventist Hospitals



Previous Priorities and Initiatives

- First priority was **mental health and suicide** for all four hospitals (and for the Centura system)
 - Initiatives: Mental Health First Aid, Let's Talk, Resilience, Love Matters Most, Suicide reduction programs for front-line clinicians (Applied Suicide Intervention Skills Training, Assessing and Managing Suicide Risk, etc.)
- Second priority was **obesity**
 - Initiatives: Pathways to Health and Wellness, Weigh and Win, Community gardens



Priorities FY 2020-2022

Mental Health	229.7
Injury (Intentional- Suicide, Homicide, Violence)*	203.0
Substance Abuse	186.5
Obesity/Overweight, Physical Activity and Nutrition	197.3
Diabetes	144.8
Heart Disease	141.7

*Six wanted a focus on suicide, while 3 wanted a focus on all intentional injury



CHNA/ CHIP Process: Meeting Tasks

- Meeting 1:** Review CHNA. Prioritize health needs
» April 20, 2018
- Meeting 2:** Review best practice strategies. Identify groups for qualitative assessment
» June 26, 2018
- Meeting 3:** Review data from qualitative assessment. Refine priorities and strategies. Identify community resources and potential partners. - Mid September, 2018
- Meeting 4:** Create 3 year Implementation Plans.
» Mid November, 2018



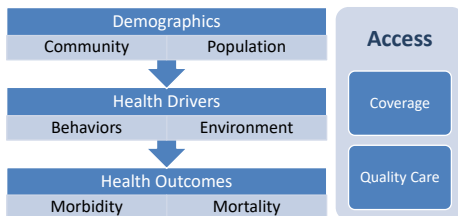
Community Health Needs Assessment

South Denver

April 2018



Data Approach



Data Sources

- Census Population Estimates, American Community Survey, Local Area Unemployment Statistics, National Center for Education Statistics, EDfacts, Colorado Department of Education (CDE), Behavioral Risk Factor Surveillance System (BRFSS), USDA Food and Environment Atlas, ESRI Demographics, US Census County Business Patterns, CDC Environment Public Health, FBI Uniform Crime Reports, Health Statistics and Vital Records, CDC Diabetes Interactive Atlas, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, National Center for Health Statistics-Natality Files, CDC & NCI, Community Commons, CDC WONDER, CDPHE, CDPHE - VISION, CMS National Provider Identification, Small Area Health Insurance Estimates, The Colorado Health Institute, CMS National Providers Identification Enumeration System, County Business Partners, Dartmouth Atlas of Health Care, Area Health Resource File, American Medical Association,



Service Area Definition

- Market areas for these hospitals: Castle Rock, Littleton, Parker and Porter Adventist Hospitals
- Focused on counties since data typically in that format
- Determined % of patient volume from a given county for each facility
- Looked at overlap of service areas; counties assigned based on which hospital had the largest % in patient volume
- CHNA Counties in the Service Area
 - Castle Rock: Douglas
 - Littleton: Arapahoe, Douglas
 - Parker: Douglas, Arapahoe, Elbert
 - Porter: Denver, Arapahoe



Hospital Name

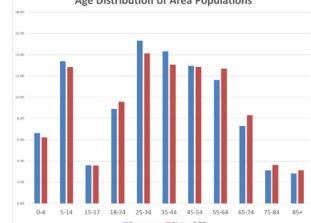
DEMOGRAPHICS: COMMUNITY & POPULATION



POPULATION

Region's Population

Age Distribution of Area Populations

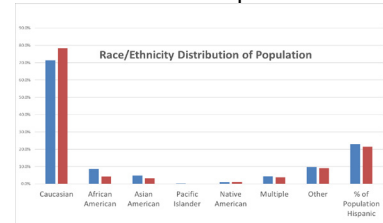


Source: ESRI Demographics, 2014

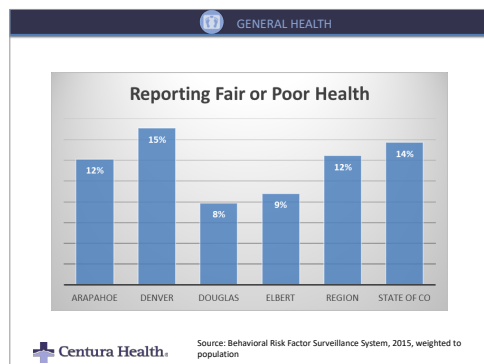
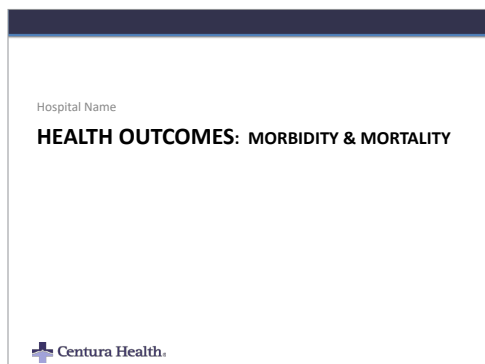
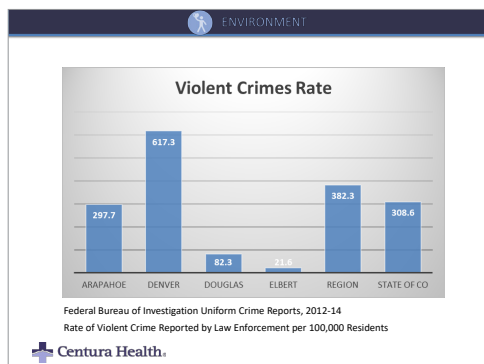
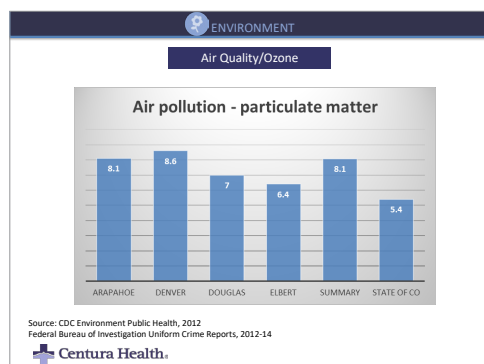
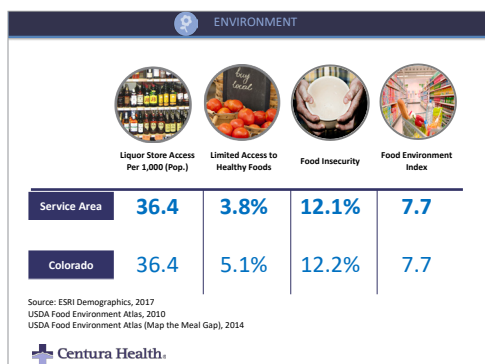
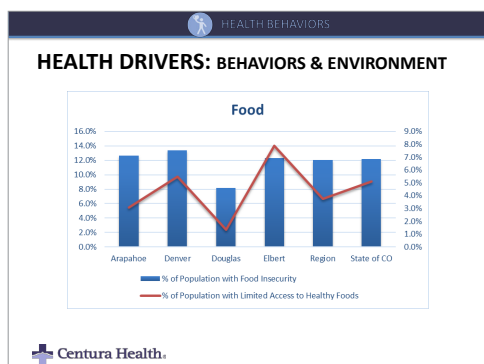
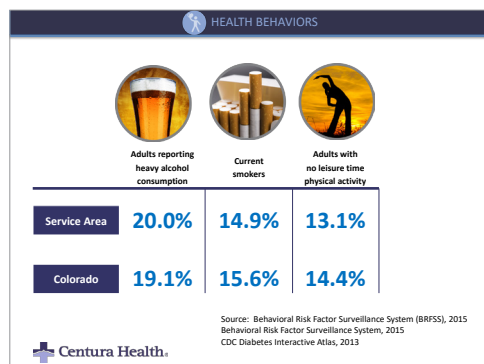
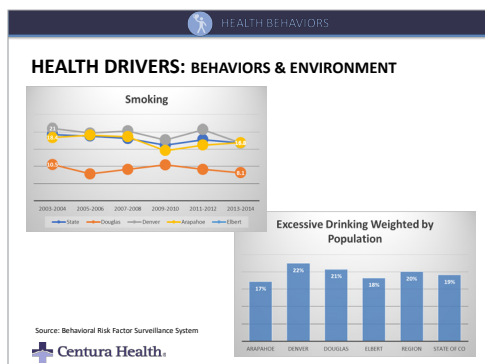
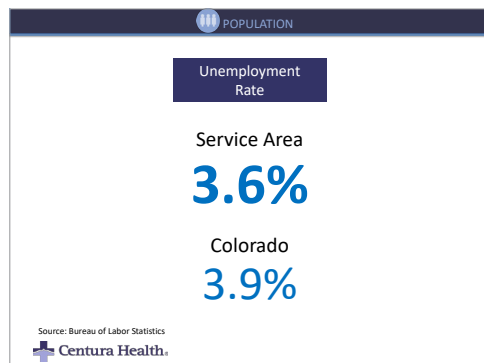
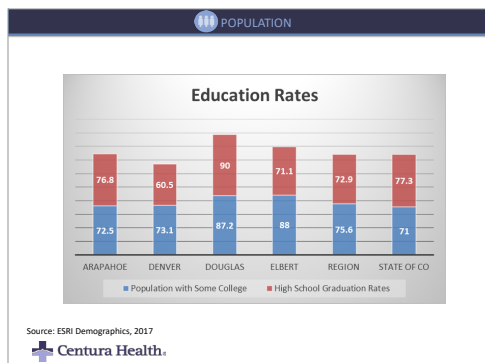
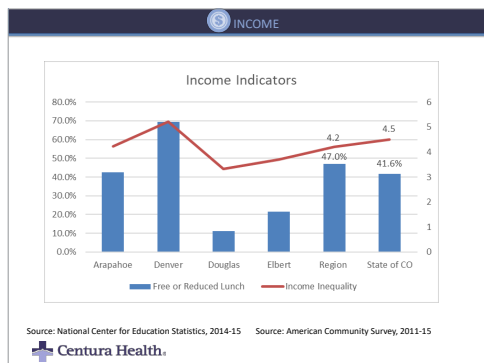


RACE AND ETHNICITY

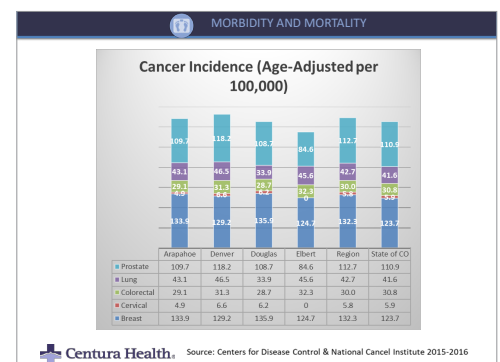
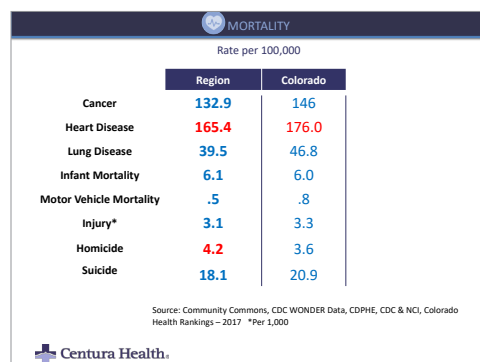
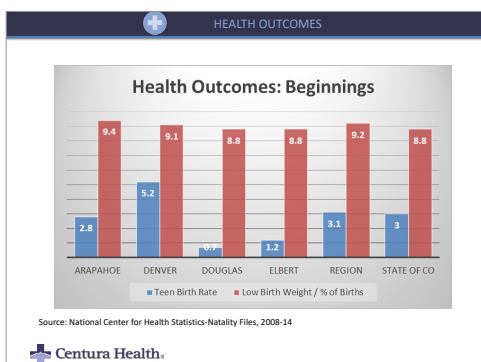
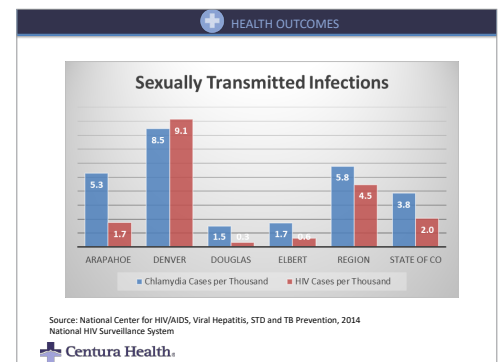
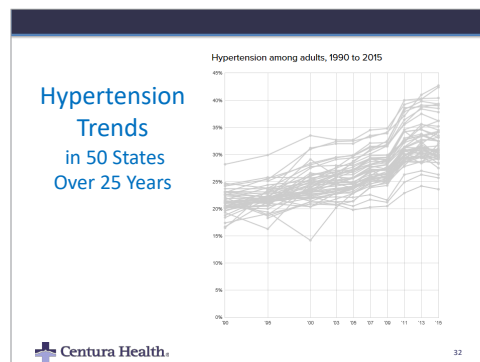
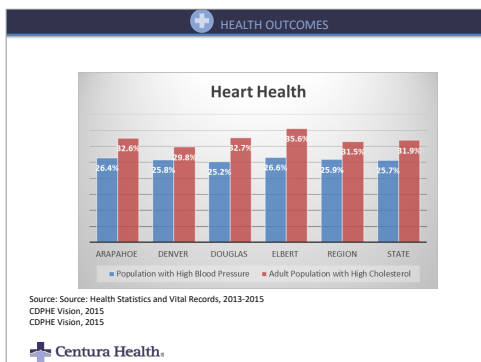
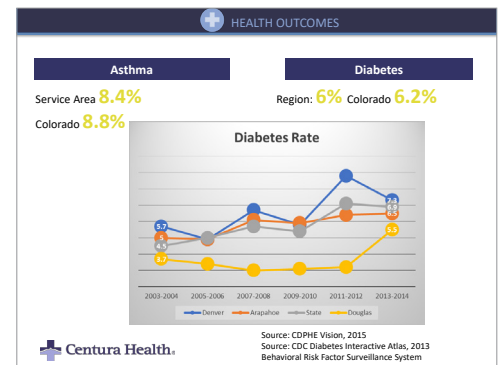
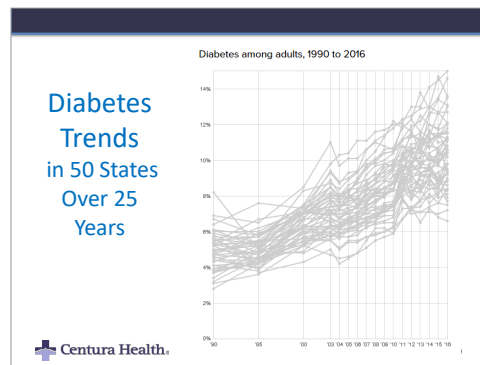
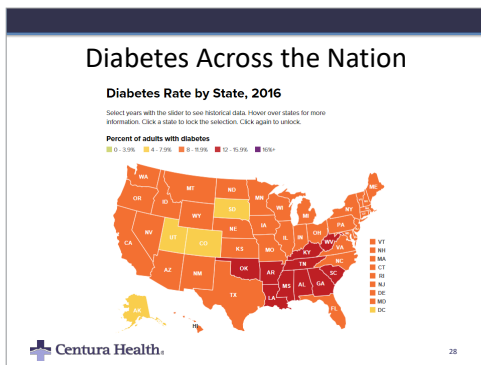
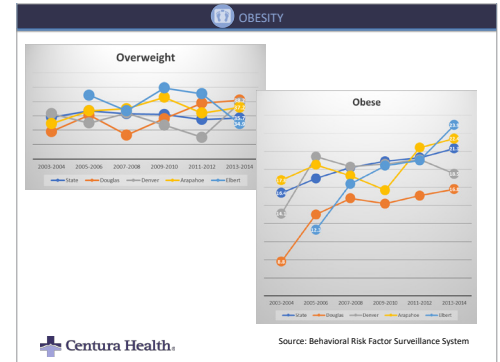
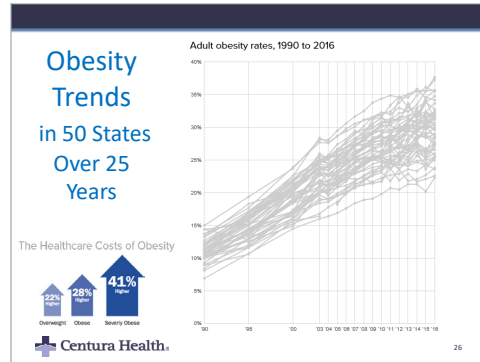
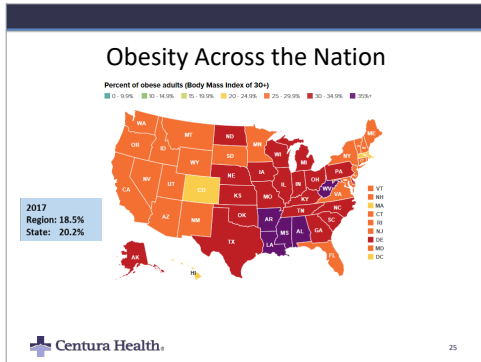
Race/Ethnicity Distribution of Population



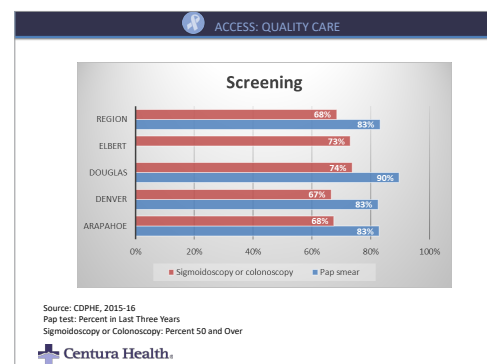
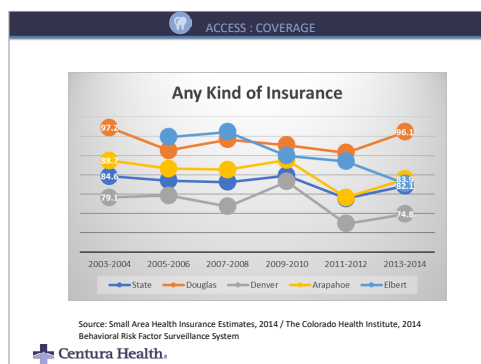
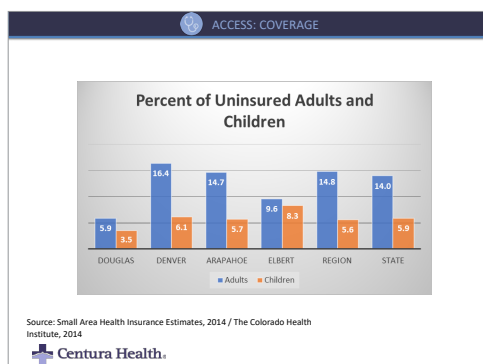
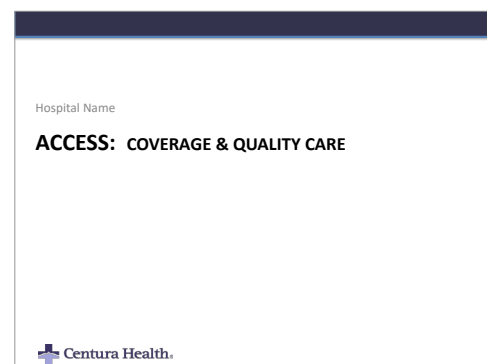
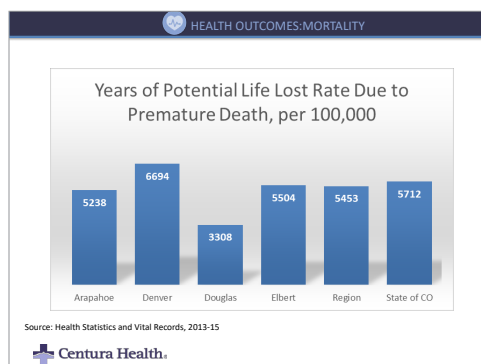
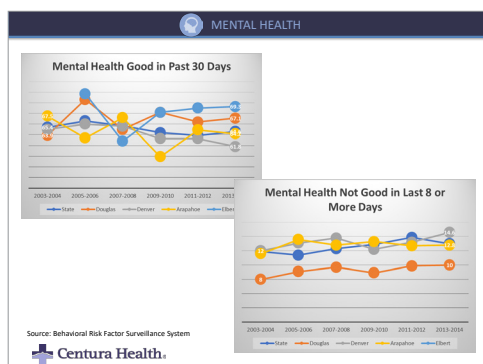
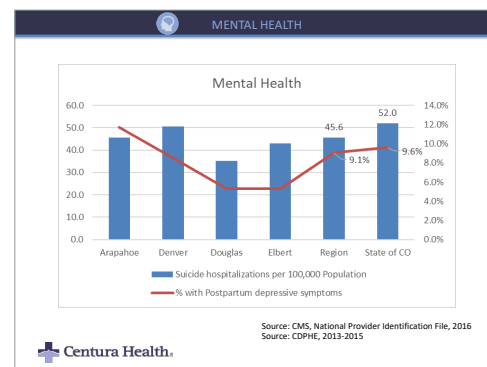
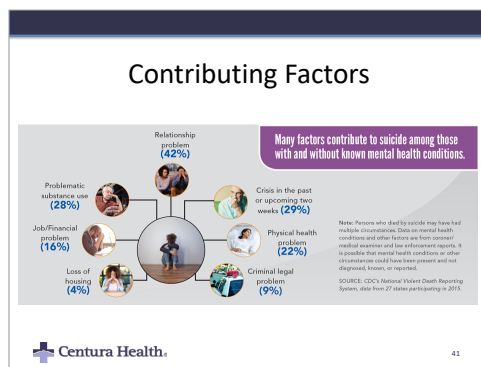
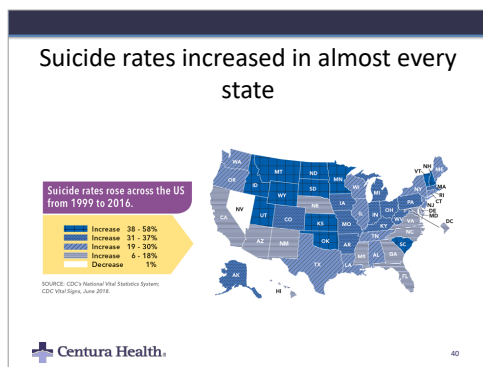
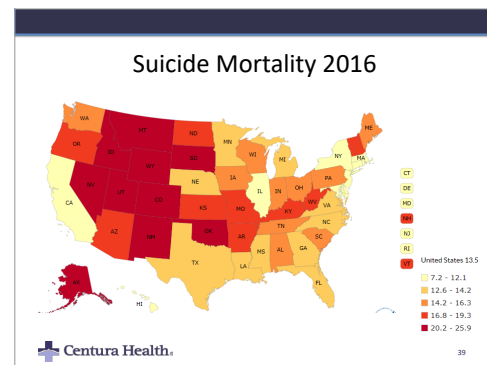
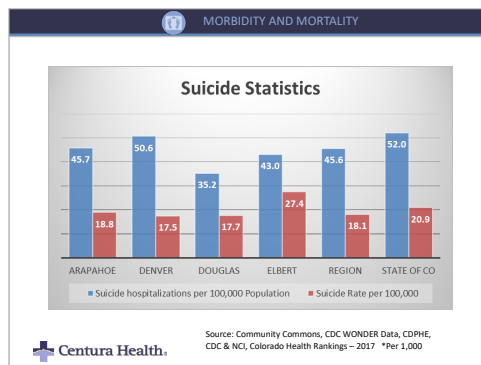
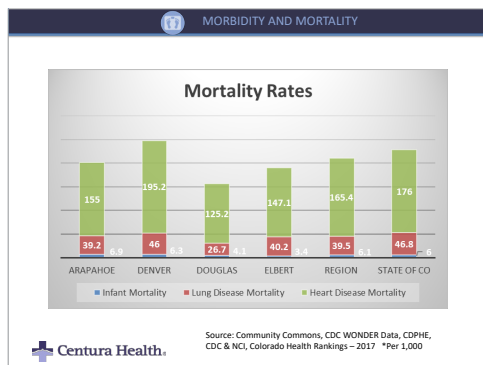
APPENDIX C: DATA PRESENTED, CONT.



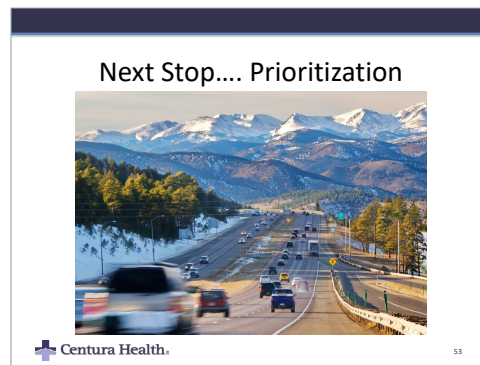
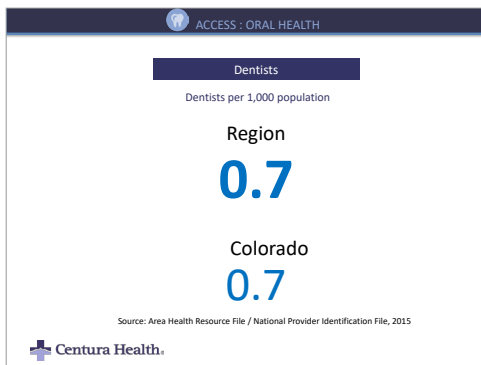
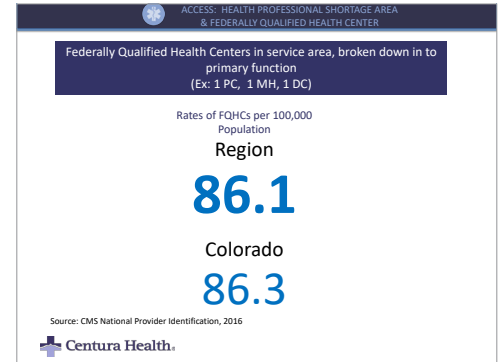
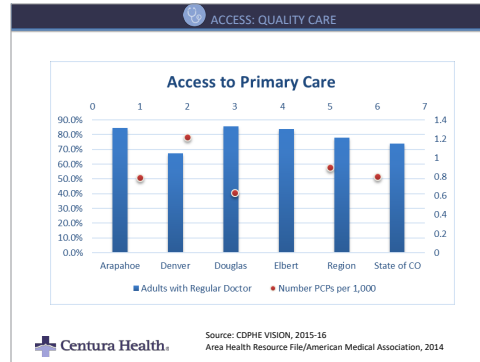
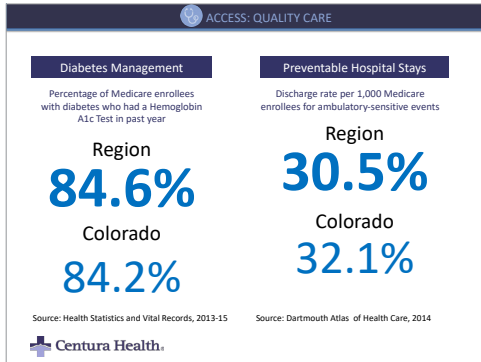
APPENDIX C: DATA PRESENTED, CONT.



APPENDIX C: DATA PRESENTED, CONT.



APPENDIX C: DATA PRESENTED, CONT.



Priorities FY 2020-2022

Mental Health	229.7
Injury (Intentional- Suicide, Homicide, Violence)*	203.0
Substance Abuse	186.5
Obesity/Overweight, Physical Activity and Nutrition	197.3
Diabetes	144.8
Heart Disease	141.7

*Six wanted a focus on suicide, while 3 wanted a focus on all intentional injury

Centura Health