Community Health Improvement Plan | 2022

SCL Health
GOOD SAMARITAN

Our mission is you.

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Letter from the President

December 1, 2021

Dear neighbors,

At Good Samaritan Medical Center, we take pride in providing the quality healthcare services our community needs. We've been committed to serving the residents of Adams, Boulder, Broomfield, Gilpin, Jefferson, and Weld counties for more than 17 years, and we are steadfast in our obligation to fulfill our mission to "reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable."

One aspect of our ongoing commitment to community health improvement is our Community Health Needs Assessment (CHNA) which is conducted every three years. This assessment reveals the health issues that are most significantly impacting our local population and, in turn, helps us to identify the necessary resources and services to address them.

To understand and work to ease these complex health issues, we collaborated with community leaders, public health officials, and community members to prioritize the revealed health needs according to the highest level of importance in our community. The following were identified and prioritized:

1. Behavioral health
2. Access to healthcare
3. Housing
4. Substance use

The second step in the assessment process is the completion of this Community Health Improvement Plan (CHIP). The CHIP will direct our resources and outline the actions we will take to address the priority needs identified above.

We are so appreciative of our community partners who wholeheartedly embraced this process with us. We are pleased to share the steps we plan to take to make a positive impact on the health and wellness of our community.

With gratitude,

Dawn J. Anuszkiewicz

President, Good Samaritan Medical Center

Introduction

The 2021 Good Samaritan Medical Center Community Health Needs Assessment (CHNA) represents a systematic process that involves gathering extensive community feedback, combined with public health data, to identify and analyze current community health issues and improvement opportunities. It is a demonstration of the hospital's mission, vision and values as a nonprofit, faith-based health organization to "...reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable." It also meets a requirement for regular surveillance and evaluation of public health issues impacting the hospital's service community. This process is completed on a tri-annual basis.

Conducting the CHNA during a global pandemic presented advantages and disadvantages to the typical community engagement process, which usually includes in-person meetings in the form of focus groups and stakeholder interviews. Technology became a critical bridge in helping to overcome the limitations of "social distancing," and, in many cases, the use of technology for virtual interviews and surveys expanded participation levels with the alleviation of drive times and transportation barriers. As a result, data were collected using a variety of sources including public health data, special research, and stakeholder forums conducted via online meetings or telephone. Finally, an additional advantage in this year's assessment was the opportunity to expand data collection and to strengthen collaboration with other public health and healthcare organizations. Partners such as the Broomfield and Boulder County Public Health Departments, Clinica Family Health Center, Colorado Health Institute, and members of the Metro Denver Partnership for Health (MDPH) agreed that working on a shared data collection model offered considerable benefits for on-going strategic development and overall health impact.

Working with its health partners and community health stakeholders in Broomfield and Lafayette, Good Samaritan Medical Center (GSMC) has completed its 2021 CHNA and identified these priority areas for health improvement programming from 2022 through 2024:

- Behavioral Health
- Access to Healthcare

The complete CHNA Reports are available here.

Community Health Improvement Plans (CHIP):

The Community Health Improvement Plan is the second step in the community health engagement and improvement process. Health issues prioritized during the CHNA are further evaluated to consider available resources, community partners and evidence-based interventions that could deliver the most meaningful impact. The CHIP report summarizes specific goals, metrics, partners and desired outcomes that will be pursued during the three years of implementation. Each year, care sites have the opportunity to provide updates on progress, statistical changes and any shifts in strategic focus.

About Us

Background and Purpose

Good Samaritan Medical Center (GSMC) is a community-based, acute-care hospital in Lafayette, Colorado. GSMC opened on December 1, 2004, and is a member of SCL Health Inc., a nonprofit healthcare system operating primarily in Colorado and Montana. GSMC offers a Primary Stroke Center, an Accredited Chest Pain Center and Cardiovascular Center of Excellence, a Level II Neonatal Care Unit, Level II Trauma Center, Integrative Health and Healing Center and innovative surgical, orthopedic, rehabilitation and women's services. The mission of Good Samaritan Medical Center is to "reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable."

The passage of the Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the hospital's service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of people living in the service area.

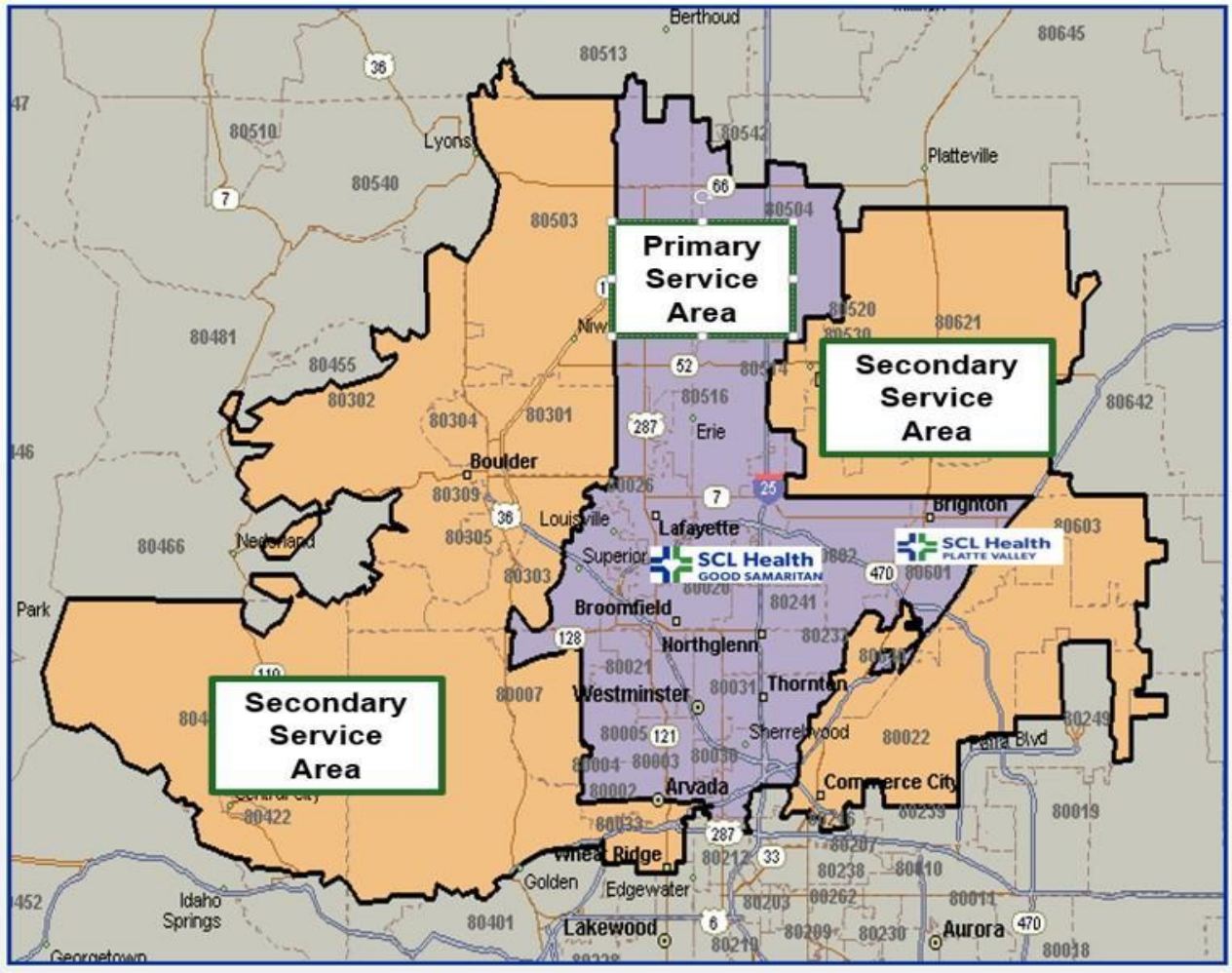
Service Area

Good Samaritan Medical Center is located at 200 Exempla Circle, Lafayette, Colorado 80026. The primary service area includes eighteen communities (including thirty-eight ZIP Codes) in Adams County, Boulder County, Broomfield County, Gilpin County, Jefferson County, and Weld County, Colorado. A majority of patient admissions originate from these communities.

Good Samaritan Medical Center Service Area

City	ZIP Code	County
Arvada	80002, 80003, 80004, 80005, 80007	Jefferson
Black Hawk	80422	Gilpin
Boulder	80301, 80302, 80303, 80304, 80305, 80310	Boulder
Lafayette	80026	Boulder
Longmont	80501, 80503, 80504	Boulder
Louisville	80027	Boulder
Brighton	80601, 80602, 80603	Adams
Broomfield	80020, 80021, 80023	Broomfield and Jefferson
Commerce City	80022	Adams
Dacono	80514	Weld
Denver	80221, 80229, 80233, 80234, 80260	Denver
Thornton	80241	Adams

Erie	80516	Weld
Frederick	80530	Weld
Golden	80403	Jefferson
Henderson	80640	Adams
Westminster	80030, 80031	Adams
Wheat Ridge	80033	Jefferson



Project Oversight

The CHNA process was overseen by:

Peggy Jarrett
Regional Director, Community Health Improvement
SCL Health, Good Samaritan Medical Center and Platte Valley Medical Center

E. Gaye Woods, MBA
System Director, Community Benefit
SCL Health

Data Collection Methodology

Quantitative and qualitative data collection methods, described below, were used to identify the community health needs.

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources. For the CHNA, data are presented by ZIP code, Health Statistics Region (HSR), and county. When available, data sets are presented in the context of a comparison to Colorado state-wide data to help frame the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source and data year. The report includes benchmark comparison data that measures GSMC data findings as compared to Healthy People 2030 objectives where available. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection and Community Surveys

GSMC conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center.

Twelve (12) phone interviews were conducted for the CHNA from July to August 2021. Interview participants included a broad range of stakeholders concerned with health and wellbeing in service area counties who spoke to issues and needs in the communities served by the medical center.

The identified stakeholders were invited by email to participate in a phone interview. The stakeholder interviews were structured to obtain greater depth and richness of information on community needs identified as priorities through a discussion conducted with community representatives prior to the interviews. First, interview participants were asked to describe, from their perspectives, some of the major issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each need prior to participating in the telephone interviews through a brief survey.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (i.e. what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. A list of the stakeholder interview respondents, their titles and organizations can be found in Appendix 2.

Second, Colorado Health Institute (CHI), a Denver-based research and data analysis firm that works to provide health decision support and insights, developed and conducted a community survey on behalf of SCL Health. The survey was administered to more than 300 people in SCL Health's Front Range service region, including Denver, Jefferson, Adams, Broomfield and Boulder counties, from August 10 to August 23, 2021. The survey was provided in English and Spanish. CHI sent the electronic survey link to potential participants by email using Constant Contact, with limited additional outreach through personal emails and social media posts. SCL Health's internal communications team assisted with survey dissemination by sending targeted emails to local contacts. Through the use of zip code identification, survey results were segmented by each hospital's service area. Of the respondents, 75 were residents of GSMC's service area counties.

The results of these community surveys are reported in the 2021 CHNA.

Resources to Address Significant Health Needs

One of the methods used to select prioritized needs was a review of the other community based organizations that are working in the need area. Identifying these additional resources helps to inform potential collaborative strategies and efficiencies. It also recognizes the importance of leveraging existing expertise and trusted community leaders whether individual or organizational. Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. A list of community resources available to address the significant health needs are presented in Appendix 1.

Public Comment

In compliance with IRS regulations for charitable hospitals, a hospital CHNA and Community Health Improvement Plan (CHIP) Implementation Strategies are to be made widely available to the public and public comment is to be solicited. The previous CHNA and CHIP Implementation Strategy were made widely available to the public on the website https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/.

Public comment was solicited on the reports; however, to date no comments have been received.

Identification and Prioritization of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population affected by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2030 objectives. Indicators related to the needs that performed poorly against one or more of these benchmarks met this criterion to be considered a significant need.

The analysis of secondary data yielded a preliminary list of significant needs. The initial list included:

- Access to health care
- Cancer
- COVID-19
- Dental care
- Diabetes
- Food insecurity
- Heart disease and stroke
- Housing
- Lung disease
- Mental health
- Overweight and obesity
- Substance use
- Unintentional injuries

Priority Health Needs

Community meetings and community surveys were used to gather input and prioritize the significant needs. The following criteria were used to prioritize the needs:

- The perceived severity of an issue as it affects the health and lives of those in the community
- The level of importance the hospital should place on addressing the issue.

Community Meeting to Prioritize Significant Needs

Hospital leaders, departmental representatives, and leaders from the community met on July 6, 2021, to discuss and prioritize the significant needs. A list of the meeting participants and their organizational affiliations can be found in Appendix 2. The meeting was a hybrid of in-person and virtual participation using Google Meet. The group received a summary of the secondary data results. Following the presentation, attendees met in small groups to discuss the 13 community needs. After the small group discussions, they were asked to individually prioritize the top five issues in the Good Samaritan Medical Center service area. The participants in the room were given five voting dots and asked to place a dot next to the five issues of greatest importance. Each dot represented one point. Participants who joined virtually submitted their top five issues in the Google Meet chat. After everyone voted, votes were tallied. The six issues with the highest points became the top six priority needs reflected below.

1. Mental Health
2. Access to Health Care
3. Substance Use
4. Unintentional Injuries
5. Overweight and Obesity
6. Housing

The identified significant community needs were also prioritized with input from interviews with key community stakeholders and with community members at public events.

Prioritized Needs

A second round of prioritization consisted of Hospital leaders, departmental representatives, and leaders from the community. A list of the meeting participants and their organizational affiliations can be found in Appendix 2. The meeting occurred on September 13, 2021, to determine the priority needs to address for the next three years. The meeting was a hybrid of in-person and virtual participants using Google Meet. The group received a summary of the primary data collected from key informant phone interviews, public input from community events, and opinions collected from a community online survey. Following the presentation, the attendees were given time to discuss the six issues and were asked to individually prioritize the top two issues in the GSMC surrounding area.

The participants that were in the room were asked to rank their number one and number two issues for the community. The number one issue was given two points and the number two issue was given one point. People who joined virtually, submitted their top two issues, in order, in the Google Meet chat. The top priority needs identified were:

1. Behavioral Health
2. Access to Health Care
3. Housing
4. Substance Use

Additional input regarding the availability of resources from the Good Samaritan Medical Center Senior Leadership Team resulted in Behavioral Health and Access to Healthcare being chosen as the top two priorities to address for the next three years.

Acknowledging Our Community Partners

Thank you to our community partners and members. You are an important voice and ally in our efforts to improve the health of our communities.

Needs Not Prioritized

Each of the health needs identified in the CHNA process are important and GSMC along with numerous partners throughout the community are addressing these needs through various program interventions and initiatives. We have selected two need areas for priority over the next three years as a strategy to maximize resources and to accelerate impact.

Community Health Improvement Plan

There are five community health improvement core strategies that support program development. They are:

- Leverage community benefit investments toward the greatest area of impact to achieve our mission *(alignment with CHNA and vulnerable populations)*
- Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build
- Encourage innovation pilots that can address “dual” or disparate health needs
- Expand collective impact opportunities by engaging multi-sector partnerships
- Improve community engagement by highlighting community impact stories, increasing digital-based communication and attention to diversity, equity and inclusion initiatives

In addition, whenever possible we want to align measurement objectives with other community improvement efforts locally, regionally and nationally.

Priority: Behavioral Health

Mental health needs continue to present as an urgent and prevalent issue in many communities. Across the SCL Health system, most care sites have prioritized this issue as a community health improvement area of focus. However, issue differences driven by the specific needs of the hospital's service area population can be labeled in the priority as behavioral health, mental health or substance use disorder. To that end, GSMC uses some common definitions when talking about Mental Health.

- Behavioral Health is an umbrella term that is defined by the Substance Abuse & Mental Health Administration (a branch of the U.S. Department of Health and Human Services) as "…the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities." SAMHSA
- "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (WHO, 2018)
- "Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home." SAMHSA

CHIP Priority: Behavioral Health	
Vision: We envision a community where behavioral health which affects overall well-being is supported through education and increased access to prevention and treatment services.	

Outcome Goal(s):
Decrease anxiety and poor mental health days for patients experiencing mental illness.
	Need Indicator(s):
	• 23.7% (2021) of people, ages five and older reported eight or more poor mental health days in the past month (CHNA 2021)
	• Age-adjusted suicide death rates per 100,000 (2020) (CHNA 2021)
	  ○ Adams County- 22.0
	  ○ Boulder County-17.7
	  ○ Broomfield County- 8.6
	  ○ Jefferson County- 19.3
	  ○ Weld County- 17.0
	• Age-adjusted opioid overdose death rates per 100,000 (2020) (CHNA 2021)
	  ○ Adams County- 19.4
	  ○ Boulder County-11.2

	○ Broomfield County- 11.3 ○ Jefferson County- 21.0 ○ Weld County- 10.7 • Age-adjusted rates of emergency department visits mentioning intentional self-harm injuries per 100,000 (2020) (CHNA 2021) ○ Adams County- 128.5 ○ Boulder County-89.1 ○ Broomfield County- 111.1 ○ Jefferson County- 137.4 ○ Weld County- 139.6 ○ Colorado-129.5 • Percentage of the adult population reporting more than 14 days of poor mental health per month. (CHNA 2021) ○ Adams County- 11.8% ○ Boulder County- 10.0% ○ Broomfield County- 15.4% ○ Jefferson County- 10.3% ○ Weld County- 12.6% ○ Colorado- 10.9%
Objective: • Increase access to mental health services. • Increase the awareness of health care providers and the community of the prevalence of mental health illness and the importance of treatment.	**Community Partners:** • Mental Health Partners • Community Reach Center • Boulder County Area Agency on Aging • Lafayette Senior Services • Louisville Senior Center • Longmont Senior Center • Superior Recreation Center • Covenant Living of Colorado • Colorado Department of Public Health and Environment (CDPHE) Office of Suicide Prevention • Rocky Mountain Crisis Partners • Healthcare Quality Improvement Partnership • Colorado Naloxone Project • Colorado Hospital Association • Marisol Health, Catholic Charities

Tactic(s)	Community Partner(s)	Metric	Status
Collaborative Care for Behavioral Health patients in the GSMC Emergency	• Mental Health Partners • Community Reach Center	Collaborate to develop and implement a program to hand off GSMC ED patients to their mental health home	In progress. Program to be in place by end of year 2022.

Department (ED)		or establish a mental health home.	
Mental Health First Aid training (MHFA)	• Mental Health Partners • Community Reach Center	Host three MHFA trainings per year.	Ongoing
Aging Mastery Program (AMP) training	• Boulder County Area Agency on Aging • Lafayette Senior Services • Louisville Senior Center • Longmont Senior Center • Superior Recreation Center • Covenant Living of Colorado	Host two AMP courses per year.	Ongoing
Zero Suicide Collaboration	• Colorado Department of Public Health and Environment (CDPHE) Colorado Office of Suicide Prevention • Healthcare Quality Improvement Partnership • Rocky Mountain Crisis Partners	1. Complete and submit a formal commitment from the hospital leadership to implement the program. 2. Complete and submit an organization self study. 3. Complete and submit a workforce study. 4. Submit a plan for implementing Zero Suicide framework, including training plan. 5. Submit the number and percentage of staff that have received training. 6. 100% of individuals who screen positive for suicide risk are provided with an assessment for safety. 7. Participation in the Colorado Follow-Up Project. a. Track # of eligible patients, # of patients referred, # who	1. Completed 2. Q4 2022 3. Q4 2022 4. Q4 2022 5. Q4 2022 6. Q4 2022

		accepted and declined the program.	7. Expected go-live date in Q2 2022
NARCAN distribution	Colorado Naloxone Project	50% of patients with an opioid use disorder diagnosis who are discharged from the Emergency Department will receive naloxone upon discharge.	Ongoing
Colorado ALTO participation	Colorado Hospital Association	Fewer than 8% of discharging ED patients receive a new opioid prescription that exceeds 7 days in duration.	Ongoing
Collaboration with Marisol Health	Marisol Health, Catholic Charities	Establish a mental health referral process for Medicaid patients to Marisol Health for specialized mental health treatment for women and families with newborns.	Q4 2022

Priority: Access to Healthcare

Access to healthcare is a central category of SDoH and references a broad set of barriers that limits or prevents regular medical care, whether preventive or acute. Access examples include the availability of providers (including specialty care), cost of pharmaceuticals, proximity to a healthcare facility or a lack of insurance coverage. Often these barriers lead to unmet health needs, delays in regular primary care visits, and sometimes, death.

CHIP Priority: Access to Healthcare	
Vision: We envision a community where people have access to quality, affordable, and culturally competent care, regardless of their situation.	
Outcome Goal(s): Improve overall health outcomes.	**Need Indicator(s):** ● Health Insurance Coverage, Civilian, Non-Institutionalization Population (2019) (CHNA 2021) ○ GSMC Service Area- 93.8% ○ Colorado Health Statistical Region (HSR) 14

	Adams County- 90.9% ○ HSR 16 Boulder and Broomfield Counties- 94.7% ○ HSR 17 Gilpin County (inclusive of Clear Creek, Park and Teller Counties also)- 88.2% ○ HSR 21 Jefferson County- 97.4% ○ HSR 18 Weld County- 95.9% ○ Colorado- 93.5% • Individuals who did not get doctor care that was needed due to cost in the last 12 months (2019) (CHNA 2021) ○ HSR 14 Adams County- 16.9% ○ HSR 16 Boulder and Broomfield Counties- 8.1% ○ HSR 17 Gilpin County (inclusive of Clear Creek, Park and Teller Counties also)- 14.5% ○ HSR 21 Jefferson County- 9.0% ○ Weld County- 12.1% ○ Colorado- 12.8%
Objective: • Decrease barriers to accessing care for the Hispanic/Latino community. • Increase Hispanic/Latino community members with a medical home.	**Community Partners:** • Benefits in Action • Community Connections • Area Churches • Sister Carmen Community Center

Tactic(s)	Community Partner(s)	Metric	Status
Provide one-on-one and group opportunities to speak with a representative to sign up for insurance or get connected with a primary care provider (PCP) to the Hipsanic/Latino community	• Benefits in Action • Community Connections • Area Churches • Sister Carmen Community Center	Reach 75 individuals to either sign up for insurance or to get connected with a PCP by the end of 2022.	In process. Benefits in Action representative to be in place by 3rd Q 2022.
Provide health literacy education to the Hispanic/Latino community	• Benefits in Action • Area Churches • Sister Carmen Community Center	Host two community seminars in 2022.	Currently under discussion. Benefits in Action representative to be in place by 3rd Q 2022.

Areas of Continued Work Improvement

Unintentional Injuries was chosen as a priority for the 2018 GSMC CHNA and even though it was not chosen as a top priority in this cycle, the hospital continues to support this work. GSMC promotes a culture of safety and trauma awareness in our local community by partnering with residents, community organizations, and healthcare providers to understand how injuries happen and how to prevent them. As aTrauma Center, we see many injuries as a result of a fall, motor vehicle collision, bicycle or pedestrian collision, or act of violence. Our Injury Prevention programs provide evidence-based resources and education to the community to help prevent life-changing injuries or death. Injury Prevention initiatives include: A Matter of Balance, Stepping On, Tai Chi for Arthritis and Fall Prevention, Impact Teen Drivers, Stop the Bleed, Grand Rounds, Annual Trauma Conference, National Trauma Survivors Day, Trauma Awareness Month, Falls Prevention Week and Bicycle helmet donation and education.

Appendices

Appendix 1. Community Resources

Good Samaritan Medical Center solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to 2-1-1 Colorado at *https://211colorado.communityos.org/cms/node/142*.

Significant Needs	Community Resources
Access to Care	Adams County Health Alliance, Boulder Community Health, Boulder County Public Health Department, Broomfield County Public Health, Clinica Colorado, Clinica Family Health Services, Colorado Access, Colorado Community Health Alliance, Connect for Health Colorado, Foothills United Way, Healthy Boulder County, Healthy Kids Colorado, Human Service Alliance, Inner City Health Center, Kids First Health Care, Kids in Need of Dentistry (KIND), LensCrafters Gift of Sight Program, Lions Club, Marisol Health, National League of Cities Prescription Discount Card, Nurse-Family Partnership, Regional Accountable Entity Governing Council, Rocky Mountain Youth Clinics, Salud Family Health Centers, Servicious de La Raza, Tri-County Health Department, Veterans Administration Dental Clinic, Veterans Administration Medical Center Denver, VEYO Transportation, Via Mobility Services
Housing and Homelessness	Access Housing, Action Center, Adams County Housing Authority, Almost Home, Arising Hope, Boulder Housing Partners, Boulder Shelter for the Homeless, Brighton Housing Authority, Broomfield FISH, Colorado Coalition for the Homeless, Denver Indian Family Resource Center, Empowerment Program, Family Tree Programs, Growing Home Family Resource Center, Hope House, Mile High Behavioral Healthcare, Precious Child, 180 Street Outreach & Shelter, Servicios de La Raza, Stout Street Clinic, Veteran Services Center
Mental Health	Aurora Strong Resilience Center, BeyondHome, Boulder County Task Force on Mental Health, Broomfield Public Health Behavioral Health Transformation Task Force, Colfax Community Network, Colorado Crisis Services, Colorado State University Extension Services, Community Enterprise, Community Reach Center, Communities That Care Coalition, Co-Responder/Crisis Outreach Response and Engagement (CORE), Denver Indian Family Resource Center, El Centro, Families Forward Resource Center, Family Tree Programs, Florence Crittenton Services, Interfaith Network on Mental Illness, Latino Task Force Boulder County, Law Enforcement Assisted Diversion (LEAD), Let's Talk Colorado, Mental Health

	Partners, Mental Health Pod at Adams County Detention Facility, Mile High Behavioral Health Care, Out Boulder County, People House, Servicios de La Raza, SafeCare Colorado, Safehouse Progressive Alliance for Nonviolence (SPAN), Speak Now Colorado, Suicide Prevention Coalition of Colorado, Thrive Center
Overweight/ Obesity	Community Food Share, Fit Family Challenge, Great Outdoors Colorado, Healthy Eating Active Living Coalition, Meals on Wheels, My Outdoor Colorado, Nature Kids Lafayette, Nourish Colorado, Sister Carmen Community Center, SNAP, WIC
Substance Use and Misuse	Advocates for Recovery Colorado, Arapahoe House, BAART, Boulder County Substance Use Advisory Group, Collegiate Recovery Center University of Colorado Boulder, EmbarkPCA Recovery Services, Healthy Futures Coalition, Mile High Behavioral Health, SAMHSA National Helpline, The Phoenix: National Sober Active Community, Recovery Café Longmont, Responsibility Grows Here, Rise Above Colorado, Springs Recovery Connection, West Pines Behavioral Health
Unintentional Injuries	Adams County Assistance for Minor Home Repair, Aging Mastery Program, National Council on Aging, Asian Pacific Development Center, Boulder County Area Agency on Aging, City of Thornton Neighborhood Services, Colorado Center for the Blind, Colorado Gerontological Society, Denver Regional Council of Governments, Jewish Family Services, Lutheran Family Services, A Matter of Balance Program, North Metro Fire Rescue District, Project Safeguard, Rocky Mountain Poison and Drug Center, Senior Hub, Senior Resource Center, Silver Sneakers, VA Hotline

Appendix 2. CHNA Prioritization Meeting Participants

Community Health Needs Assessment Prioritization Meeting July 6, 2021

Attendee	Title	Organization
Dana Bellomy	Senior Services Supervisor	Lafayette and Broomfield Senior Center
Emily Joo	Community Engagement Specialist	Broomfield FISH
Gaye Woods	Director System Community Benefits	SCL Health
Grace Dobbertin	Trauma Outreach Education Coordinator	GSMC
Jan Bonner	Executive Director of the Good Samaritan Foundation	GSMC
Jordan Goto	Health and Wellness Coordinator	Boulder Valley School District
Kelly MacGregor	Communications Manager	GSMC
Kristina Hyde	School Medicaid Coordinator	Boulder Valley School District
Lisa Bitzer	Director of Operations	Via Mobility
Marcy Campbell	Special Initiatives Coordinator	Boulder County Public Health
Michael McHale	President and Chief Executive Officer	Tru Community Care
Nikki Crouse	Senior Services Manager	Broomfield Senior Center
Patrice Farrell-DeLine	Regional Vice President of Mission Integration	SCL Health
Peggy Jarrett	Regional Director of Community Health Improvement	GSMC
Samantha McCrory	Diversity, Equity and Inclusion Coordinator	SCL Health
Sara Reid	Grants and Program Evaluation Manager	Mental Health Partners
Sarah Mauch	Planning and Communications Administrator	Broomfield County Public Health
Stephen Knips	Finance Manager	GSMC
Susan Wortman	Vice President of Development	Clinica Family Health Center
Suzanne Crawford	Executive Director	Sister Carmen Community Center
Suzanne Sandoval	Medical Staff Director	GSMC
Teresa DeAnni	Healthy Aging Programs Manager	Boulder County Area Agency on Aging
Todd Grivetti	Director, Care Management/Utilization Management/Behavioral Health	GSMC

Community Health Needs Assessment Prioritization Meeting September 13, 2021

Attendee	Title	Organization
Cindy Cohagen	Director, Community Relations and Philanthropy	Mental Health Partners
Emily Joo	Community Engagement Specialist	Broomfield FISH
Gaye Woods	Director System Community Benefits	SCL Health
Grace Dobbertin	Trauma Outreach Education Coordinator	GSMC
Marcy Campbell	Special Initiatives Coordinator	Boulder County Public Health
Nikki Crouse	Senior Services Manager	Broomfield Senior Center
Patrice Farrell- DeLine	Regional Vice President of Mission Integration	SCL Health
Peggy Jarrett	Regional Director of Community Health Improvement	GSMC
Samantha McCrory	Diversity, Equity and Inclusion Coordinator	SCL Health
Stephen Knips	Finance Manager	GSMC
Susan Wortman	Vice President of Development	Clinica Family Health Center
Teresa DeAnni	Healthy Aging Programs Manager	Boulder County Area Agency on Aging