



Community Health Improvement Plan

Lutheran Medical Center | 2019





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Executive Summary and Letter to the Community from the President

Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of residents living in the service area of Lutheran Medical Center (LMC). *Full report is available on our website <https://www.sclhealth.org/-/media/files/care-sites/lutheran/lutheran-medical-center-2018-chna.pdf?la=en>*

Following the needs assessment, hospitals must select health priorities to impact community health either through direct and/or collaborative efforts. The Community Health Improvement Plan (CHIP) is the strategic document that outlines the hospitals' plans, actions and anticipated impact on the identified health needs.

Summary:

- The CHNA was conducted in collaboration with Jefferson County Public Health (JCPH) and Saint Anthony Hospital (SAH).
- The geographic focus area for the CHNA was Jefferson County, CO.
- The CHNA was published on December 7, 2018.
- Ten areas of opportunity were identified in the 2018 CHNA.
- Community members ranked four priorities at the top: Access to Mental Health and Substance Use Treatment, Food Insecurity, Alcohol and Substance Use, and Housing.
- The LMC Community Health Needs Assessment was approved by the Front Range Board of Directors on December 17, 2018.



Letter from the President

Lutheran Medical Center is proud to be a community-based hospital. In 1905, when one of the community’s greatest needs was care for tuberculosis patients, the Evangelical Lutheran Sanitarium was established as a tent colony for TB patients. Over the next several decades, the community’s needs shifted away from tuberculosis care and toward general medicine, and Lutheran Hospital opened its doors in 1961.

Now, almost 60 years later, we continue our legacy of responding to the rapidly changing needs of our community. Our joint Community Health Needs Assessment, which was completed in 2018, identified access to mental health and substance abuse treatment, alcohol and substance misuse, food insecurity and housing as the greatest needs facing our community today. This implementation plan builds on that assessment and outlines the work we will be doing alongside our partners over the next three years to address these priorities and to do our part to improve the health of this community that we call home.

Thank you for your support of Lutheran Medical Center, and we look forward to partnering with you make our community an even better place to live, work and play.

Sincerely,

A handwritten signature in black ink, appearing to read 'Grant Wicklund'. The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Grant Wicklund, President and CEO

About Us

Lutheran Medical Center (LMC) is a community-based, acute care hospital in Wheat Ridge, Colorado. The Medical Center began in 1905 as the Evangelical Lutheran Sanitarium, a tent colony for tuberculosis patients. By 1961, the sanitarium evolved into a community hospital. Today, Lutheran Medical Center is a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc., a faith-based, nonprofit



health care organization that operates eight hospitals in three states – Colorado, Kansas and Montana. The Medical Center offers a five-star birthing center, Heart and Neurovascular Center, robotic surgery, Primary Stroke Center, Comprehensive Cancer Center, Orthopedics, a Level III Trauma Center, and emergency services, including the first Senior Emergency Department in Colorado.

Our Mission

We 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.

Our Values

Caring Spirit – We honor the sacred dignity of each person.

Excellence – We set and surpass high standards.

Good Humor – We create joyful and welcoming environments.

Integrity – We do the right thing with openness and pride.

Safety – We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship – We are accountable for the resources entrusted to us.

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) Methodology and Process

LMC conducted a Community Health Needs Assessment in partnership with Jefferson County Public Health and St. Anthony Hospital – Centura Health. A community-based Steering Committee was formed to guide the CHNA process. The group included representatives of two or more populations have higher health risk or poorer health outcomes, as well as representatives from a variety of community based groups and stakeholders. Additionally, the Steering Committee chose to create a Data Sub-committee to provide review and analysis of data resources. The sub-committee regularly reported findings to the larger Steering Committee. This group was comprised of representatives from the major health and medical providers in Jefferson County: Jefferson County Public Health, St. Anthony Hospital, Lutheran Medical Center, Metro Community Provider Network (Jefferson’s Federally Qualified Health Centers), and Jefferson Center for Mental Health.

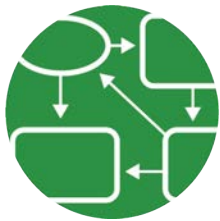
The Robert Wood Johnson Foundation, County Health Rankings Model was used as a basis for our data collection process. The model separates health factors from outcomes, and groups factors by social determinants of health. The data model is focused largely on health factors and determinants, rather than health outcomes. This model helps to highlight the contributing causes of health outcomes as areas for improvement, rather than targeting the outcomes for improvement alone. Using this model allows organizations to leverage the resources, including rankings and evidence-based strategies, available through the County Health Rankings website (www.countyhealthrankings.org/). This model was adapted based on feedback from Steering and Data Committee members and public comment.

The 2018 CHNA incorporated: 1) secondary quantitative data (existing public health data), and 2) primary qualitative data (30 key informant interviews and 7 community focus groups).



- 1) Secondary Quantitative Data:** There are a multitude of secondary (existing) data sources available within Jefferson County and from other sources across Colorado, including state agencies and nonprofits. Many secondary data sources were used in the development of this assessment, and a comprehensive list of sources is provided here:

<https://insight.livestories.com/s/v2/methodology/76b4960e-debd-410e-a411-9f891d47148f/>. Using the most recent data available, findings from the assessment were compared and analyzed to develop a profile of community health, with a focus on health equity and identification of health disparities and inequities within populations.



- 2) Primary Qualitative Data:** Key informant interviews were facilitated with community leaders and stakeholders in organizations with special knowledge of community health concerns, especially those affecting our most vulnerable residents. These discussions were aimed at providing deep insights into the health issues impacting our community, with an emphasis on identifying health disparities or inequities impacting the most vulnerable such as elders, people of color, LGBTQ groups, individuals living with disabilities and low-socioeconomic and geographically distinct populations. In total, 30 key informant interviews were completed.

Students from the Colorado School of Public Health, in partnership with Jefferson County Public Health, facilitated focus group discussions that were conducted at key geographic points in the county to ensure equal representation of the county's diverse communities, and to include both mountain and urban/suburban populations. 52 participants engaged in seven focus groups. The focus group discussions were facilitated at locations in Arvada, Conifer, Edgewater, Indian Hills and Lakewood, and included two Spanish language groups. These communities were chosen to highlight geographic, ethnic, linguistic, and economic diversity.

Key Survey Results

Prioritization is a key first step in health improvement planning and offers a structured process for objectively ranking community health issues identified in the Community Health Needs Assessment. Significant health needs were identified across the 28 factors from the data model. These factors are listed in the table below.

Health Behaviors	Social and Economic	Physical Environment	Health Care
Healthy eating and breastfeeding	Education	Housing	Access to care-cost
Active living	Income	Recreation access	Access to care-barriers to care
Safety behaviors	Employment	Food safety	Access to care-Insurance
Healthy sexual behaviors	Food Insecurity	Air quality	Access to mental health and substance use treatment
Vaping and tobacco	Community connections	Water quality	Access to care-provider availability
Sleep	Family and social support	Climate Change	Quality of Care
Alcohol and Substance Use	Crime and violence	Transportation	Screening

Planning for health factor prioritization began in December 2017 to select the health factors for the health improvement efforts in the 2019-2021 planning cycle. The Data Advisory Committee reviewed prioritization tools recommended by the Colorado Health Assessment and Planning System and National Association of City and County Health Officials. The Data Advisory Committee considered the best method to employ based on factors such as time investment needed by the community, complexity/feasibility, objective vs. subjective processes, and criteria for evaluating data for each individual health factor in the data model. Four options were considered and a hybrid approach combining two rounds of prioritization was selected. Prioritization used a multi-voting technique in the first round and a prioritization matrix in the second.

First Round of Prioritization

In January 2018, the joint Steering Committee meeting, comprised of approximately 140 community members representing 40 organizations, met to conduct the first round of prioritization. At this meeting, the committee reviewed quantitative and qualitative data collected for each of the 28 health factors in the data model. A data presentation described each of the health factors and the committee members were asked to engage in a dot voting and asset mapping exercise. This process narrowed the list of 28 health factors to 10 and identified community resources that are potentially available to address them (see Attachment 4).

Concurrently, a community survey was posted on the Jefferson County Public Health website providing the public an opportunity to review the same data presented to the committee and vote on the top community health priorities. The joint planning team reviewed this feedback and a list of 10 health factors was prioritized for further consideration in a second round.

1. Healthy eating and breastfeeding
2. Active living
3. Alcohol and substance use
4. Food insecurity
5. Family and social support
6. Community connections
7. Housing
8. Transportation
9. Access to care – cost
10. Access to care – mental health and substance use treatment

Second Round of Prioritization

The Steering Committee met at a follow-up meeting in May 2018 where they engaged in a second round of prioritization to select the final community health priorities for the 2019-2022 Community Health Improvement Plan. This phase was completed using a modified CHAPS prioritization matrix. This prioritization rating matrix used a scale of 1 to 3, where 1=no, 2=somewhat and 3=yes for each of these questions:

- Does the factor impact a large number/high percentage of people in our community?
- Do health disparities exist?
- Is a local organization prepared to take the lead on the issue?
- Are sufficient resources available or obtainable?

The ranking scale was applied to these questions for each of the ten health needs identified in the first round of prioritization. Final scores were aggregated by the joint planning team epidemiologist, and weighted based on the significance of each column of health factors as determined by the criteria set at a joint planning committee meeting held on February 14, 2018. Weighting criteria is critical for assigning degrees of importance to specific criterion when evaluating indicators/health factors. Based on these results, the priority health needs were identified:

1. Access to care – mental health and substance use treatment
2. Food insecurity
3. Alcohol and drug use
4. Access to care – cost
5. Housing
6. Community connections
7. Family and social support
8. Transportation
9. Healthy eating and breastfeeding
10. Active living

Selected Areas of Focus

After analysis of available data, stakeholder prioritization, community input and considering the hospital's ability to impact, the following four significant health needs are the focus areas of the Lutheran Medical Center Community Health Improvement Plan:

- Access to care – mental health and substance use treatment
- Alcohol and substance use
- Food Insecurity
- Housing

Publication and Adoption of the CHNA

The CHNA was published on December 7, 2018. In the full report of the CHNA the entire process and methodology are outlined, as well as the results including the prioritized list of health needs.

The CHNA was formally approved by the Front Range Board of Directors on December 17, 2018.

Community Health Improvement Plan Priorities

Following completion of the prioritization phase, Jefferson County Public Health facilitated community listening forums at strategic points around the county to discuss the health factors and to solicit community input on how to address the priorities. These listening sessions provided an opportunity for the community to:

- Learn more about the priority health factors identified in the 2019-2021 Jefferson County Community Health Improvement Plan.
- Share perspectives on potential evidence-based strategies that may be applied to address the issues (staff provided an evidence-based strategy bank to aid in this discussion).
- Identify additional improvement strategies that should be considered during the development of the 2019-2021 Jefferson County Community Health Improvement Plan.

To increase participation and facilitate successful community engagement, we used a convenience sampling approach to target existing forums and meetings in urban, suburban and mountain areas of the county from July 2018-August 2018.

Two listening sessions were also held at Jefferson County Public Health the week of August 13-17, 2018. These sessions were promoted through Facebook and Twitter posts. An online survey was also developed to capture feedback from the community outside of the forums and promoted through our partner networks. In addition, surveying was carried out with community members who attended an annual breastfeeding fair at Jefferson County Public Health on August 17, 2018. Overall, 148 community members attended 13 meetings to give their thoughts and input.

Sessions were organized as facilitated brainstorming where the following questions were asked of participants:

1. What is your definition of health? What defines a healthy community?
2. What are problems you see with [Insert health priority being discussed] in Jefferson County?
3. What changes could be made to improve the problems listed above?
4. What would success look like?

Community Health Improvement Plan

Each priority area has a vision, goals and tactics. These describe the “what” and “how” of this plan. The vision is the broad, big idea tied to long-term outcomes while the goals are the specific mid-range outcomes and processes that will help achieve the vision. If the vision and goals are achieved, these changes will profoundly impact the health of Jefferson County.

Priority: Access to care – mental health and substance use treatment

Vision: Reduce the percent of individuals that report needing, but not receiving, mental health treatment from 8 percent (2017, 5 years and older) to 6 percent by 2021 and those needing, but not receiving, substance use treatment from 4 percent (2017, 18 years and older) to 2 percent by 2021.

Goal 1: Increase access to mental health resources

Goal 2: Increase access to substance abuse treatment

Current State	Action / Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Key measures of success and milestones</i>
<p>In 2017, 8.3 percent of those age 5 and older in Jefferson County needed mental health care but did not receive it.</p> <p>In Jefferson County, 18.5% of adults have been diagnosed with depression and 16.5% have been diagnosed with an anxiety disorder.</p> <p>In Jefferson County, 36% of adults had one or more poor mental health days in the past month. 12.2% of the population experienced eight or more days of poor mental health.</p> <p>Emergency Department (ED) visits due to alcohol were 1,152.7 per 100,000 persons. Rates of ED visits due to marijuana use (9 per 100,000 persons) and heroin use (14.2 per 100,000 persons) exceed state rates.</p> <p>In Colorado, about 90,000 adults (1.6%) needed substance use treatment, but did not receive that care in the past year. Among those who did not receive needed care, the majority avoided care because of cost (54%) and/or insurance concerns (53%).</p>	<p>Goal 1: Increase access to mental health resources</p> <ol style="list-style-type: none"> 1. Offer Mental Health First Aid training in the community 2. Collaborate with Rocky Mountain Crisis Partners to offer supportive follow-up services to anyone discharging from the hospital who is experiencing suicidal ideation 3. Expand suicide follow-up program to West Pines <p>Goal 2: Increase access to substance abuse treatment</p> <ol style="list-style-type: none"> 1. Continue opioid treatment program for new and expectant mothers 2. Begin mobile addiction treatment in selected mountain communities 	<p>Colorado Community Health Alliance</p> <p>Heading Home</p> <p>Jefferson Center for Mental Health</p> <p>Jefferson County Health Alliance</p> <p>Jefferson County Public Health</p>	<p>Goal 1: Offer at least two community-based Mental Health First Aid session in the community</p> <p>Increase by 15% the number of people utilizing the RMCP follow-up Program</p> <p>Initiate RMCP follow-up program at West Pines in Q2 at West Pines</p> <p>Goal 2: treat 50 patients per week in via mobile unit.</p>

Priority: Improve Food Security in Jefferson County

Vision: Reduce the food insecure population from 11 percent of Jefferson County residents to 8 percent by 2021

Goal 1: Improve access to healthy food

Current State	Action / Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Key measures of success and milestones</i>
<p>In 2017, more than one in 10 Jefferson County residents were food insecure</p> <p>In Jefferson County, 17% of adults eat less than one serving of vegetables each day</p> <p>In Jefferson County, 37.2% of adults are overweight and 20.7% are obese</p> <p>In Jefferson County, 5.6% of adults have been diagnosed with diabetes</p>	<p>Goal 1: Improve access to healthy foods</p> <ol style="list-style-type: none"> 1. Build Food Farmacy program beyond its pilot stage 2. Partner with Go Farms to support distribution of healthy food 3. Expand vendor outreach for hospital cafeteria produce to include local, organic farmers 	<p>Community Table</p> <p>Go Farms</p> <p>Heading Home</p> <p>Hunger Free Colorado</p> <p>Lucky's Market</p> <p>Jefferson County Public Health</p>	<p>Serve 15 referred diabetic patients through Food Farmacy in 2019</p> <p>Sponsor food distribution container</p> <p>Purchase at least one seasonal vegetable for use throughout the season in the LMC Cafe</p>

Priority: Alcohol and Substance Use

Vision: Reduce current use of alcohol and misuse of substances by middle and high school students by 2021

Goal 1: Involve medical staff in community education

Current State	Action / Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Key measures of success and milestones</i>
<p>In 2017, 10 percent of middle school students reported currently using alcohol or substances while 33 percent of high school students reported current use.</p> <p>59 percent of high school students reported ever using alcohol or substances</p>	<p>Goal 1: Involve medical staff in community education</p> <ol style="list-style-type: none"> 1. Work with community partners to utilize the LMC medical staff as subject matter experts in community education about drugs and alcohol 2. Identify two local schools to partner for education/awareness event, Can leverage existing school event for materials inclusion. 	<p>Jefferson County Public Health</p> <p>Jefferson County Public Schools</p> <p>LMC Physicians</p>	<p>Involve at least three medical staff in community education</p> <p>Two events serving 40 families</p>

Priority: Housing

Vision: Expand the capacity of Lutheran Medical Center to address housing as a social determinant of health

Goal 1: Collect data about scope of homelessness within the LMC patient population

Current State	Action / Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Key measures of success and milestones</i>
<p>The 2017 survey identified 394 homeless individuals in Jefferson County. Of these, 61% were parents and their children</p> <p>The Title One division of Jefferson County Public Schools identified 2,733 children as homeless during the 2015-2016 school year</p>	<p>Goal 1: Collect data about the scope of homelessness within the patient population</p> <p>1. Work with Care management staff at LMC and community partners to gather information about individuals experiencing homelessness with the aim of defining the role of LMC in contributing to a solution for Jefferson County</p>	<p>Community Table</p> <p>Heading Home</p> <p>LMC Care Management Department</p> <p>Jefferson County Public Health</p> <p>The Rising</p> <p>Senior Resource Center</p>	<p>Develop a data report in 2019 that accurately depicts the health needs of those experiencing homelessness.</p>

Other Significant Needs Not Prioritized

The Lutheran Medical Center CHIP will only address the priority areas previously listed in order to maximize resources, expertise and time to achieve successful impact. The chart below reflects other needs (not prioritized) that are being addressed directly by numerous partners throughout the community, and in some cases, with collaborative support from Lutheran Medical Center.

Areas of Opportunity	
Access to Care - Cost	Lutheran Medical Center, Saint Anthony Hospital, Stride, Every Child Pediatrics, Jefferson County Public Health, Colorado Community Health Alliance, Jefferson County Health Alliance
Community Connections	Jefferson Center for Mental Health, Jefferson County Public School, Jefferson County Public Library, Jefferson County Public Health, Community First Foundation, Family Tree
Family and Social Support	MCPN, Jefferson Center for Mental Health, Family Tree, Jefferson County Public School, Jefferson County Public Health, Jefferson County Human Services, Lakewood Faith Coalition, Consortium for Older Adult Wellness, The Action Center, Bright by Three
Transportation	CDOT, City of Arvada, City of Wheat Ridge, City of Lakewood, City of Edgewater, Senior Resource Center
Healthy Eating and Breastfeeding	Lutheran Medical Center, WIC, Go Farms, Community Table, The Rising, Jefferson County Public Health, Nurse Family Partnership, Hunger Free Colorado, Arvada Veggies Van, Live Well Colorado Wheat Ridge HEAL, Four Seasons Market
Active Living	Active Adult Center, APEX, Live Well Colorado, Wheat Ridge HEAL, Jefferson County Public Health, Jefferson County Public Health, Local Works

Continuing the Work

CHIP is a living document that provides community health improvement direction for Lutheran Medical Center (LMC), its partners, community organizations and residents of Jefferson County. As such, the LMC CHIP is a work in progress and will be updated and amended on an annual basis as new programs, partnerships, and collaborations develop. Much of our work will occur in tandem with our partners and as such progress will be reflected in this document as well as the joint CHIP (Appendix I). Progress of our work will be evaluated on an on-going basis, not simply at the three-year mark. Strategies and actions that do not yield the intended outcomes will be revised and re-implemented.

Contact:

Chuck Ault
Regional Director Community Health Improvement
303-812-4897
Chuck.ault@sclhealth.org

Community Partners

Sincere thanks and appreciation for our community partners:

Data Committee members are noted in green below.

Organization	Name	Position
American Heart Association	Maddie Philley	
American Heart Association	Sara Martin	Community Impact
Arvada Chamber	Kami Welch	President
Arvada City Council	Mark McGoff	District 2
Arvada Fire	Amber Jones	PIO
Arvada Fire	Deanna Harrington	
Arvada Fire	Robert Putfark	EMS Captain
Arvada Police Department	Chief Ed Brady	Interim Chief of Police
Bright by Three	Karen Verdier	
CCCPEH	Laura Robertson	Health Educator
Centura, St. Anthony Hospital	Arleen Fujimoto	Data Project Analyst
Centura, St. Anthony Hospital	Darcy Copeland	RN Scientist
Centura, St. Anthony Hospital	Douglas Muir	BH Service Line
Centura, St. Anthony Hospital	Gisele Dias de Oliveira	
Centura, St. Anthony Hospital	Jason Richter	Director Behavioral Health
Centura, St. Anthony Hospital	Kim Bentrout	Physician Lead, Golden Pilot Project
Centura, St. Anthony Hospital	Lisa Hofstra Johnson	RN Community Health
Centura, St. Anthony Hospital	Michelle Lackore	Project Coordinator
Centura, St. Anthony Hospital	Monica Buhlig	Group Director Community Health
Centura, St. Anthony Hospital	Robert Hayes	Injury Director
Centura, St. Anthony Hospital	Scott Phillips	Pre Hospital Services Director
City of Arvada	John Marriott	Mayor Pro Tem/City Council District 3
City of Edgewater	Kris Teegardin	Mayor
City of Lakewood	Jayna Lang	Program Supervisor
City of Lakewood	Robert Buck	Fitness Administrator
City of Lakewood	Peggy Bocard	Recreation Manager
City of Lakewood Recreation	Kit Newland	Director of Community Resources
City of Westminster	Amy Johnson	
City of Westminster	Barbara Giedraitis	
City of Westminster	Justin Cutler	
City of Wheat Ridge	Bud Starker	Mayor of Wheat Ridge

Organization	Name	Position
City of Wheat Ridge	Wade Hammond	
Colorado Community Health Alliance	Cara Herbert	
Colorado Community Health Alliance	Hanna Schum	
Colorado Community Health Alliance Care Coordination	Aubree Kirgan	Manager
Community First Foundation	Noah Atencio	Vice President of Community Impact
Conservation Colorado	Aly Ferrufino-Coqueugniot	Community Organizer
Consortium for Older Adult Wellness	Lynzy McIntosh	CEO
CREA Results	Fernando Pineda-Reyes	CEO
Denver Environmental Health	Tristan Sanders	
Denver Public Health	Emily McCormick	Senior Epidemiologist
Developmental Disabilities Resource Center	Beverly Winters	Executive Director
Edgewater Collective	Joel Newton	Executive Director
Employee Total Wellbeing	Colleen Reilly	
Evergreen Fire	Annie Dorchak	Paramedic
Family Tree	Morgan Wieziolowski	
Family Tree	Scott Shields	CEO
JeffCo Veteran's Services	Peter Mortaro	
Jefferson Center for Mental Health	Ann Jones	Director of Performance and Quality
Jefferson Center for Mental Health	Kiara Kuenzler	CEO
Jefferson Center for Mental Health	Kiora Kuenzler	
Jefferson Center for Mental Health	Roberto Gurza	Cultural Director
Jefferson Center for Mental Health	Shannon Gwash	Director of Wellness Programs and Services
Jefferson County Extension	Jacki Paone	Director
Jefferson County Housing Authority	Lori Rosendahl	Executive Director
Jefferson County Human Services	Jessica Hansen	Special Projects Coordinator
Jefferson County Human Services	Mary Berg	
Jefferson County Public Health	Elise Lubell	Director Health Promotion and Lifestyle Management
Jefferson County Public Health	Jim Rada	Director of Environmental Health Services
Jefferson County Public Health	Jody Erwin	Deputy Director
Jefferson County Public Health	Kate Watkins	Epidemiologist
Jefferson County Public Health	Kelly Keenan	
Jefferson County Public Health	Kristian Blessington	Public Health Planner
Jefferson County Public Health	Margaret Huffman	Director Clinical Health Services

Organization	Name	Position
Jefferson County Public Health	Mark Johnson	Director
Jefferson County Public Libraries	Debra Walsh	
Jefferson County Public Libraries	Paola Vilaxa	
Jefferson County Public Libraries	Peg Hooper	Manager
Jefferson County Public Libraries	Simone Groene-Nieto	Special Populations Coordinator (Belmar Branch)
Jefferson County Public Schools	Amy Dillon	Healthy Schools Specialist
Jefferson County Public Schools	Emily O'Winter	
Jefferson County Public Schools	Julie Wilken	
Jefferson County Public Schools	Kevin Carroll	
Jefferson County Public Schools	Linda Buzard	
Jefferson County Public Schools	Rebecca Dunn	
Jefferson County Public Schools	Jason Fireston	
Jefferson County Public Schools	Julie Wilken	Director of School Health Services
Jefferson County Public Schools	Micah Munro	
Jefferson County Public Schools	Susan Kimes-Demboski	
Jefferson County Sheriff's Office	Al Simmons	Chief, Patrol Division
Lakewood Faith Coalition	Reg Cox	
Lakewood Police Department	Chief Dan McCasky	Chief of Police
Metro Community Provider Network	Dennis Paige	
Metro Community Provider Network	Erin Baurke	Director of Behavioral Health
Metro Community Provider Network	Heather Logan	Director of Accountable Care
Metro Community Provider Network	Laura Larson	Director of Communications
Metro Community Provider Network	Linda Skelley	Grant Specialist
Regis University	Eric Pennell	Student
SCL Lutheran Medical Center	Carol Salzman	
SCL Lutheran Medical Center	Chuck Ault	Regional Director, Community Health Improvement
SCL Lutheran Medical Center	Katie Bovee	Mission Services Coordinator
SCL Lutheran Medical Center	Lindsay Reinert	Community Liaison
Seniors Resource Center	Heather Brozek	
Seniors Resource Center	Monica Roers	
St. Anthony Hospital Foundation	Carrie Bach	Group Director of Foundation
State Senator District 20	Sen. Cheri Jahn	
The Action Center	John C	
The Action Center	Laurie Walowitz	
The Action Center	Sally Reed	
Tri County Public Health	Patty Boyd	
West Chamber	Pam Bales	
West Metro Fire	Jeremy Metz	EMS Chief

Organization	Name	Position
West Metro Fire	Rick Ihnken	Captain, EMS Division
West Metro Fire	Rob Laffler	
West Pines	Glenn Most	Executive Director
Wheat Ridge Police Department	Sgt. Brian Wilkinson	

Appendix I

The collaborative CHIP can be found here:

<https://www.jeffco.us/DocumentCenter/View/16041/2019-2021-Community-Health-Improvement-Plan?bidId=>