Community Health Needs Assessment | 2021

SCL Health
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Letter from the President

December 15, 2021

Dear Community Member,

Thank you for your interest in the health status of our community! Since 1905, Lutheran Medical Center has been committed to improving the health of the people and communities we serve.

This Community Health Needs Assessment represents Jefferson County. Lutheran Medical Center, Saint Anthony Hospital, and the Jefferson County Public Health Department combined efforts, partnering to assess the health needs of the community. By working together, we make good use of our local resources and avoid overburdening our community members and partners. This is good stewardship of what is most precious.

In January 2021, we will begin to develop our Community Health Implementation Plan alongside community members and organizations. This will become our map for the next three years of community impact.

We look forward to working in partnership to elevate health in Jefferson County.

Sincerely,

Grant Wicklund

President & CEO, Lutheran Medical Center

Regional President, SCL Health Western Colorado

Executive Summary

The 2021 Lutheran 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 Jefferson County Public Health, Centura St. Anthony Hospital, 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 Jefferson County, Lutheran Medical Center (LMC) has completed its 2021 CHNA and identified three priority areas for health improvement programming from 2022 through 2024:
- Mental health and substance use
- Food insecurity
- Housing

Since the Last CHNA (2018):

In 2018, identical priorities were identified by community stakeholders. Several factors influenced this outcome including the sheer scope and longitudinal nature of the chosen priorities and a pandemic which magnified disparities in access to mental health services, food, and housing. The implementation period, 2018 to 2021, saw numerous interventions, large and small, aimed at impacting the priority areas. Some examples include:

Mental Health and Substance Use Disorder: Suicide Followup

In partnership with Rocky Mountain Crisis Partners, the LMC Emergency Department offers a warm hand-off to any patient with elevated suicide risk or a suicide attempt. Follow-up includes frequent check-in from a skilled mental health provider and connection to resources, to reduce the risk for suicide following hospital discharge. During the CHNA period, 214 individuals accepted follow-up and none returned to the LMC Emergency Department with a suicide attempt.

Food Insecurity: Healthy U

LMC began offering a 12-week nutrition education program for community members experiencing both food insecurity and a chronic health condition. Participants are connected to food resources and receive ongoing nutrition education and biometric screening to measure progress.

Housing: Eviction Mitigation

Working with The Action Center, LMC financially supported eviction mitigation to families who narrowly missed federal criteria for assistance during the COVID-19 pandemic in 2020 and 2021.

Information about other CHNA related activities can be found in Appendix 4.

Methodology

Secondary data were collected from a variety of local, county, and state sources. When available, data are presented in the context of Jefferson County and Colorado to help frame the scope of an issue as it relates to the broader community. The report includes benchmark comparison data that parallels LMC data findings to Healthy People 2030 objectives.

Identification of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

The following significant community needs were determined:

- 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

Lutheran Medical Center in partnership with Saint Anthony Hospital and Jefferson County Public Health collected data through a survey tool administered in the county as part of a broader county health department effort. The 2021 Public Health Partnership survey gathered the opinions of residents in Jefferson, Clear Creek and Gilpin Counties.

Survey respondents were asked to identify the importance of concerns from a list of options. The top issues that survey respondents felt local community organizations should focus on in the coming three years were:

1. Water quality
2. Mental health and substance use
3. Economic stability
4. Air quality
5. Access to healthcare

The second survey, conducted by the Colorado Health Institute, asked respondents to identify the most pressing health concerns from a list of options. This survey was administered as an online tool available in English and Spanish and utilized a community database of residents and stakeholder organizations. Survey respondents identified the following top three issues as:

1. Housing
2. Behavioral health
3. Chronic illnesses

With the feedback gathered from a variety of community voices, including residents, community stakeholders and elected officials, LMC hospital leaders and department representatives were asked to rank the health needs with the following considerations, the severity of the need, the ability for the hospital to make an impact and availability of other community based resources.

Their input resulted in the following prioritization of the significant needs:

1. Mental Health and substance use
2. Food insecurity
3. Housing

Next Steps

With its top-three community health priorities identified in the CHNA (Mental Health and substance use, Food insecurity, and Housing), LMC will begin developing a Community Health Improvement Plan (CHIP). The CHIP will be complete in 2022 and represents the next steps in the community assessment process. This includes continuing work with community stakeholders to develop implementation strategies to address the identified need areas. The plan will present a deep dive of prioritized health areas looking at specific populations, disparities and barriers to improved outcomes. It will also highlight other organizations that are currently addressing similar issues within the community.

Introduction

Background and Purpose

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

LMC includes Lutheran Hospital Center and Lutheran Spine Center at Denver West. It 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.

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 Community Health Needs Assessment identifies unmet health needs in the 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 the service area.

Service Area

Lutheran Medical Center is located at 8300 West 38th Avenue, Wheat Ridge, Colorado 80033. The service area includes 14 communities and 26 ZIP Codes. While LMC serves the Denver Metro area, for purposes of this CHNA, LMC's primary service area is Jefferson County.

Lutheran Medical Center Service Area

City	ZIP Code
Arvada	80002, 80003, 80004, 80005, 80007
Broomfield	80021
Buffalo Creek	80425
Conifer	80433
Denver	80215, 80221, 80227, 80228, 80232, 80235
Evergreen	80439
Golden	80401, 80403
Idledale	80453
Indian Hills	80454
Kittredge	80457
Littleton	80123, 80127, 80128
Morrison	80465
Pine	80470
Wheat Ridge	80033

See map of the service area with these zip codes on the following page.
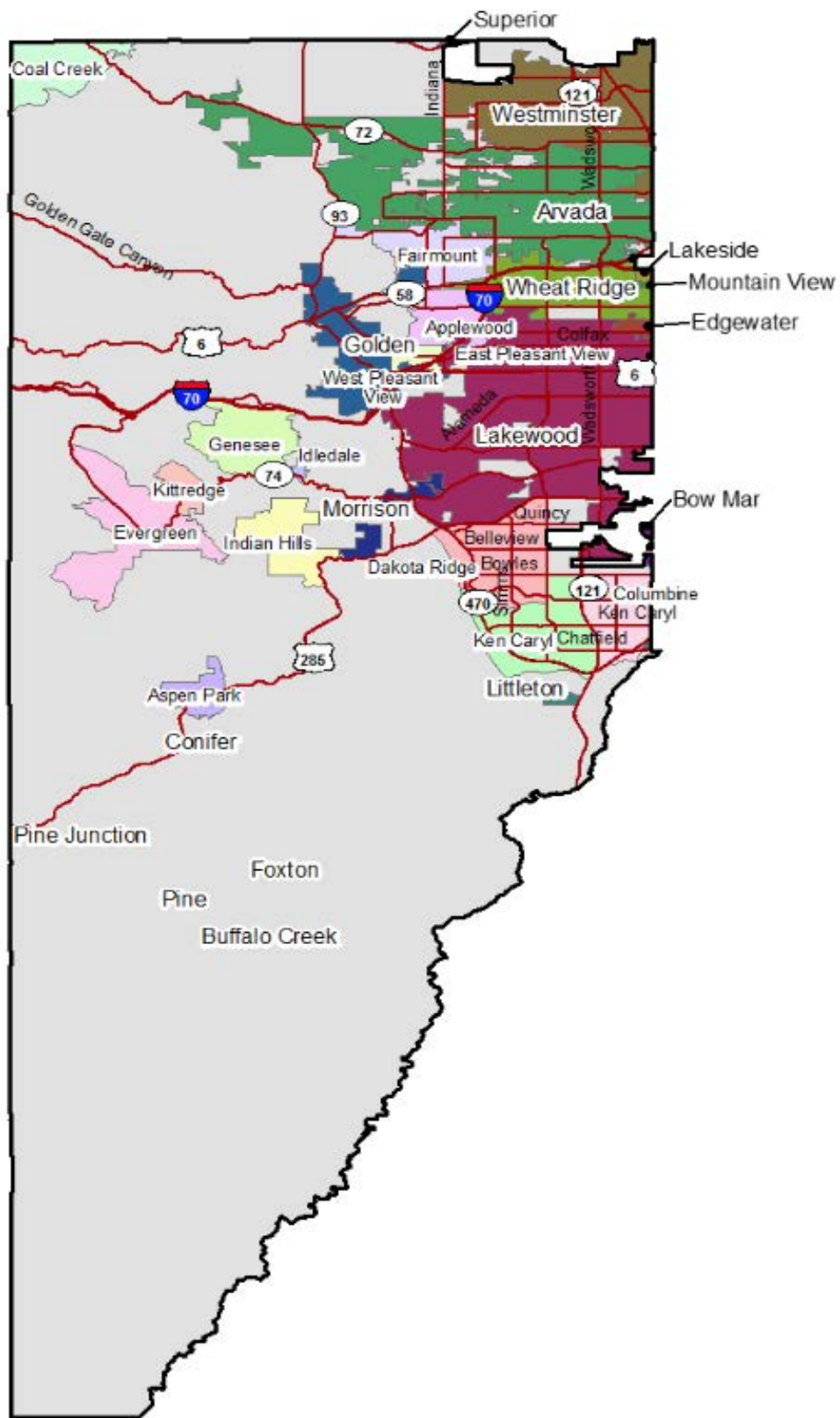
The Health Statistic Region (HSR) for Lutheran Medical Center is HSR 21 for Jefferson County.
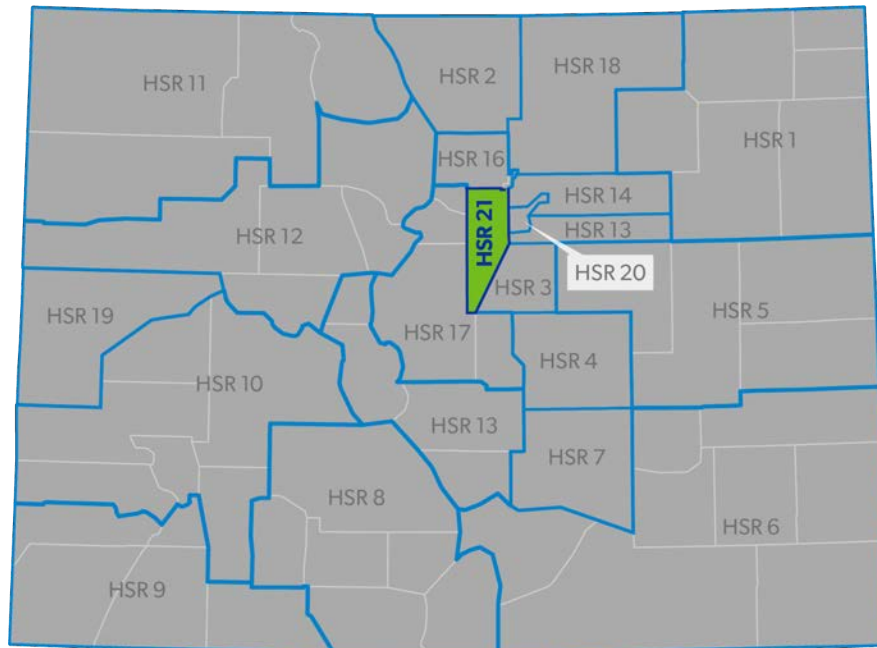
Project Oversight

The CHNA process was overseen by:

Chuck Ault
Regional Director, Community Health Improvement
SCL Health, Saint Joseph Hospital and Lutheran Medical Center

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

Consultants

The Colorado Health Institute (CHI) was founded in 2002 to fill a need for nonpartisan, independent data and evidenced-based analysis to support decision-makers. CHI Director Allie Morgan, MPA; Policy Analyst Chrissy Esposito, MPH; and Policy Analyst Lindsey Whittington, MPH collected the secondary data and completed the community survey for the CHNA. *www.coloradohealthinstitute.org*

Biel Consulting, Inc. completed the CHNA report. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Led by Dr. Melissa Biel, Biel Consulting, Inc. has more than 20 years of experience conducting hospital CHNAs and is an expert in the field of community benefit for nonprofit hospitals. Melissa Biel was assisted by Caden Cerveris, MPA. *www.bielconsulting.org*

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 LMC 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

Quantitative and qualitative data collection methods 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 Colorado 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 LMC 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

LMC undertook a community survey to gather information and opinions from community residents.

Community Survey

The 2021 Public Health Partnership Community Health and Wellbeing survey gathered the opinions of residents in Jefferson, Clear Creek and Gilpin Counties. Developing the questionnaire was a collaborative effort between Polco staff and stakeholders from Jefferson County Public Health (JCPH), with input from Mountain Youth Network, Clear Creek County Public and Environmental Health, Gilpin County Public Health, and other health stakeholders within Jefferson County.

This survey was implemented in May through July 2021. A total of 8,400 households were randomly selected to receive mailed invitations to complete an online survey and/or to complete and mail back a paper survey. Households were selected randomly from a USPS list of households in the three counties and stratified by major cities within the counties. USPS lists are best for ensuring all households in a given area are included in the sampling frame and therefore have an equal chance of being selected to participate. The surveys and mailed invitations were also translated into Spanish. The JCPH and partners were provided a separate URL to share an invitation to an "open participation" survey, where all residents who received notice through social media or other communication channels could complete the survey. A total of 486 completed the random sample survey (1 in Spanish) for a response rate of 7% and an overall margin of error of ±5%. Additionally, 503 completed the open participation survey (3 in Spanish). The results from these two efforts were

statistically compared and the two data sets were combined for analysis. The results of each effort were weighted to reflect the demographic profile of each of the sub-geographies within each county that were included in the study, and then weighted to reflect their proportion of the population in the county and the region overall. This allows for the most robust comparison at each level of interest The results of the community survey are reported in Appendix 1.

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. A list of community resources potentially available to address the significant health needs are presented in Appendix 2.

Public Comment

In compliance with IRS regulations for charitable hospitals, a hospital CHNA and Community health Improvement Plan (CHIP) Implementation Strategy 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/lutheran-medical-center/about/community-benefit/.

Public comment was solicited on the reports; 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 afflicted 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 September 14, 2021, to discuss significant changes in health indicators or challenges over the past three years since the last assessment process and to prioritize the significant needs. The meeting was convened virtually and 45 community stakeholders were in attendance. A list of the meeting participants and their organizational affiliations can be found in Appendix 3. The group received a presentation of current secondary health data offered by an epidemiologist from Jefferson County Public Health. Primary data were presented through sharing findings from the 2021 Jefferson County Community Health and Wellbeing Survey.

After completing review and discussion of these data sources, the group was asked to respond to three questions intended to understand if the current priorities are still relevant, what other issues should be considered, and the issues most likely to benefit from collective action on the part of the county's two hospitals and public health department. Priority needs emerged from the discussion.

Prioritized Needs

LMC and its community partner and CHNA participants identified the following three priority community health needs to be address in the hospital's Community Health Improvement Plan (CHIP) and its Implementation Strategies:
1. Mental Health and substance use
2. Food insecurity
3. Housing

Review of Progress from previous CHNA

In 2018, LMC conducted its last most recent CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The medical center's CHIP Implementation Strategy, associated with the 2018 CHNA, addressed:
- Mental health and substance use
- Food insecurity
- Housing

Impact was planned through a commitment of community benefit programs and resources. The impact of the actions that LMC used to address these significant health needs can be found in

Appendix 4. Below are three examples, one from each priority area, illustrating impact during the 2018-2021 CHNA period.

Mental Health and Substance Use Disorder: Suicide Followup

In partnership with Rocky Mountain Crisis Partners, the LMC Emergency Department offers a warm hand-off to any patient who screens at elevated suicide risk or a suicide attempt. Follow-up includes frequent check-in from a skilled mental health provider and connection to resources. Since 2019, the program has expanded to include referrals from West Pines Behavioral Health, which is located on the LMC campus in Wheat Ridge, and the LMC Emergency Department. Since inception, 208 individuals at risk of suicide have accepted referrals to receive 90 days of follow-up support through phone calls and other communication. Program tracking indicates that no participant who accepted referral to the program was readmitted at LMC following a suicide attempt.

Food Insecurity: Healthy U

Food insecurity was identified in the 2018 Community Health Needs Assessment as one of the top five challenges facing the Jefferson County community. At Lutheran Medical Center, many of the patients treated are impacted by food insecurity which jeopardizes their ability to recover from their illness and return to a healthy life. Access to sufficient and nutritious food impacts short term recovery as well as an individual's ability to manage chronic health conditions such as hypertension, diabetes, malnutrition, and obesity. When individuals struggle to access sufficient food, their ability to select healthier, often-times perceived as more expensive options, becomes challenging and falls to the wayside. Many food-insecure individuals who struggle with chronic health conditions find themselves caught between competing priorities such as procuring food versus managing other expenses such as rent, medications and other family needs.

LMC began offering a 12-week nutrition education program, *Healthy U*, for community members experiencing both food insecurity and a chronic health condition. Participants are connected to food resources and receive ongoing nutrition education and biometric screening to measure progress.

Program Goals
- Reduce or eliminate the participant's food insecurity by providing weekly food boxes and connecting them to food resources such as SNAP and area food banks.
- Provide lasting education about food nutrition, daily movement, and life skills such as how to budget, shop, prepare, and eat a healthful diet.
- Achieve improvement in measurable health outcomes.

The program was designed to address food insecurity, health status, and overall health knowledge. The key components include:
- Initial assessment and intake interview of eligible patients being discharged from LMC;
- Provision of cooking essentials and internet access, if necessary;

- Educational curriculum provided in a combination of self-guided online education and bi-weekly virtual classes;
- Regular health screening check-ins and goal setting; and
- Weekly food boxes filled with fresh fruit and vegetables, meat, dairy, and healthy grains.

Participants received additional incentives along the way to promote continued engagement in the program.

Housing: Eviction Mitigation

Working with The Action Center in Jefferson County, LMC financially supported eviction mitigation to families who narrowly missed the federal criteria for assistance. This assistance allowed 16 households to remain housed, impacting 55 individuals across the households.

The households that were helped were facing hardships for a variety of reasons: being injured on the job, being a victim of domestic violence being left with all financial responsibilities when the other adult was forced to leave the property, having a terminal medical diagnosis rendering the tenant unable to work and needing assistance while awaiting disability, the inspection of a property per Section 8 voucher requirements taking a long time and forcing family to pay for motel until they were cleared to move into the new place, and essential medical procedures and unpaid time off for recovery.

Additional supported households would not have qualified for funds from other sources because they: hold a section 8 voucher (funding available did not permit assistance to voucher holders), were not legally present (funding did not permit assistance to those not legally present), did not have deposit assistance (the cost of the deposit itself was prohibitive to obtaining housing, especially for voucher holders), and more.

The average support for these households was $1,937.53 and covered an average of 1.8 months of rent per household.

Community Profile

Population

From 2015 – 2019, the average population of the Lutheran Medical Center (LMC) service area was 595,832. Jefferson County's population was 574,798. Colorado's total population was 5,610,349.

TOTAL POPULATION

LMC SERVICE AREA

595,832

JEFFERSON COUNTY

574,798

COLORADO

5,610,349

Source: Colorado Health Access Survey, SCL Health CHNA Database 2019 | https://www.coloradohealthinstitute.org/research/CHAS

POPULATION, BY ZIP CODE

80007 — 13,783	80020 — 34,097
80403 — 20,499	80005 — 28,737
80033 — 25,755	80004 — 36,595
80228 — 34,111	80003 — 36,480
80401 — 42,665	80002 — 18,877
80453 — 104	80215 — 19,487
80457 — 192	80226 — 33,597
80454 — 1,306	80232 — 22,705
80439 — 24,959	80227 — 34,878
80465 — 16,192	80235 — 8,804
80470 — 3,531	80123 — 47,821
	80128 — 36,435
	80127 — 45,304
	80433 — 8,706
	80425 — 157

Map regions labeled: BROOMFIELD, ARVADA, WHEAT RIDGE, GOLDEN, IDLEDALE, DENVER, KITTREDGE, INDIAN HILLS, MORRISON, EVERGREEN, LITTLETON, CONNIFER, PINE, BUFFALO CREEK

POPULATION BY GENDER

MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
49.3%	50.7%	49.8%	50.2%	50.3%	49.7%

 = LMC Service Area   = Jefferson County   = Colorado

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci/

Youth, ages 0 – 19 make up 20% of the population in the service area. 63.5% of the population was 20 to 64 years old and 16.4% were 65 years and older. The service area had a lower percentage of youth, ages 0-19, and a higher percentage of adults, ages 45 and older, than in the state.

POPULATION, AGE

LMC Service Area
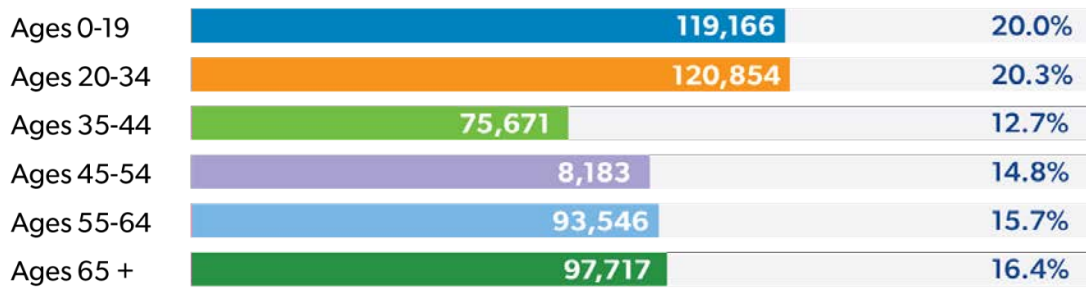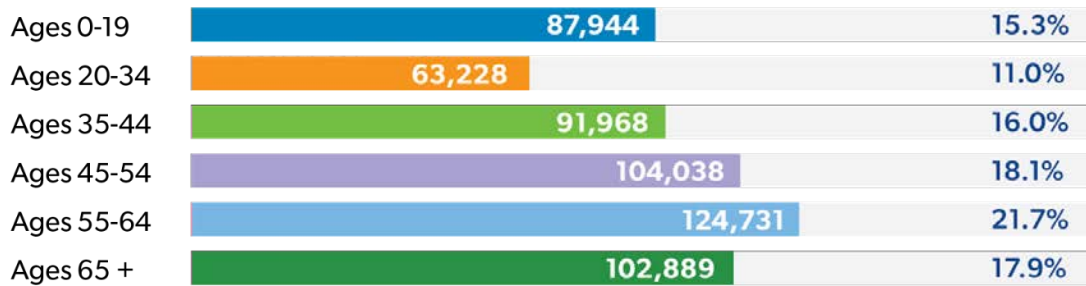
Age	Count	Percent
Ages 0-19	119,166	20.0%
Ages 20-34	120,854	20.3%
Ages 35-44	75,671	12.7%
Ages 45-54	8,183	14.8%
Ages 55-64	93,546	15.7%
Ages 65 +	97,717	16.4%

Jefferson County

Age	Count	Percent
Ages 0-19	87,944	15.3%
Ages 20-34	63,228	11.0%
Ages 35-44	91,968	16.0%
Ages 45-54	104,038	18.1%
Ages 55-64	124,731	21.7%
Ages 65 +	102,889	17.9%

Colorado

Age	Count	Percent
Ages 0-19	1,406,793	25.1%
Ages 20-34	1,249,477	22.3%
Ages 35-44	764,183	13.6%
Ages 45-54	713,520	12.7%
Ages 55-64	702,670	12.5%
Ages 65 +	773,706	13.8%

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci

In the service area, Littleton (80127) had the largest percentage of youth, ages 5-17, (23.7%) and Kittredge had the smallest percentage of youth (4.2%). Buffalo Creek had the highest percentage of seniors (26.8%) and Kittredge had the lowest percent of seniors in the service area (9.4%). The median age in Jefferson County was 40.3 years.

POPULATION, BY YOUTH, SENIORS AND MEDIAN AGE

Ages 5-17 **17.9%**
Ages 65+ **12.9%**
Median Age: **35.5**

Ages 5-17 **27.7%**
Ages 65+ **12.6%**
Median Age: **38.4**

Ages 5-17 **21.2%**
Ages 65+ **18.3%**
Median Age: **43.8**

Ages 5-17 **20.7%**
Ages 65+ **15.3%**
Median Age: **41.7**

Ages 5-17 **19.4%**
Ages 65+ **19.1%**
Median Age: **41.9**

Ages 5-17 **18.8%**
Ages 65+ **19.8%**
Median Age: **41.7**

Ages 5-17 **21.2%**
Ages 65+ **14.8%**
Median Age: **37**

Ages 5-17 **19.2%**
Ages 65+ **12.9%**
Median Age: **35.3**

Ages 5-17 **19.8%**
Ages 65+ **14.8%**
Median Age: **39.6**

Ages 5-17 **19.3%**
Ages 65+ **18.6%**
Median Age: **40.8**

Ages 5-17 **16.8%**
Ages 65+ **15.6%**
Median Age: **38.8**

Ages 5-17 **19.3%**
Ages 65+ **15.7%**
Median Age: **34.7**

Ages 5-17 **8.7%**
Ages 65+ **9.6%**
Median Age: **32.7**

Ages 5-17 **16.7%**
Ages 65+ **17.9%**
Median Age: **39.7**

Ages 5-17 **4.2%**
Ages 65+ **9.4%**
Median Age: **49.8**

Ages 5-17 **19.9%**
Ages 65+ **17.3%**
Median Age: **39.1**

Ages 5-17 **16.8%**
Ages 65+ **21.1%**
Median Age: **37.4**

Ages 5-17 **18.2%**
Ages 65+ **14.8%**
Median Age: **35.2**

Ages 5-17 **19.4%**
Ages 65+ **18.0%**
Median Age: **42.1**

Ages 5-17 **20.8%**
Ages 65+ **20.0%**
Median Age: **47.9**

Ages 5-17 **22.3%**
Ages 65+ **15.0%**
Median Age: **41**

Ages 5-17 **18.3%**
Ages 65+ **16.7%**
Median Age: **45.4**

Ages 5-17 **23.7%**
Ages 65+ **14.5%**
Median Age: **43.8**

Ages 5-17 **20.4%**
Ages 65+ **21.9%**
Median Age: **47.3**

Ages 5-17 **19.7%**
Ages 65+ **14.3%**
Median Age: **46.8**

Ages 5-17 **1.3%**
Ages 65+ **26.8%**
Median Age: **57.7**

Map labels: BROOMFIELD 80020, 80403, 80007, 80005, ARVADA, 80003, 80004, 80002, WHEAT RIDGE 80033, GOLDEN, 80215, 80401, 80226, 80228, 80232, IDLEDALE 80453, DENVER, 80227, KITTREDGE 80457, MORRISON, 80235, INDIAN HILLS, 80454, 80465, 80123, EVERGREEN 80439, 80128, LITTLETON, 80127, CONNIFER 80433, 80470, PINE, BUFFALO CREEK 80425

	Ages 5-17	**20%**		Ages 5-17	**22.5%**
Jefferson County	Ages 65+	**16.0%**	**Colorado**	Ages 65+	**13.8%**
	Median Age:	**40.3**		Median Age:	**36.7**

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci

Race and Ethnicity

In the service area, 80.2% of the population is White, 12.9% are Hispanic/Latinx, 3.0% are Asian, and 1.1% are Black/African American. The LMC service area had more White and Asian residents than Jefferson County.

RACE/ETHNICITY

	LMC Service Area	Jefferson County	Colorado
White	80.2%	78.1%	68.1%
Hispanic/Latinex	12.9%	15.4%	21.5%
Black/African American	1.1%	1.1%	3.9%
Other or Multiple Races	2.2%	2.2%	2.7%
Asian	3.0%	2.8%	3.1%
American Indian/Alaskan Native	0.5%	0.4%	0.5%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.1%

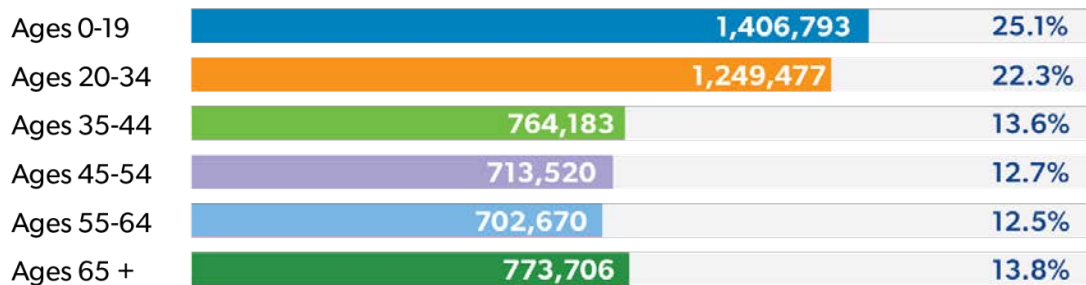= LMC Service Area   = Jefferson County   = Colorado

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci
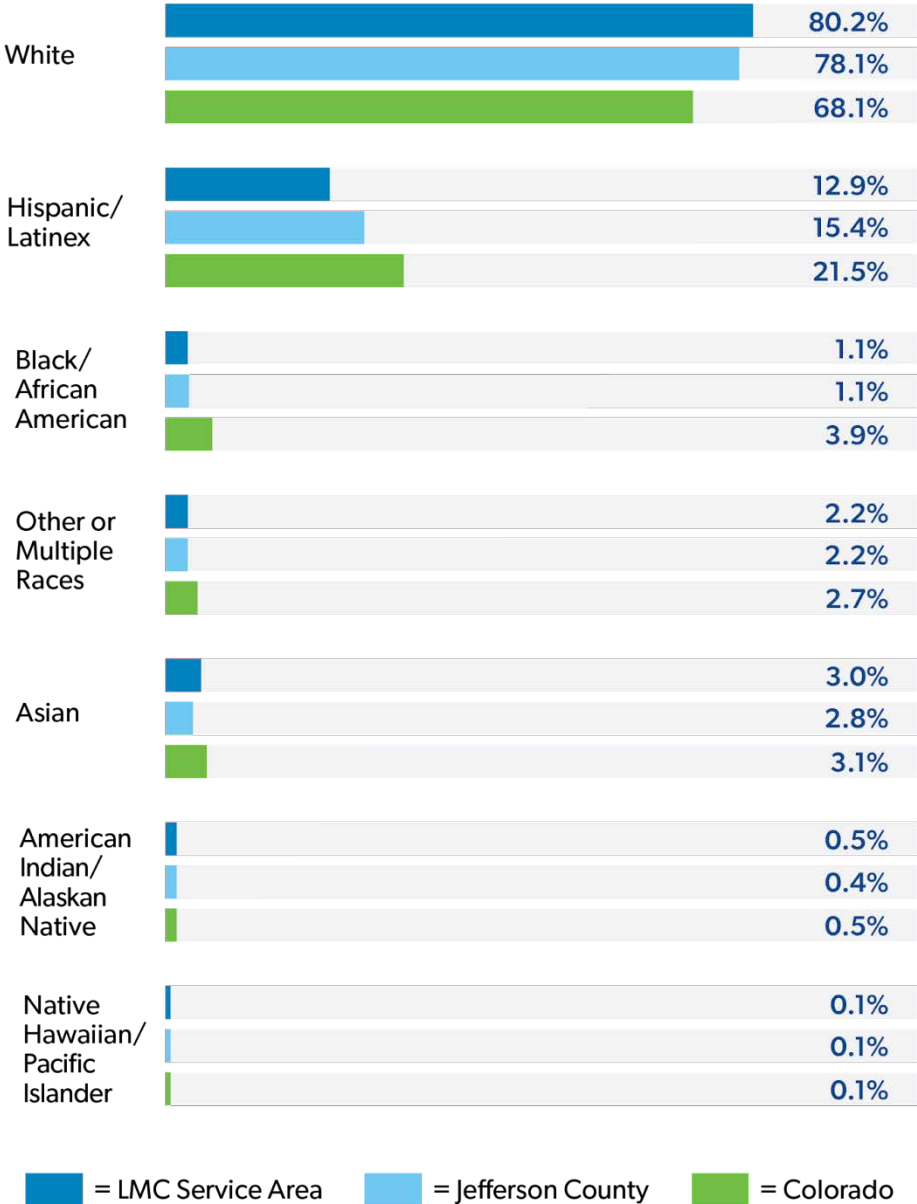
In the service area, Buffalo Creek has the largest percentage of White residents (98.7%). Denver 80226 has the highest percentage of Hispanic or Latinx residents (31.6%). Idledale 80453 has the highest percentage of Asians (17.3%) and Denver 80235 has the highest percentage of Black/African Americans (5.8%) in the service area.

Race/Ethnicity by Place

City	ZIP Code	White	Hispanic/ Latinx	Asian	Black/African American
Arvada	80002	70.4%	26.4%	1.2%	0.4%
Arvada	80003	67.1%	24.3%	3.7%	2.2%
Arvada	80004	81.9%	12.6%	0.9%	1.4%
Arvada	80005	87.4%	8.3%	1.9%	1.0%
Arvada	80007	83.4%	10.5%	3.8%	0.0%
Broomfield	80021	78.1%	11.6%	6.0%	0.8%
Buffalo Creek	80425	98.7%	0.0%	0.0%	1.3%
Conifer	80433	89.9%	5.7%	0.8%	0.0%
Denver	80215	76.5%	15.1%	3.7%	1.0%
Denver	80226	61.4%	31.6%	3.6%	1.4%
Denver	80227	65.2%	24.2%	5.5%	2.8%
Denver	80228	79.3%	12.9%	3.4%	0.7%
Denver	80232	64.4%	26.8%	4.9%	0.7%
Denver	80235	64.1%	24.9%	3.1%	5.8%
Evergreen	80439	91.6%	4.8%	1.4%	0.3%
Golden	80401	83.7%	9.7%	2.6%	1.3%
Golden	80403	90.9%	5.1%	1.6%	0.5%
Idledale	80453	73.1%	0.0%	17.3%	0.0%
Indian Hills	80454	87.3%	4.4%	0.0%	2.9%
Kittredge	80457	93.8%	6.3%	0.0%	0.0%
Littleton	80123	76.9%	14.9%	4.8%	0.7%
Littleton	80127	86.4%	8.3%	2.1%	0.8%
Littleton	80128	84.0%	10.7%	2.3%	0.6%
Morrison	80465	83.4%	12.4%	0.7%	1.2%
Pine	80470	93.2%	2.5%	1.9%	0.0%
What Ridge	80033	72.8%	22.2%	1.2%	0.9%
Jefferson County		78.1%	15.4%	2.8%	1.1%
Colorado		68.1%	21.5%	3.1%	3.9%

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci/

Language

Over three-quarters of the service area population, ages 5 years and older, speak only English in the home (90.2%). Just under 10% speak a language other than English at home, and 5.2% of the population speaks Spanish in the home, both lower than the Colorado statewide average.

Language Spoken at Home, Population 5 Years and Older

	LMC Service Area	Jefferson County	Colorado
Speaks language other than English at home	9.8%	10.6%	16.9%
Speaks Spanish at home	5.2%	6.3%	11.7%

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci/

Social Determinants of Health

Social determinants of health (SDoH) are defined by Healthy People 2030 as "conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] SDoHs typically include five broad focus areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment.

Increasingly, SDoH areas are being prioritized within CHNAs as health systems acknowledge the drivers of poor health outcomes and the many influences that are outside of the clinical setting. For example, a patient's zip code is a better predictor of health than genetics. As a result, hospitals are joining local public health departments in addressing these root causes to improve patient care and overall health outcomes. Addressing the upstream sources of a patient's condition is key to improving overall population health, and over the past two cycles of conducting the CHNA, LMC has prioritized SDoH areas in food access, access to care, and housing.

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[1] https://www.cdc.gov/socialdeterminants/faqs/index.htm

SOCIAL DETERMINANTS OF HEALTH (SDOH)

SDOH

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

— *Healthy People 2030 (image and content)*

Social Determinants of Health

Education Access and Quality · Health Care Access and Quality · Neighborhood and Built Environment · Social and Community Context · Economic Stability

Vaccine Event Spot Survey

In March 2021, we surveyed 1,389 of the 5,000 attendees at an SCL Health community vaccination event to gain an understanding of urgent needs. Our findings showed that Social Isolation was a pressing concern for those surveyed. Respondents also reported a need for accessible health services, housing & transportation, and availability of providers.

14%	9%	8%	7%	7%
Social Isolation	Accessing Affordable Health Care	Health Benefits	Resources Awareness	Access to Vaccines

Most Impactful Health Influencers

Housing	18% of respondents
Transportation	19% of respondents

Food and Housing — *Colorado Health Foundation Food Insecurity Executive Report*

Food Security has the following social benefits:

- Positively impacts long-term self-sufficiency (employment options/$$)
- Reduces poverty
- Increased high school graduation by 18%
- Poor nutrition is a leading contributor to diseases that disproportionately affect minorities and low-income populations

People Who Experienced Social or Financial Challenges Reported Worse Health

Percentage reporting fair or poor general health, 2021

Housing unstable: **45.1%**	Housing stable: **10.1%**
Food insecure: **40.2%**	Food secure: **9.7%**
Lacked child care:* **12.3%**	Had child care:* **6.5%**
Uninsured: **22.8%**	Insured: **11.9%**
Unemployed: **23.3%**	Employed: **10.8%**

"There have been three main requests: food security, economic stability, and mental/behavioral health resources."

- Eric Moore, Director of Advocacy, The Center for African American Health, Colorado Health Access Survey pg.16

Transportation

"How does transportation affect health and opportunity? Better transportation options mean better access to opportunity. When transit options are built with accessibility and affordability in mind, the benefits ripple far and wide through increased jobs, stimulating the economy, and connecting communities to schools, business and services."
– *CDPHE Health Equity Guide (image and content)*

Social Effects of Reliable Transportation

- Access to Better Jobs
- Access to Schools for Kids
- Access to a Larger Variety of Foods
- Access to Services (i.e. Doctor, Childcare, Etc.)

SCL Health Highlighted Partners

the ACT!ON CENTER

Benefits in Action

Jefferson County Homeless Navigators

To learn more consider these additional data supports:

Colorado Health Access Survey 2021
www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021

CDPHE Health Equity Guide 2018
drive.google.com/file/d/1IyomHCix8Q3yHQBDf3Ecm3MPWQVXxqzy/view

Colorado Health Foundation Food Insecurity Executive Report
coloradohealth.org/sites/default/files/documents/2017-06/Food_Insecurity_FINAL.pdf

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion
health.gov/healthypeople/objectives-and-data/social-determinants-health

American Community Survey
www.census.gov/programs-surveys/acs

Poverty

Poverty thresholds are used for calculating official poverty population statistics and are updated each year by the Census Bureau. For 2019, the federal poverty threshold for one person was $12,490, and for a family of four, $25,750. In the service area, 6.1% of the population was living at or below 100% of the Federal Poverty Level (FPL), and 17.3% were considered low-income (living at or below 200% FPL). These poverty rates were lower than the county and state rates of poverty.

Ratio of Income to Poverty Level, Total Population

	Below 100% Poverty	Below 200% Poverty
LMC Service Area	6.1%	17.3%
Jefferson County	7.1%	18.4%
Colorado	10.3%	25.4%

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci/

Unemployment

Within the service area, Idledale (10.5%) and Buffalo Creek (7.9%) had the highest unemployment rates and Kittredge had the lowest unemployment rate (0.0%). Colorado had an unemployment rate of 4.3%.

Unemployment Rate of Civilian Labor Force

	ZIP Code	Total Population	Unemployment Rate
Arvada	80002	18,877	3.7%
Arvada	80003	36,480	4.0%
Arvada	80004	36,595	4.6%
Arvada	80005	28,737	3.4%
Arvada	80007	13,783	1.9%
Broomfield	80021	34,097	3.1%
Buffalo Creek	80425	157	7.9%
Conifer	80433	8,706	4.7%
Denver	80215	19,487	4.1%
Denver	80226	33,597	2.6%
Denver	80227	34,878	1.6%
Denver	80228	34,111	4.3%
Denver	80232	22,705	3.2%
Denver	80235	8,804	1.2%

Evergreen	80439	24,959	3.2%
Golden	80401	42,665	4.4%
Golden	80403	20,499	3.5%
Idledale	80453	104	10.5%
Indian Hills	80454	1,361	1.7%
Kittredge	80457	192	0.0%
Littleton	80123	47,821	3.0%
Littleton	80127	45,304	4.1%
Littleton	80128	36,435	2.8%
Morrison	80465	16,192	3.6%
Pine	80470	3,531	3.3%
Wheat Ridge	80033	25,755	4.1%
Jefferson County		**574,798**	**3.6%**
Colorado		**5,610,349**	**4.3%**

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci/

Free and Reduced-Price Meals

The number of students eligible for the Free and Reduced-Price Meal (FRPM) program is one indicator of the socioeconomic status of a school district's student population. The percent of students in Jefferson County eligible for the FRPM program was 31.9%. In Colorado, 41.7% of students were eligible for the FRPM program.

**Eligibility for Free and Reduced-Price Meals (FRPM) Program**

	Percent Eligible Students
Jefferson County	31.9%
Colorado	41.7%

Source: National Center for Education Statistics, SCL Health CHNA Database 2017-2018. https://nces.ed.gov/

Educational Attainment

Among the service area's population ages 25 and older, 4.4% had not attained a high school diploma. About 96% of adults were high school graduates, while 22% of the population in the service area had some college with no degree, and 45% had a bachelor's degree or higher.

EDUCATIONAL ATTAINMENT

Source: American Community Survey, SCL Health CHNA Database 2015-2019. https://data.census.gov/cedsci
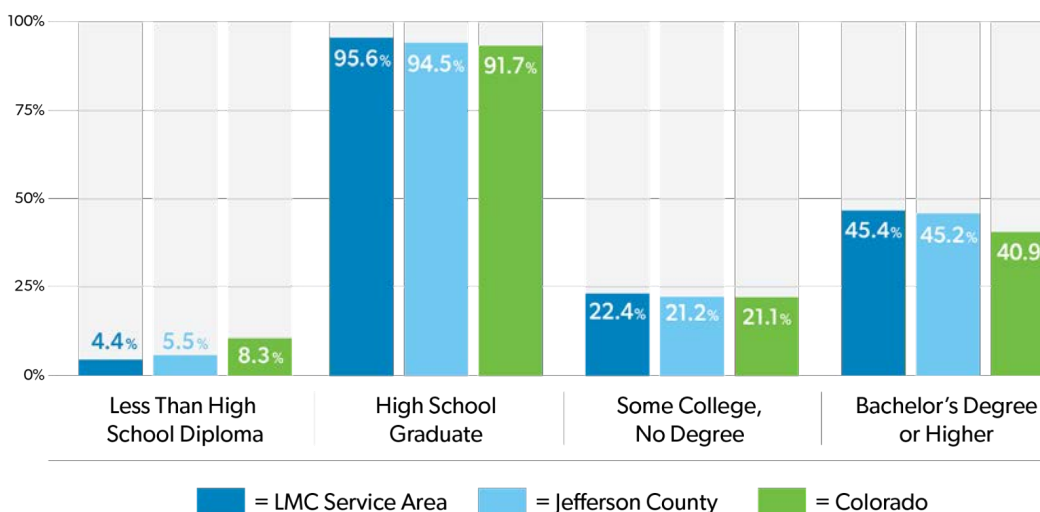
Homelessness

A Homeless Point in Time (PIT) Count is a federally mandated count of persons experiencing homelessness at any given night in a community. In the Metro Denver area, only a sheltered homeless count was conducted in 2021 due to the ongoing COVID-19 pandemic. The total number of sheltered homeless at the PIT Count in 2021 was 376 in Jefferson County. Among the sheltered homeless persons, 16.4% were chronically homeless and 57.1% had a disabling condition.

Sheltered Homeless Populations, Jefferson County, 2021

	Jefferson County
Sheltered homeless at PIT Count	376
Sheltered in emergency shelter	45.1%
Sheltered in transitional housing	54.9%
Chronically homeless	16.4%
Homeless persons with disabling condition	57.1%

Source: Metro Denver Homeless Initiative, 2021 Sheltered Point in Time Count. https://www.mdhi.org/pit

Access to Health Care

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.

ACCESS TO HEALTH CARE

2021 UNINSURED RATES BY REGION

Health Statistics Region	Percentage
1. Northeast	4.8%
2. Larimer County	8.0%
3. Douglas County	3.0%
4. El Paso County	5.2%
5. Central Eastern Plains	5.0%
6. Southeast	7.8%
7. Pueblo County	4.9%
8. San Luis Valley	6.4%
9. Southwest	8.1%
10. Gunnison and Dolores Valleys	7.2%
11. Northwest	7.6%

Health Statistics Region	Percentage
12. I-70 Mountain Corridor	10.2%
13. Upper Arkansas Valley	13.2%
14. Adams County	9.7%
15. Arapahoe County	8.0%
16. Boulder-Broomfield	4.6%
17. Clear Creek, Gilpin, Park, and Teller Counties	7.9%
18. Weld County	5.2%
19. Mesa County	9.8%
20. Denver County	7.5%
21. Jefferson County	3.3%
Colorado	6.6%

Data from Colorado Health Access Survey 2021 p. 10

2019 vs 2021 Data

6.5% 2019 vs. **6.6%** 2021

Colorado Uninsured Rate Remained Low Despite the Economic Downturn

CHAS Survey 2021

BARRIERS TO CARE

- Out-of-pocket costs
- Insurance not accepted by Provider (e.g. Medicaid)
- Limited care options for Behavioral Health Care
- Prescription costs
- Unable to take time off from work
- Poverty

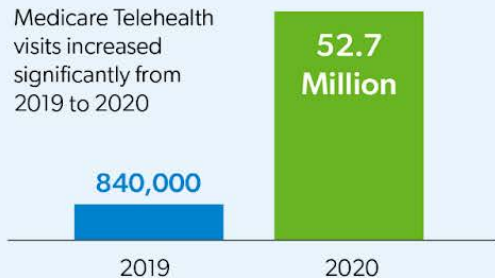### SCL HEALTH

Across our system, addressing **Access to Health Care is a continual strategic priority** for community health improvement. Our approaches emphasize whole person care and attention to address root causes.

- Graduate **Medical Education Training**
- Expanding **Clinical** and **Allied Health Professions Education**
- **Charity Care** and **Government Programs**
- **Subsidized Health Services**
- Access to **Telehealth services**
- **Prevention programs** (e.g. Mammograms, Diabetes Self-Management, Falls Prevention)

MEDICARE TELEHEALTH

Medicare Telehealth visits increased significantly from 2019 to 2020

- 840,000 (2019)
- 52.7 Million (2020)

Behavioral Health Providers experienced highest use, followed by primary care and other specialists.

National study results of the U.S. Dept. of HHS

TO LEARN MORE CONSIDER THESE ADDITIONAL DATA SUPPORTS

Colorado Health Access Survey 2021
https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021

Colorado Data and Statistics
https://cdphe.colorado.gov/colorado-data-and-statistics

U.S. Department of Health & Human Services
https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020

Behavioral Risk Factor Surveillance System 2016-2018
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

SCL Health
www.sclhealth.org/about/community-benefit

Health Insurance

Health insurance coverage is considered a key component to access health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. In the service area, 95.4% of the population was insured. Health insurance coverage ranged from 88.3% in Arvada 80002 to 100% in Buffalo Creek, Idledale, Indian Hills, and Kittredge.

Health Insurance Coverage, Civilian Non-Institutionalization Population

City	ZIP Code	Percent
Arvada	80002	88.3%
Arvada	80003	93%
Arvada	80004	94.3%
Arvada	80005	96.1%
Arvada	80007	98%
Broomfield	80021	94.5%
Buffalo Creek	80425	100%
Conifer	80433	93.1%
Denver	80215	93.9%
Denver	80226	89.3%
Denver	80227	93.5%
Denver	80228	95.4%
Denver	80232	92.3%
Denver	80235	92.3%
Evergreen	80439	96.1%
Golden	80401	95%
Golden	80403	98.2%
Idledale	80453	100%
Indian Hills	80454	100%
Kittredge	80457	100%
Littleton	80123	96.5%
Littleton	80127	97.2%
Littleton	80128	96.7%
Morrison	80465	95.1%
Pine	80470	96.4%

Wheat Ridge	80033	94.2%
LMC Service Area		**95.4%**
Jefferson County		**97.4%**
Colorado		**93.5%**

Source: Colorado Health Access Survey (HSR)/American Community Survey, SCL Health CHNA Database 2015-2019. Colorado Health Access Survey: https://www.coloradohealthinstitute.org/research/CHAS

American Community Survey: https://data.census.gov/cedsci/

Further illustrating access to care issues, 12.8% of Colorado residents did not get needed care due to cost and 9% of adults in Jefferson County had an unmet medical need and were not able to afford care.

INDIVIDUALS WHO DID NOT GET DOCTOR CARE
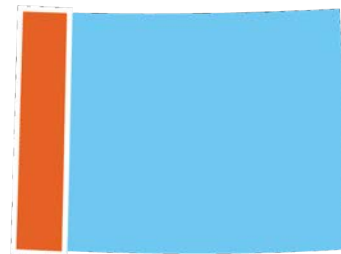that was needed, due to cost – last 12 months

JEFFERSON COUNTY
9.0%

COLORADO
12.8%

Source: Colorado Health Access Survey, SCL Health CHNA Database 2019 | https://www.coloradohealthinstitute.org/research/CHAS

The primary care physician ratio represents the number of licensed physicians per 1,000 persons. The number of primary care physicians per 1,000 persons in Jefferson County was 1.6. There were 3.1 licensed physicians per 1,000 persons in Colorado.

PRIMARY CARE PHYSICIANS RATE
per 1,000 persons

JEFFERSON COUNTY

1.6

COLORADO

3.1

Source: Colorado Department of Regulatory Agencies, SCL Health CHNA Database 2020
https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx

Emergency Department Utilization

In Jefferson County, 18.8% of residents visited an ED in the past 12 months. Just under 21% of Colorado residents visited an emergency room in the past 12 months.

Emergency Department Utilization

	Jefferson County	Colorado
Received care at an emergency room in the last 12 months	18.8%	20.8%

Source: Colorado Health Access Survey, SCL Health CHNA Database 2019. https://www.coloradohealthinstitute.org/research/CHAS

Dental Care

Seventy-seven percent of adults in Jefferson County visited a dentist within the past 12 months, but of these, 16.9% of adults did not get the dental care they needed because of cost. Nearly 74% of Colorado residents had a dental visit last year, and 20.6% needed dental care but did not get it due to cost.

Access to Dental Care

	Jefferson County	Colorado
Adult dental visit in last year	77.2%	73.6%
People who needed but did not get dental care due to cost	16.9%	20.6%

Source: Colorado Health Access Survey, SCL Health CHNA Database 2019. https://www.coloradohealthinstitute.org/research/CHAS

Birth Indicators

Fertility Rate

In 2019, the fertility rate among women, ages 15 to 44, in Jefferson County was 51.5 per 1,000 women. The fertility rate in Colorado was 53.7 per 1,000 women.

Fertility Rate, per 1,000 Women Ages 15 to 44

	Rate
Jefferson County	51.5
Colorado	53.7

Source: Colorado Department of Public Health and Environment, Vital Statistics Birth Records, SCL Health CHNA Database 2018. https://cdphe.colorado.gov/vitalrecords

Prenatal Care

Adequate prenatal care can prevent health risks in women and prevent health problems for the mother and child. Almost 95% of women in Jefferson County received care in the first trimester (5.3% did not), compared to 89.9% of pregnant women in Colorado who received prenatal care.

Received Prenatal Care in 1st Trimester of Pregnancy

	Percent
Jefferson County	94.7%
Colorado	89.9%

Source: Pregnancy Risk Assessment Monitoring System, SCL Health CHNA Database 2017-2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability, and possibly death. For this measurement, a lower rate is a better indicator. In Jefferson County, 8.8% of births were low birth weight among single baby births compared with 9.4% of births in Colorado that were considered low birth weight.

Low Birth Weight Single Births as a Percentage of All Single Births

	Percent
Jefferson County	8.8%
Colorado	9.4%

Source: Colorado Department of Public Health and Environment, Vital Statistics Birth Records, SCL Health CHNA Database 2018.
https://cdphe.colorado.gov/vitalrecords

Infant Mortality

The infant mortality rate is the number of deaths of infants (less than one year old) per 1,000 live births. The Healthy People 2030 objective is an infant mortality rate goal of fewer than 5.0 per 1,000 live births. The infant mortality rate in Jefferson County was 3.6 per 1,000 live births, which was lower than the Healthy People 2030 objective.

Infant Mortality Rate, per 1,000 Live Births

	Rate
Jefferson County	3.6
Colorado	4.6

Source: National Center for Health Statistics – Mortality Files, SCL Health CHNA Database 2012-2018.
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Breastfeeding

Breastfeeding provides considerable benefits to baby and mother. The Colorado Department of Public Health and Environment recommends babies are fed only breast milk for the first six months of life. Nearly 95% of infants born in Jefferson County were breastfed.

Infants Who Were Ever Breastfed

	Percent
Jefferson County	94.8%

Source: Pregnancy Risk Assessment Monitoring System, SCL Health CHNA Database 2017-2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Postpartum Depression

Postpartum depression is defined as depression that occurs after childbirth and can include symptoms such as loss of appetite, intense irritability, and difficulty bonding with the baby. In Jefferson County, 13.3% of women experienced postpartum depression.

Postpartum Depression

	Percent
Jefferson County	13.3%

Source: Pregnancy Risk Assessment Monitoring System, SCL Health CHNA Database 2017-2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Mortality/Leading Causes of Death

Age-Adjusted Death Rate

The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health rates. When adjusted for age, the death rate for Jefferson County was 649.5 per 100,000 persons.

A premature death rate is a death rate for a person under the age of 75. The premature death rate in Jefferson County was 257.4 per 100,000 persons. Both the premature age-adjusted rate and regular age-adjusted death rates fro Colorado were higher than Jefferson County.

Age-Adjusted Death Rate and Premature Age-Adjusted Death Rate Under Age 75, per 100,000 Persons

	Premature Age-Adjusted Rate	Age-Adjusted Death Rate
Jefferson County	257.4	649.5
Colorado	282.0	667.0

Sources: National Center for Health Statistics – Mortality Files, SCL Health CHNA Database 2016-2018.
https://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm

Colorado Department of Public Health and Statistics Death Records, SCL Health CHNA Database 2018.
https://cdphe.colorado.gov/vitalrecords

Jefferson County has higher rates of death for heart disease and accidental falls than Colorado.

Leading Causes of Death, Age-Adjusted Rates for, per 100,000 Persons

	Cancer (All Types)	Diabetes	Heart Attack	Heart Disease	Accidental Falls
Jefferson County	117.2	12.0	8.1	127.2	22.8
Colorado	125.1	17.8	15.2	124.7	16.2

Sources: National Center for Health Statistics – Mortality Files, SCL Health CHNA Database 2016-2018.
https://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm

Colorado Department of Public Health and Statistics Death Records, SCL Health CHNA Database 2018.
https://cdphe.colorado.gov/vitalrecords

Health Behaviors

Fair or Poor Health

When asked to self-report on health status within the past month, 9.1% of adults in Jefferson County and Colorado reported poor physical health for 14 or more days within the last month.

Poor Physical Health for 14 or More Days in the Last Month, Adults, Ages 18 and Older

	Percent
Jefferson County	9.1%
Colorado	9.1%

Source: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://www.coloradohealthinstitute.org/

Falls

Falls are a leading cause of injury among older adults. The Emergency Department injury rate due to falls was 394.7 per 100,000 persons in Jefferson County. In Colorado, the rate was slightly lower at 384.9 per 100,000 persons.

Emergency Department Injury Rate Due to Falls, Age-Adjusted, per 100,000 Persons

	Percent
Jefferson County	394.7
Colorado	384.9

Source: Colorado Health Information Dataset, SCL Health CHNA Database 2020.
https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/InjuryIndicatorsDashboard/LandingPage?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Overweight and Obesity

Jefferson County adults are slightly less overweight or obese compared with the Colorado statewide average: 21.6% of Jefferson County adults are obese and 57.5% of Jefferson County are overweight or obese.

Obesity and Overweight, Ages 18 and Older

	Jefferson County	Colorado
Adult obesity	21.6%	22.6%
Adult overweight or obese	57.5%	58.5%

Source: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Food Environment Index Score

A food environment index is an index of factors that contribute to a healthy food environment. An index score of 10 is the best ranking for a healthy food environment. Jefferson County had a food environment index score of 8.6. Colorado had a food environment index score of 8.4. About 5.5% of Colorado residents who are low-income reported not living close to a grocery store and 4.0% of low-income adults reported not living near a grocery store in Jefferson County.

Food Environment Index Score

	Rate	Forgone Eating: Cost Burden	Forgone Eating: Low Income/Access
Jefferson County	8.6	6.3%	4.0%
Colorado	8.4	9.6%	5.5%

Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, SCL Health CHNA Database 2015 & 2017.
https://www.ers.usda.gov/data-products/food-environment-atlas/

Physical Activity

Nearly all Jefferson County residents (99.2%) had excellent access to locations for physical activity. About 14% of adults in Jefferson County were sedentary and did not participate in any leisure time physical activity in the past 30 days. Just over 90% of Colorado residents had access to locations for physical activity, and 16.1% of Colorado residents reported no leisure time physical activity.

Physical Activity

	Jefferson County	Colorado
Access to locations for physical activity	99.2%	90.5%
Adult physical inactivity	14.0%	16.1%

Sources: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Business Analyst/ Delorme map data, ESRI, & US Census Tigerline Files, 2010 & 2019,
https://www.countyhealthrankings.org/reports/state-reports/2020-colorado-report

Chronic and Communicable Diseases

Chronic Disease

Chronic diseases last more than three months, cannot be prevented by vaccines or cured by medication, and they do not disappear. High blood pressure is a precursor to other chronic diseases, including heart disease and stroke. Nearly 24.6% of Jefferson County residents have high blood pressure, compared to 25.8% of Colorado residents, ages 18 and older, who have been diagnosed with elevated blood pressure.

Elevated Blood Pressure

	Jefferson County	Colorado
Elevated blood pressure	24.6%	25.8%

Source: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2015-2017.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Among adults in Jefferson County, 6.3% have been diagnosed with diabetes. Only 3.2% of Jefferson County adults have been diagnosed with a heart attack, while 9.7% of adults in Jefferson County had been diagnosed with asthma. Rates of arthritis among adults were 24.2% in Jefferson County.

Jefferson County, like Colorado overall, has higher rates of arthritis and high blood pressure than other chronic conditions.

Chronic Diseases, Ages 18 and Older

	Jefferson County	Colorado
Arthritis	24.2%	22.8%
Adult asthma	9.7%	8.9%
Adult diabetes	6.3%	6.8%
Heart attack	3.2%	3.3%
High blood pressure	24.6%	25.8%
Stroke	2.3%	2.2%

Source: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs
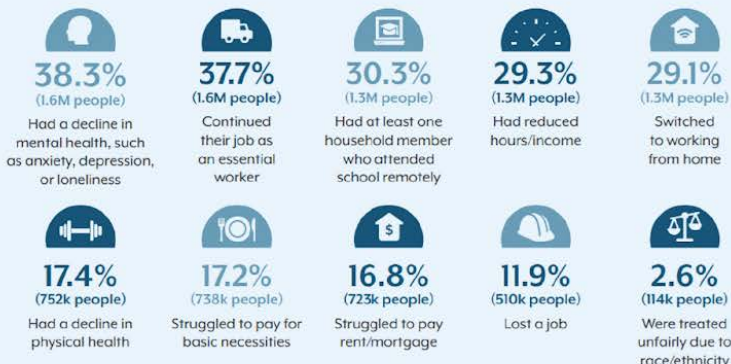
COVID-19 Indicators

COVID-19 IMPACTS

Impacts of COVID-19 Went Beyond Infection

**Experiences as a result of COVID-19, Coloradans ages 16+, 2021**

"The pandemic's impact extended well beyond infection rates, touching on employment, finances, mental well-being, and more."

— Colorado Health Access Survey, page 6

38.3% (1.6M people) Had a decline in mental health, such as anxiety, depression, or loneliness

37.7% (1.6M people) Continued their job as an essential worker

30.3% (1.3M people) Had at least one household member who attended school remotely

29.3% (1.3M people) Had reduced hours/income

29.1% (1.3M people) Switched to working from home

17.4% (752k people) Had a decline in physical health

17.2% (738k people) Struggled to pay for basic necessities

16.8% (723k people) Struggled to pay rent/mortgage

11.9% (510k people) Lost a job

2.6% (114k people) Were treated unfairly due to race/ethnicity

CHORDS Data Show the Disparate Impact of the Pandemic on Front Range Neighborhoods (Colorado Health Institute)

- In the hardest-hit metro neighborhoods, the rate of COVID diagnoses was **10 times greater** than in the ones that fared best.
- A drive of just 10 minutes separates some of the neighborhoods with the highest concentrations of COVID diagnoses from areas that largely escaped the virus.
- The highest diagnosis levels were found in neighborhoods where residents had **lower education levels and with higher concentrations of non-English speakers and people of color**. In these areas, various systemic factors contribute to the disparities, including crowded housing, inability to telecommute, and less access to health care.
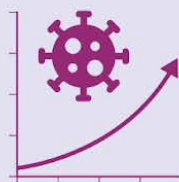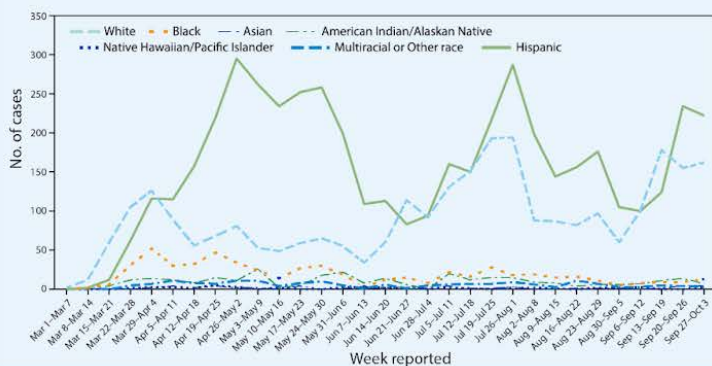
CDC Report

In Denver, Colorado, the **majority of adult COVID-19 cases** (55%), **hospitalizations** (62%), and **deaths** (51%) **were among Hispanic adults, double the proportion of Hispanic adults in Denver** (24.9%).

Among adults with COVID-19, Hispanic persons reported larger household sizes and more known COVID-19 household exposure, working in essential industries, working while ill, and delays in testing after symptom onset.

ADULT COVID-19 CASES

By race/ethnicity and reported week — Denver, Colorado, March 01–October 03, 2020*

Legend: White, Black, Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial or Other race, Hispanic

Y-axis: No. of cases — X-axis: Week reported

COVID-19 Vaccine Event Spot Survey

In March 2021, we surveyed 1,389 of the 3,000 attendees at a community vaccination event. In addition to asking attendees about urgent SDoH needs, we asked about other secondary health concerns related to COVID-19. Results were: 44% Social Isolation, 25% Testing Availability, 28% Access to Vaccines

44% Social Isolation
25% Testing Availability
28% Access to Vaccines

To Learn More Consider These Additional Data Supports

- **CHORDS Data** Show the Disparate Impact of the Pandemic on Front Range Neighborhoods (Colorado Health Institute)
- CDC weekly report **Spotlight Colorado March 2020**
- **Colorado Health Access Survey 2021**: Navigating Uncharted Waters
- https://coloradohealth.org/reports/coloradans-concerns-needs-and-experiences-during-coronavirus-outbreak

As of July 19, 2021, there were 49,393 confirmed cases and 810 deaths from COVID-19 in Jefferson County. As of this date, Jefferson County has fully vaccinated 68.4% of the population and partially vaccinated 72.8% of the population. There have been 566,670 confirmed cases and 6,886 confirmed deaths of COVID-19 in Colorado overall as of July 19, 2021, and 61.4% of Colorado residents are fully vaccinated and 66.7% are partially vaccinated (one dose).

COVID-19 Number of Cases and Deaths, as of 7/19/21

	Jefferson County	Colorado
Cases	49,393	566,670
Deaths	810	6,886

Source: Colorado Department of Public Health and Environment, SCL Health CHNA Database 2021.
https://covid19.colorado.gov/data & https://covid19.colorado.gov/vaccine-data-dashboard

COVID-19 Vaccination Rates, as of 7/19/21

	Jefferson County	Colorado
Fully vaccinated	68.4%	61.4%
One dose	72.8%	66.7%

Source: Colorado Department of Public Health and Environment, SCL Health CHNA Database 2021.
https://covid19.colorado.gov/data & https://covid19.colorado.gov/vaccine-data-dashboard

Cancer

Incidence rates for invasive cancer of any type were 394.7 per 100,000 persons in Jefferson County. The rate was 384.9 per 100,000 persons in Colorado.

Cancer Incidence Rate, Age-Adjusted, per 100,000 Persons

	Jefferson County	Colorado
Invasive cancer for all sites combined	394.7	384.9

Source: Colorado Health Information Dataset, SCL Health CHNA Database 2018.
https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDCancerIncidenceRates/CancerIncidences?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

Health Screening

Health screenings focus on preventive care and use tests, physical examinations or other procedures to detect disease early in people who may not show symptoms. Among female Medicare enrollees ages 65-74, 42.0% in Jefferson County obtained mammogram breast cancer screening compared to 41.0% of Colorado female Medicare enrollees ages 65-74 who received an annual mammography screening.

Annual Mammography Screening for Female Medicare Enrollees, Ages 65-74

	Jefferson County	Colorado
Annual mammogram	42.0%	41.0%

Source: Mapping Medicare Disparities Tool, SCL Health CHNA Database 2017.
https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities

Hospitalization Rates

Jefferson County had lower hospitalization rates for asthma, chronic obstructive pulmonary disease (COPD), heat-related, and influenza than the Colorado average.

Hospitalization Rates, Age-Adjusted, per 10,000 Persons* and per 100,000 Persons+

	Jefferson County	Colorado
Asthma hospitalization*	3.4	4.2
COPD hospitalization*	4.3	9.5
Heat-related hospitalization+	0.5	0.8
Influenza hospitalizations+	0.2	N/A

Source: Colorado Department of Public Health and Environment, SCL Health CHNA Database 2018.
https://coepht.colorado.gov/asthma & https://coepht.colorado.gov/chronic-obstructive-pulmonary-disease-copd & https://coepht.colorado.gov/heat-related-illness-data

Sexually Transmitted Infections

Rates of HIV and chlamydia were lower in Jefferson County than in Colorado. Chlamydia had the highest incidence rates of a sexually transmitted infection: 229.9 per 100,000 persons in Jefferson County and 511.4 per 100,000 persons across the state.

Sexually Transmitted Infection Rates, per 100,000 Persons

	Jefferson County	Colorado
HIV incidence	164.9	264.2
Chlamydia, ages 13 and older	229.9	511.4
Gonorrhea, ages 13 and older	71.4	156.2

Sources: Colorado Department of Public Health and Environment, SCL Health CHNA Database 2018. https://drive.google.com/file/d/1-gL5Ht_Nqdz6gakJZZQb-2H1ujPod8va/view; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, SCL Health CHNA Database 2016. https://www.cdc.gov/nchhstp/default.htm

Mental 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, LMC 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

MENTAL HEALTH

2019 vs 2021

**Rates of Poor Mental Health Among Younger Adults More Than Doubled Since 2017**
Percentage reporting eight or more poor mental health days in the past month by age, 2017-2021

Legend: ■ = 2017 ■ = 2019 ■ = 2021

Age group	2017	2019	2021
Ages 5-10	6.7%	6.8%	7.2%
Ages 11-18	8.8%	14.0%	18.5%
Ages 19-29	15.1%	21.2%	34.9%
Ages 30-49	15.8%	21.9%	32.8%
Ages 50-64	12.3%	14.6%	23.1%
Ages 65+	6.9%	7.7%	12.5%

Percentage reporting eight or more poor mental health days in the past month

15.3% (2017) vs. 23.7% (2021)

Younger adults were more likely to report needing behavior health services in the next year

Ages 5-10	Ages 11-18	Ages 19-29	Ages 30-49	Ages 50-64	Ages 65+
11.4%	23.2%	33.7%	26.9%	14.5%	5.6%
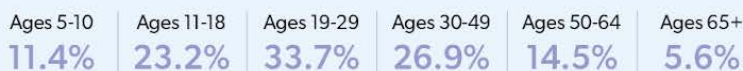
Data from Colorado Health Access Survey 2021

DRIVERS OF POOR MENTAL HEALTH

- Stigma
- Availability of Providers
- Cost & Insurance Coverage
- COVID-19/Pandemic
- Lack of Food Security & Housing Stability
- Distrust in Health System

HEALTH EQUITY

- It is important to shine a light on social inequalities that put many people at a disadvantage in achieving mental health and wellbeing: social inequalities like **poverty, financial strain, racism, homelessness, bullying based on sexual orientation**, and **social exclusion due to disability or age**.

- According to the 2021 CHAS survey, both **housing instability (60%)** and **food insecurity (57.4%)** showed **higher percentages of poor mental health days** compared to those having **stable housing (20.9%)** and **food security (20.5%)**

LMC HIGHLIGHTED PARTNERS

Working with community-based partners is essential to improve the care continuum for those experiencing mental health challenges

LET'S TALK.
LetsTalkCO.org

SCL Health WEST PINES

Jefferson County Homeless Navigators

TO LEARN MORE CONSIDER THESE ADDITIONAL DATA SUPPORTS

Colorado Health Access Survey 2021
https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021

PULSE (The Colorado Health Foundation) POLL
copulsepoll.org/results

SAMHSA-BH Barometer (CO)
https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Colorado-BH-BaromterVolume5.pdf

Behavioral Risk Factor Surveillance System 2016-2018
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Jefferson County, the number of mental health providers per 1,000 persons was 3.1. Jefferson County had 0.23 mental health treatment facilities per 10,000 persons. Colorado had 2.7 mental health providers per 1,000 persons and 0.28 mental health treatment facilities per 10,000 persons.

Mental Health Providers and Facilities

	Jefferson County	Colorado
Mental health providers, per 1,000 persons	3.1	2.7
Mental health treatment facilities, per 10,000 persons	0.23	0.28

Sources: Colorado Department of Regulatory Agencies, SCL Health CHNA Database 2020. https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx; Substance Abuse and Mental Health Services Administration, SCL Health CHNA Database 2020. https://findtreatment.samhsa.gov/locator

Mental Health Indicators

Indicators such as suicide rate, counseling rates, and self-reported levels of severe depression or medication rates are used to gauge the proliferation of public and private mental health services in communities. Just over 17% of high school students in Jefferson County seriously considered suicide within the past year and 34.4% reported having severe physical/mental health issues preventing them from normal activity for two or more consecutive weeks. Across Colorado, in comparison, 17.5% of Colorado high school students seriously considered suicide within the past year and 34.7% reported severe mental health issues preventing normal activity for at least two weeks.

Mental Health Indicators, Adolescents

	Jefferson County	Colorado
High School students who seriously considered suicide within the past year	17.3%	17.5%
High School students with severe physical/mental health issues preventing normal activity for 2+ weeks	34.4%	34.7%

Source: Healthy Kids Colorado Survey, SCL Health CHNA Database 2019. https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data

In Jefferson County, the age-adjusted suicide rate was 19.3 per 100,000 persons. The rate of emergency department (ED) visits for suicides was 137.4 per 100,000 persons in Jefferson County. Almost 13% percent of adults in Jefferson County were receiving treatment or taking medicine for a mental health condition.

Approximately 43% of people in Jefferson County reported foregoing mental health treatment due to stigma. In Jefferson County, 15.8% of residents reported a time in the prior 12 months when they needed mental health counseling or treatment but ultimately did not get it. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment. Colorado has a higher rate of foregone mental health care due to stigma (47.3%) than Jefferson County (43.2%).

Mental Health Indicators

	Jefferson County	Colorado
Age-adjusted suicide rate, per 100,000 persons	19.3	21.4
Rate of suicide ED visits, per 100,000 persons	137.4	129.5
Adults taking medicine or receiving treatment for any type of mental health condition	12.9%	15.0%
Did not get needed mental health care due to stigma in past 12 months	43.2%	47.3%
Reported a time there was a need for mental health counseling but did not get it in past 12 months	15.8%	13.5%

Sources: Colorado Health Information Dataset, SCL Health CHNA Database 2020. https://www.coloradohealthinstitute.org/

https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/InjuryIndicatorsDashboard/LandingPage?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?:embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4

Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018. https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Colorado Health Access Survey (HSR)/American Community Survey, SCL Health CHNA Database 2015-2019. Colorado Health Access Survey: https://www.coloradohealthinstitute.org/research/CHAS

The percentage of the adult population reporting more than 14 days of poor mental health per month was 9.8% in Jefferson County compared to 10.9% of Colorado adults.

Frequent Mental Distress, Adults

	Percent
Jefferson County	9.8%
Colorado	10.9%

Source: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018. https://www.coloradohealthinstitute.org/

Substance Use

Substance use refers to the harmful or hazardous use of substances, including alcohol, tobacco and illicit drugs.

Marijuana Use

Almost 19% of adults in Jefferson County used marijuana, including 12.2% of pregnant women in Jefferson County. In addition, 19.5% of students reported using marijuana at least once during the past 30 days in Jefferson County.

Marijuana Use

	Jefferson County
Adult marijuana use	18.6%
Marijuana use during pregnancy	12.2%
Students, at least 1 time during the past 30 days	19.5%
Marijuana retailers, per 1,000 population	0.0

Sources: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Pregnancy Risk Assessment Monitoring System, SCL Health CHNA Database 2017-2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Healthy Kids Colorado Survey, SCL Health CHNA Database 2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data

Colorado Department of Regulatory Agencies, SCL Health CHNA Database 2019 https://dora.colorado.gov/

Alcohol Use

Binge drinking is defined as five or more drinks on one occasion for men and four or more drinks for women. The Healthy People 2030 objective is that only 25.4% of adults engage in binge drinking in the past month. In Jefferson County, 21.4% of adults engaged in binge drinking in the past month, compared to only 19.1% of all Colorado residents.

Heavy drinking is defined as more than two drinks per day for men and more than one drink a day for women. Just over 8.2% of Jefferson County adults engaged in heavy drinking within the past month, slightly more than across Colorado. Just over 30% of high school students in Jefferson County had at least one drink in the past 30 days, compared with 29.6% across Colorado.

Alcohol Use

	Jefferson County	Colorado
Heavy drinking	8.2%	7.0%
Students, at least 1 drink in past 30 days	30.1%	29.6%
Binge drinking	21.4%	19.1%

Sources: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs. Healthy Kids Colorado Survey, SCL Health CHNA Database 2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data

Cigarette/E-Cigarette Smoking

About 14% of adults in Jefferson County smoked cigarettes. This was higher than the Healthy People 2030 objective of 5% of the population who smoke cigarettes. In Jefferson County, 26% of high school students used an e-cigarette in the past 30 days, and 4.1% smoked a cigarette in the past 30 days.

Cigarette/E-Cigarette Use

	Jefferson County	Colorado
Adult cigarette use	14.2%	15.0%
Pregnant mothers who smoked during pregnancy	8.0%	6.1%
Students who used an electronic vapor product one or more times in the last 30 days	26.0%	26.1%
Students who smoked cigarettes one or more times in the last 30 days	4.1%	5.7%

Sources: Behavioral Risk Factor Surveillance System, SCL Health CHNA Database 2016-2018.
https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs

Pregnancy Risk Assessment Monitoring System, SCL Health CHNA Database 2017-2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Healthy Kids Colorado Survey, SCL Health CHNA Database 2019.
https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data

Next Steps

Jefferson County has significant community health needs, many of which are tied to health behaviors and environmental or social factors. In 2022, LMC and its community partners will engage in the development of a Community Health Improvement Plan (CHIP) to address opportunities for health improvement in the three identified priority areas:

- Mental Health and Substance Use
- Food Insecurity
- Housing

CHIP efforts include identifying Implementation Strategies that leverage community strengths and partnerships, LMC's Community Benefit resources and programming, and the input and collaboration among residents of the hospital's service area and the community-based and business organizations that serve those residents.

The CHIP will present a deep dive into the causes and mitigating factors associated with the prioritized health areas, including looking at specific populations, disparities and barriers to improved outcomes. It will also highlight other organizations that are currently addressing similar issues within the community.

For more information, please contact:

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SCL Health, Saint Joseph Hospital and Lutheran Medical Center

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SCL Health

Appendicies

Appendix 1. Community Survey Reports

Community Survey

The 2021 Public Health Partnership survey gathered the opinions of residents in Jefferson, Clear Creek and Gilpin Counties about the effects of tobacco and marijuana on health, secondhand smoke exposure and support for or opposition to smoke-free law issues, the impacts of COVID on health, healthy eating and other health-related topics. The questionnaire was a collaborative effort between Polco and Jefferson County Public Health (JCHP), with input from Mountain Youth Network, Clear Creek County Public and Environmental Health, Gilpin County Public and other health partners and advocates within Jefferson County. An iterative process created a final five-page survey.

"Sampling" refers to the method by which survey recipients are chosen. The "sample" refers to all those who were given a chance to participate in the survey. For Gilpin and Clear Creek Counties, all households within the county were eligible to receive a survey. For Jefferson County, households in the county that were located within the following areas were eligible to receive a survey: Arvada, Edgewater, Golden, Lakewood, Wheat Ridge, Westminster and unincorporated Jefferson County. A list of all households within the eligible zip codes serving each county was purchased from Go-Dog based on updated listings from the United States Postal Service. Since some of the ZIP Codes that serve the households in each county may also serve addresses that lie outside of the community, the exact geographic location of each housing unit was compared to community boundaries using the most current municipal boundary file (updated on a quarterly basis) and addresses located outside of the boundaries of the geographies included in the study were removed from consideration. Approximately 6,720 Jefferson County households, 1,008 Clear Creek County households and 672 Gilpin County households (8,400 total) were randomly selected to participate in the survey using a systematic sampling method.

The responses for 974 persons in Jefferson County are presented in this report. The response rate of this survey was lower than anticipated. Due to the lower rate, the survey responses may not be generalizable to all residents of Jefferson County.

Question 1: Health/medical Insurance Coverage Status by Group

	Jefferson County
Covered continuously for the last 12 months	94%
Covered some part of last 12 months, but not all 12 months	3%
No coverage in the last 12 months	3%

Question 2: Smoking Allowed in Workplace by Group

	Jefferson County
Yes, smoking is allowed indoors at my workplace	1%
Yes, smoking is allowed outdoors at my workplace	29%
No, smoking is not allowed indoors or outdoors	30%
I am not currently employed or I work at home	42%

Question 3: Perceived Harmfulness of Various Behaviors by Group

	Jefferson County
Youth cigarette smoking	97%
Youth use of e-cigarette/vapes	93%
Youth exposure to secondhand tobacco smoke	84%
Youth exposure to secondhand aerosol/vapor from e-cigarettes	68%
Youth smoking of marijuana	75%
Youth vaping of marijuana	80%
Youth use of edible marijuana	70%
Youth dabbing marijuana (consuming high potency cannabis oil)	77%
Youth exposure to secondhand marijuana smoke	60%
Youth consuming 1-2 servings of alcohol on a single occasion	57%
Youth consuming 3-4 servings of alcohol on a single occasion	85%
Youth consuming 5 or more servings of alcohol on a single occasion	94%
Youth taking prescription medications not prescribed to them	94%

Question 4: Agreement with Statements by Group

	Jefferson County
E-cigarettes/vape products are easily accessible to youth	90%
Raising the price of tobacco/vape products helps reduce use	66%
Marijuana delivery services increase youth access to marijuana products	69%
There should be more designated places (e.g., bars, venues, party buses) where individuals can openly use marijuana in your community	44%
Youth seeing adults using alcohol, marijuana or tobacco influences youth to use these products	84%
The number of youth experiencing hopelessness or anxiety is a problem in your local community	82%
Fresh foods (e.g. fruits, vegetables, meat, eggs, dairy) at your local store are too expensive	65%
The stores in your area only sell processed foods and lack fresh food (e.g. there are NO fruits, vegetables, meat, eggs, dairy)	9%
Getting to and from the store is difficult with available transportation	28%
Employee exposure to secondhand tobacco smoke in indoor settings is harmful	94%
Employee exposure to secondhand marijuana smoke in indoor settings is harmful	84%

Question 5a: Support for or Opposition to Changes to Community Law by Group

To what extent do you support or oppose each of the following changes to your community's local law? 'Percent strongly or somewhat support'	Jefferson County
Make all workplaces smoke- and vapor-free (both inside and outside)	83%
Require retailers have a license to sell tobacco products (similar to a liquor license required to sell alcohol)	82%
Make all multi-unit housing (apartments or condos) smoke- and vapor-free	66%
Include marijuana usage in local smoke-free laws	80%
Increase the price of tobacco/vape products	76%

Require all tobacco products, including e-cigarettes/vapes, be placed behind retail counters, requiring a clerk's assistance for purchase	94%
Require all smoking paraphernalia, including lighters, pipes, bongs, etc., be placed behind retail counters, requiring a clerk's assistance for purchase	82%
Prohibit the sale of tobacco products in pharmacies, including e-cigarettes/vapes	73%
Prohibit the sale of all flavored tobacco products (including candy-flavored and menthol)	76%
Restrict tobacco advertising near schools or other youth-serving organizations	93%
Make outdoor seating/dining areas at restaurants and bars smoke- and vapor-free	87%
Ban all tobacco marketing and advertising in retail environment	79%
Make outdoor public places (recreation areas, parks, playgrounds, etc.) smoke- and vapor-free	78%
Tax soda and other sugary drinks to raise money for community identified needs/programs	59%
Require restaurants to list only healthy drinks, such as water and milk, on kids' menus	46%
Give adults who allow underage individuals to use alcohol or marijuana at their home a ticket that comes with a fine	66%

Question 5b: Know Policy is in Place by Group

If you know a policy is already in place in your community, please also select the box for 'policy is in place'	Jefferson County
Make all workplaces smoke- and vapor-free (both inside and outside)	29%
Require retailers have a license to sell tobacco products (similar to a liquor license required to sell alcohol)	36%
Make all multi-unit housing (apartments or condos) smoke- and vapor-free	10%
Include marijuana usage in local smoke-free laws	37%
Increase the price of tobacco/vape products	38%
Require all tobacco products, including e-cigarettes/vapes, be placed behind retail counters, requiring a clerk's assistance for purchase	57%
Require all smoking paraphernalia, including lighters, pipes, bongs, etc., be placed behind retail counters, requiring a clerk's assistance for purchase	31%
Prohibit the sale of tobacco products in pharmacies, including e-cigarettes/vapes	13%
Prohibit the sale of all flavored tobacco products (including candy-flavored and menthol)	15%
Restrict tobacco advertising near schools or other youth-serving organizations	40%
Make outdoor seating/dining areas at restaurants and bars smoke- and vapor-free	30%
Ban all tobacco marketing and advertising in retail environment	10%
Make outdoor public places (recreation areas, parks, playgrounds, etc.) smoke- and vapor-free	16%
Tax soda and other sugary drinks to raise money for community identified needs/programs	10%
Require restaurants to list only healthy drinks, such as water and milk, on kids' menus	4%
Give adults who allow underage individuals to use alcohol or marijuana at their home a ticket that comes with a fine	31%

Question 6: Agreement with Statements by Group

To what extent do you agree or disagree with the following statements? 'Percent strongly or somewhat agree'	Jefferson County
The pandemic negatively impacted my overall mental health	66%
The pandemic negatively impacted my overall physical health	52%
Substance use and overdose are increasingly a concern in my local community	75%
My local and county government are doing their part to address substance use, mental health and overdose risks	52%
I'm familiar with Narcan/Naloxone and how to prevent an opioid overdose death	55%
There are enough resources in my local community for people experiencing mental health and substance use challenges	26%
I know where I'd go for help if myself or a loved one needed resources for mental health and/or substance use concerns	54%
Stigma is a significant barrier for people who want to access mental health and/or substance use support	86%
If I needed mental health/substance use support, I'd feel comfortable telling my family and friends	74%

Question 7: Use of Tobacco/e-cigarettes by Group

	Jefferson County
Have never smoked/used/vaped	61%
Have smoked/used/vaped but quit (no longer use)	35%
Interested in quitting, but not sure where to start	2%
Actively trying to quit using	2%

If you have tried or are trying to quit using tobacco, what resources did you use? (Select all that apply)	Jefferson County
Resources from a healthcare provider	12%
Nicotine replacement therapy (e.g., nicotine gum, patches, etc.)	17%
Colorado QuitLine	21%
Cessation support groups (in-person or virtually)	3%
No assistance/Quit cold turkey	39%
Other	68%

Question 8: Frequency of Use by Group

How often do you smoke or use any of the following tobacco or nicotine products? 'Percent more than once a month'	Jefferson Countyt
Cigarettes	5%
Electronic vapor products (e-cigarettes, e-hookah, JUULs, vape pens)	1%
Chewing tobacco/snus/snuff or dip	1%
Cigars/little cigars, cigarillos or a pipe	2%
Hookah	0%
Dissolvables (lozenges, strips, and sticks)	0%
Flavored tobacco (candy or fruit flavored)	1%

Menthol	0%

Question 9: COVID-19 Impacts by Group

Because of COVID-19, did your use/experience of any of the following change? If you did not use/experience before COVID-19 and you still don't, please circle not applicable (NA).'Percent increased'	Jefferson County
Stress level that has limited your ability to do daily activities	41%
Risk of losing your housing	13%
Use of alcohol	24%
Use of marijuana	9%
Use of heroin or fentanyl	1%
Use of other drugs such as cocaine, LSD, or amphetamines	1%
Use of e-cigarettes or vaping	1%
Use of cigarettes	3%
Use of prescription drugs without a doctor's prescription (i.e., opioids)	1%
Challenges with your overall mental health	42%
Challenges with your overall physical health	35%

Question 10: Health-Related Experiences by Group

Which of the following have you or someone you care about experienced in the past few months? (Check all that apply)*	Jefferson County
Alcohol misuse	23%
Tobacco use	13%
Marijuana misuse	11%
Other substance misuse	7%
Mental health concerns	48%
Isolation and/or loneliness	52%
Trips, falls, and accidents	15%
Challenges to being physical active	46%
Challenges eating nutritious foods	29%
Challenges with breastfeeding	4%
Overweight or obesity	42%
Cancer	10%
Diabetes	13%
Heart disease	9%
High blood pressure	23%
Lung disease, such as asthma	10%
Stroke	3%
COVID-19	31%
Communicable disease other than COVID-19	4%
Challenge with sexual health	10%
Having a baby born underweight	0%

Other	5%
None of the above	12%

Question 11: Important Focus Areas by Group

How important, if at all, do you think it is for your local community organizations to focus on addressing each of the following in the coming three years? 'Percent essential or very important'	Jefferson County
Water quality	88%
Mental health and substance use care and supports	88%
Good jobs and healthy economy	87%
Air quality	86%
Health care access and/or quality	85%
Wildfire mitigation	84%
Physical activity opportunities, including open space, parks and recreation	83%
Housing availability, affordability, stability and/or quality	82%
Access to food or affordability of food	78%
Community supports for older adults	78%
Community safety, including gun violence	77%
COVID-19 vaccinations	76%
Caregiving supports for those caring for others in their home, including children or adults with special needs, aging family members, etc.	76%
Child care access and affordability	75%
Food safety (preparation, handling, storage of food to prevent food-borne illness)	71%
Climate change	70%

Question 12: Community Participation by Group

In the past 12 months, how often did you do each of the following? 'Percent once a month or more'	Jefferson County
You and your neighbors did favors for each other	66%
Had a conversation or spent time with neighbors either virtually or in-person	77%
Had a conversation or spent time with friends and family either virtually or in-person	97%
Volunteered your time	41%
Participated in a group, club, organization, or association other than work	47%

Question 13: Hunger as a Concern by Group

How much of a concern, if at all, is hunger for your household? 'Percent major or moderate concern'	Jefferson County
Major concern	0%
Moderate concern	4%
Minor concern	10%
Not a concern	84%
Not sure/prefer not to say	0%

Question 14: Frequency of Food-related Issues by Group

For each of the following statements: Was this often true, sometimes true, or never true in your household in the last 3 months 'Percent Often or sometimes true'	Jefferson County
I/we could not afford to buy all the that was needed	18%
I/we could not afford to eat the food(s) we prefer to eat whether nutritionally, culturally, or otherwise)	22%
I/we have had to make hard choices between buying enough food and having money for necessities like medications or rent in my household	15%

Question 15: Utilization of Food Resources by Group

In the last three months, have you utilized any of the following? (Please select all that apply)	Jefferson County
A food pantry or food bank	5%
A food pantry or food bank for the first time	1%
SP food assistance benefits (food stamps)	3%
Pandemic-EBT (P-EBT) family food benefits	2%
WIC benefits	1%
Free and reduced lunch	5%
None of the above	87%

Question 16: Talking with Teens by Group

If you have a teenager in your household, which topics are challenging to discuss with the teenager? (Please select all that apply.)*	Jefferson County
Marijuana use	33%
Alcohol use	28%
Tobacco use/vaping	24%
Medicine misuse	10%
Dating	25%
Boundaries	39%
Sex and sexual consent	39%
Mental health	39%
Positive coping/hopefulness	46%
Personal strengths/sources of strength	35%
Issues related to race/ethnicity	16%
Issues related to sexual/gender identity	23%
Family rules and boundaries	37%
Friends/friendship	33%
None of the above	12%

Appendix 2. Community Resources

Lutheran Medical Center identified 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
Health Equity	Clinica Tepeyac, Colorado Access Medicaid, Conectando Jefferson County, Denver Health, HCP, Inner City Health Center, Jefferson County Health Alliance, Jefferson County Public Health, Stout Street Clinic, STRIDE Community Health, The Action Center
Transportation	Jefferson Center for Mental Health, PrimeCare Colorado, RTD Access-a-Ride, Senior Resource Center, Viva Health
Workforce Development	Arvada Chamber, Business and Workforce Center Jefferson County, City of Wheat Ridge, Department of Labor, Early College of Denver, Front Range Community College, Jefferson County Workforce Development, Red Rocks Community College
Special Populations	Americorp, Asian Pacific Development Center, CENTURA Links, Clinica Tepeyac, Colorado Access, Colorado Coalition for the Homeless, Colorado Vincention Volunteers, Connect for Health Colorado, Jefferson County Public Health, Jefferson County Public Library, Jefferson County Public Schools, Mariposa, Metro Caring, Next 50, Servicios de la Raza, Silver Sneakers

Appendix 3. Prioritization Meeting Participants

Community Health Needs Assessment Prioritization Meeting September 14, 2021

Attendee	Title	Organization
Annie Dorchak	Paramedic	Evergreen Fire Department
Ashleigh Phillips	Outreach and Community Relations	Centura Health
Chuck Ault	Regional Director, Community Health	Lutheran Medical Center
Darcy Copeland	Nurse Scientist	Saint Anthony Hospital
Deanna Harrington	Battalion Chief	Arvada Fire Department
Dr. Michelle Haney	President	Red Rocks Community College
Ed Brady	Deputy Chief of Police	Arvada Police Department
Faint Kinsinger	Quality Management	Lutheran Medical Center
Glenn Most	Executive Director	West Pines Behavioral Health
Jasmin Patriquin	Injury Prevention Specialist	Lutheran Med Center
Jason Firestone	Manager, Student Engagement	Jefferson County Public Schools
Jody Ermin	Deputy Director	Jefferson County Public Health
Joel Newton	Executive Director	Edgewater Collective
Kate Watkins	Epidemiologist	Jefferson County Public Health
Katie Haas	Health Planner	Jefferson County Public Health
Keli Barker	Jefferson County Homelessness Coordinator	Jeffco Human Services
Kelly Kast	Epidemiologist/Program Coordinator	Jefferson County Public Health
Kelly Keenan	Accreditation manager	Jefferson County Public Health
Kiara Kuenzler	President and CEO	Jefferson Center for Mental Health
Laura Larson	VP Development	STRIDE Community Health
Laura Robertson	Health Educator	Mountain Youth Network
Laurie Walowitz	Director of Programs	The Action Center
Lindsay Reinert	Outreach Specialist	Lutheran Medical Center

Melissa Ryder	Community Resilience Coordinator	City of Arvada
Mollie Fitzpatrick	Managing Director	Root Policy Research
Monica Buhlig	Group Director, Community Health	Centura Health
Noah Atencio	VP Community Impact	Community First Foundation
Paola Vilaxa	Diversity and Inclusion Coordinator	Jefferson County Public Library
Patrice Ferrell-Deline	VP Mission Integration	Lutheran Medical Center
Peg Hooper	Manager Public Services	Jefferson County Public Library
Robert Hayes	Trauma Injury Prevention Specialist	Centura Health
Shannon Burk	Director, Mission and Spiritual Care	Saint Anthony Hospital
Tracy Volkman	Environmental Health Specialist	Jefferson County
Annie Dorchak	Community Health	Denver Dept. of Health and Environment

Appendix 4. Review of Progress

Lutheran Medical Center developed and approved an Implementation Strategy or Community Health Improvement Plan (CHIP) to address significant health needs identified in the 2018 Community Health Needs Assessment. LMC addressed: mental health and substance abuse, food insecurity, and housing and homelessness through a commitment of community benefit programs and resources.

To accomplish the CHIP, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the significant health needs addressed since the completion of the 2018 CHNA and the 2019 CHIP.

Mental Health and Substance Abuse

Goal: Improve access to mental health/substance use treatment.

Strategies	Accomplishments
Offer Mental Health First Aid Training in community	Eleven community-based trainings were offered within community-based organizations, which reached 111 community members.
Grow participation in the Rocky Mountain Crisis Partners suicidal ideation/attempt follow-up program	Program expanded to included referrals from West Pines and the LMC Emergency Department. 208 individuals were referred over the period to receive 90 days of follow-up support. Tracking indicated that no participants readmitted in the LMC system for a suicide attempt.
Increase participation in the Recovery Nurse Advocate program for new and expectant mothers	Beginning with a baseline of eight participants (2018) in this long-term, substance use recovery group, the group expanded to 16 in mid-2019. 2020 saw a decline of in-person attendance as the pandemic took hold. 2021 experienced an upward trajectory with 11 new or expectant mothers receiving program services.

Food Insecurity

Goal: Reduce food insecurity in LMC Service Area.

Strategies	Accomplishments
Increase procurement of locally produced food to support healthy food systems	LMC has partnered with Healthcare Without Harm to build a system for purchasing locally produced beans for use in hospital patient food preparation and cafeteria meals. Purchasing locally grown food supports a healthy food delivery system that makes healthy food more available to those who need it.
Expand Food Farmacy to be accessible during COVID	Our ability to engage community members around nutrition education and to offer food access was impacted by COVID restrictions. In response, LMC piloted a virtual program called Healthy U. To date 23 food insecure community members have participated in the 12-week program which pairs online education about nutrition and positively impacted chronic disease through diet, with access to healthy, fresh, free food.

Housing and Homelessness

Goal: Address issues of housing and homelessness.

Strategies	Accomplishments
Invest in eviction mitigation fund at the Action Center in Jefferson County	A $30,000 donation was made to the eviction mitigation fund with the specific intent that it be used to support individuals and families who may not meet certain standards for federal assistance. To date, 54 families have been able to stay in their homes.
Support medical respite for unhoused individuals who need to quarantine based on a positive COVID test	Motel vouchers were purchased by LMC for use by homeless navigators when faced with needing to house.