Community Health Needs Assessment | 2021

SCL Health
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Letter from the President

December 1, 2021

Dear Community Member,

Thank you for your interest in the health status of our community! Saint Joseph Hospital continues its 148 year commitment to improving the health of the people who call Denver home.

An important part of this work is our Community Health Needs Assessment. Through this process we engage our partners, community members, and new organizations in coming together to understand the health needs most pressing to the residents of Denver. This has not been an easy task during a pandemic often requiring physical distance, but we managed thanks to the flexibility and commitment of our partners.

Beginning in January 2022, we will use all that we have learned throughout the assessment process to develop our implementation plan. We will use data to inform our direction and more importantly, the story behind the data-community voices-to fill in the gaps. Alongside our partners, we will continue our pursuit of a community where everyone can experience good health.

We are excited about this process, and we know that we do not do this work alone. We are grateful to be a partner in this important work of health and healing in the heart of Denver.

Sincerely,

Jameson Smith
President, Saint Joseph Hospital

Executive Summary

The 2021 Saint Joseph Hospital 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 Colorado Health Institute, National Jewish Health, 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 Denver, Saint Joseph Hospital (SJH) has completed its 2021 CHNA and identified three priority areas for health improvement programming from 2022 through 2024:

- Mental Health
- Community Wealth Building (Economic Stability)
- Health Equity

Since the Last CHNA (2018):

In 2018, the last time SJH conducted a CHNA, participants identified Behavioral Health/Substance Abuse, Economic Instability, and Food Insecurity as the top three priorities for Community Health Improvement Planning. These priorities from 2018 remain important to participants in the 2021 CHNA, with the new inclusion of Health Equity. Several factors in recent years have influenced the growing emphasis on this issue, including historical inequities, recent calls for social justice, and the magnification of disparities across social determinants of health during the pandemic. SJH's prior community health improvement implementation period, from 2018 to 2021, included multi-level interventions aimed at impacting the following priority areas. Highlights include:

Behavioral Health/Substance Abuse

In partnership with Rocky Mountain Crisis Partners, the SJH Emergency Department offers a warm hand-off to any patient with an elevated risk of suicide or a suicide attempt. Follow-up includes frequent check-ins from a skilled mental health provider and connection to additional resources.

In addition, a new maternal mental health program focused on the identification and treatment of perinatal mood and anxiety disorders was launched during 2018. More than 10,000 patients in the inpatient and outpatient setting have been served.

Economic Instability

Saint Joseph Hospital has redirected a portion of its catering spend away from large chains with a goal to amplify a hyper-local strategy that incorporates procurement from businesses owned by Black, Indigenous, and Persons of Color (BIPOC). This anchor-institution economic development model has resulted in more than $60,000 staying in the local community.

Food Insecurity

SJH partnered with Metro Caring, a food insecurity organization located near the hospital's main entrance, to grow food year-round in a Freight Farm located on the SJH campus. The Freight Farm is a 40-foot shipping container designed with a fully functional, year-round, hydroponic garden. Produce grown on the Feight Farm provides a sustainable source of fresh greens for the Metro Caring market.

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 Denver 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 SJH 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

Two additional community surveys were implemented. The first gathered input from community members participating in an SCL Health-sponsored COVID-19 vaccine event held in February, 2021, at the National Western Complex in northeast Denver. The survey asked participants to list their top three health areas of concern. Over 1,300 community members responded and ranked the following five areas as most important:

1. Social isolation
2. Accessing health care
3. Health benefits
4. Resource awareness
5. Access to vaccines

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. Denver County 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, SJH 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
2. Community Wealth-Building (Economic Stability)
3. Health Equity

Next Steps

With its top-three community health priorities identified in the CHNA (Mental Health, Community Wealth-Building/Economic Stability, and Health Equity), SJH 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

Saint Joseph Hospital (SHJ) was founded in Denver in 1873 by the Sisters of Charity of Leavenworth. In time, it became the first private teaching hospital in Colorado and today remains one of the largest private, multi-disciplinary teaching hospitals in the Rocky Mountain West. SJH's new state-of-the-art building opened in December of 2014. The hospital provides a tradition of health care that includes compassionate caregivers, stellar clinical expertise, and active clinical partnerships with Kaiser Permanente, National Jewish Health, and community physicians. SJH is part of SCL Health, a nonprofit faith-based health system with eight hospitals, more than 150 physician clinics, and home health, hospice, mental health and safety-net services primarily in Colorado and Montana.

In 2014, SJH and National Jewish Health formed a joint operating agreement to provide inpatient and outpatient pulmonary and related care together in Colorado. This collaborative care model brings together two leading health care organizations with complementary cultures, missions and dedication to excellence to focus on providing the best care possible. The strong outpatient approach and specialty expertise of National Jewish Health combines with SJH’s focused inpatient expertise to increase both organizations’ abilities to manage patients along a full continuum of care.

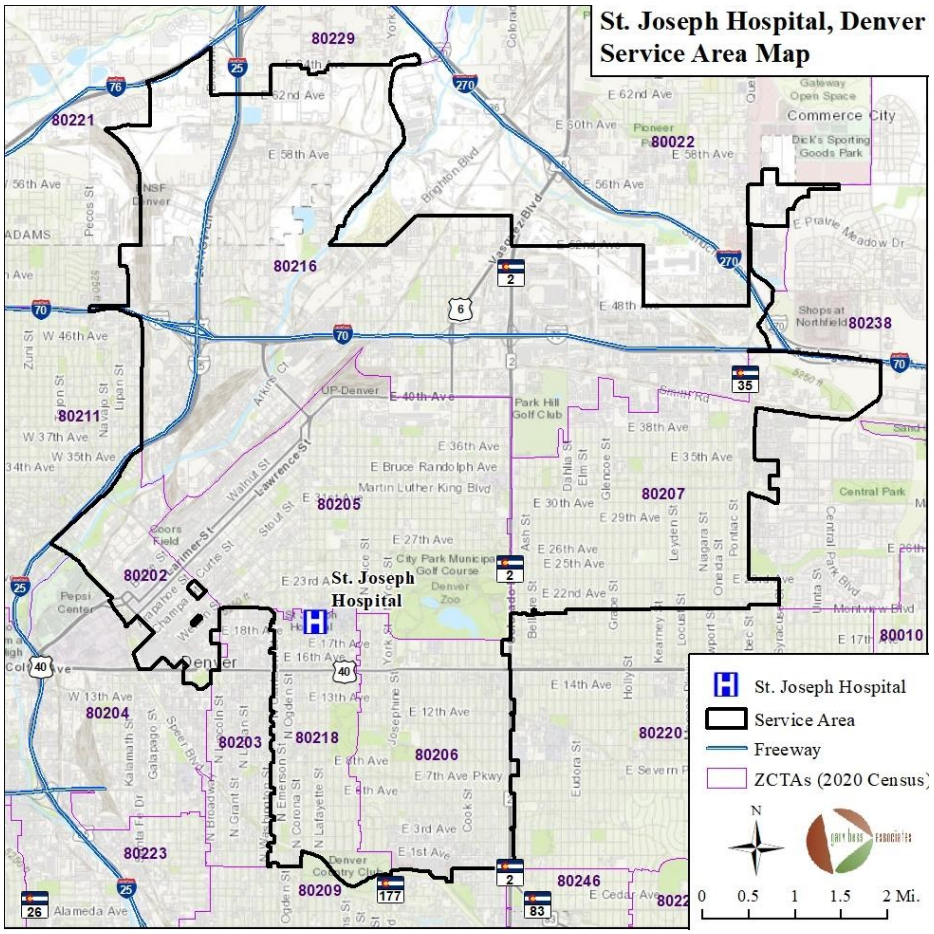
The passage of the Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health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

Service Area

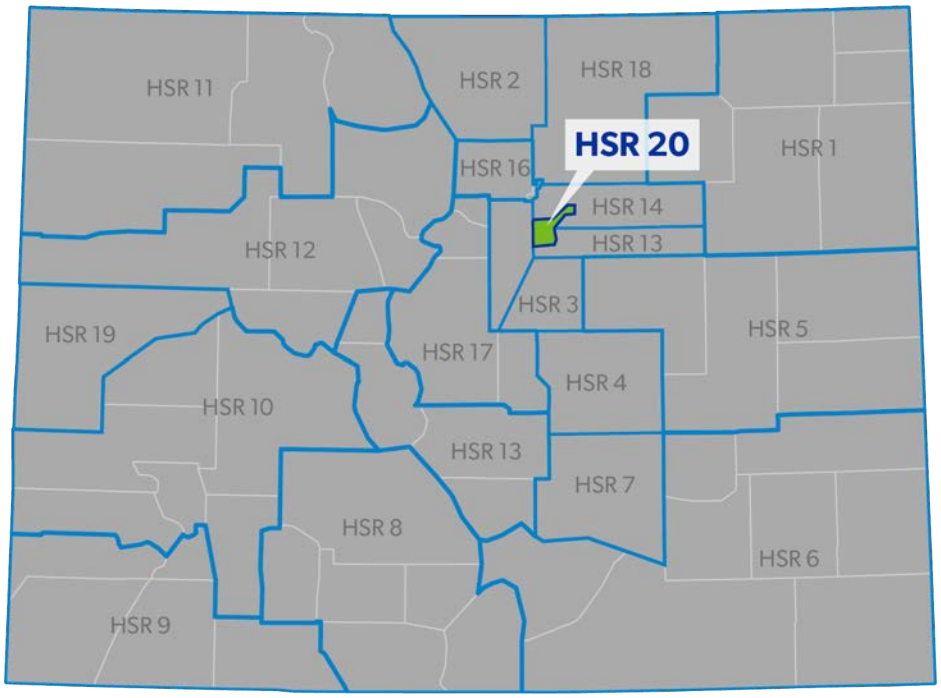
SJH is located at 1375 E 19th Ave., Denver, Colorado 80218. The primary service area includes six ZIP codes in Denver County, Colorado. Most patient admissions at SJH originate from these ZIP codes.

Saint Joseph Hospital Service Area

City	ZIP Code	County
Denver	80202, 80205, 80206,80207, 80216, 80218	Denver



The Health Statistic Region (HSR) for SJH is HSR 20, Denver 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 SJH 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

Two surveys of community members were conducted in 2021 to gather information about community perception of health needs. First, SJH surveyed community members at COVID-19 vaccine events to prioritize community health needs. One of the largest community events was held in February 2021 at the National Western Complex and surveyed 1,389 people. Of the survey respondents, 64% were female and 32% were male, 4% preferred not to report their gender. Five percent of the respondents were Spanish-speakers.

Second, Colorado Health Institute (CHI), a Denver-based research and data analysis firm that works to provide health decision support and insights, developed and conducted a community survey on behalf of SCL Health. The survey was administered to more than 300 people in SCL Health's Front Range service region, including Denver, Jefferson, Adams, Broomfield and Boulder counties, from August 10, 2021, to August 23, 2021. The survey was provided in English and Spanish. CHI sent the electronic survey link to potential participants by email using Constant Contact, with limited additional outreach through personal emails and social media posts. SCL Health's internal communications team assisted with survey dissemination by sending targeted emails to local contacts. Through the use of zip code identification, survey results were segmented by each hospital's service area. Of the respondents, 24 were residents of Denver County.

The results of these community surveys 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/saint-joseph-hospital/about/community-benefit/.

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

Identification and Prioritization of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population 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, public health officials and leaders from the community met on September 23, 2021, to discuss and prioritize the significant needs. A list of the meeting participants and their organizational affiliations can be found in Appendix 3. The meeting was convened virtually and 21 community stakeholders attended. The group received a presentation of current secondary health data by Chuck Ault, Regional Director of Community Health, and Sister Jennifer Gordon, SCL, Vice President of Mission Integration. Primary data findings were presented through sharing the results of the 2021 COVID-19 Vaccine Clinic Spot Survey and the 2021 SCL Health Community Survey.

After completing a review and discussion of these data sources, the group prioritized the health issues that SJH is best positioned to impact in partnership with community organizations and community members. Final prioritization was voted on through a Zoom poll.

Prioritized Needs

SJH 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
2. Community Wealth Building (Economic Stability)
3. Health Equity

Review of Progress from previous CHNA

In 2018, SJH 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 hospital's CHIP Implementation Strategy associated with the 2018 CHNA addressed:

- Behavioral Health/Substance Abuse
- Economic Instability
- Food Insecurity

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

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

Behavioral Health/Substance Abuse

The Bloom Program was designed to address the point in time when a woman's risk of depression and mood disorders is the highest she will experience in her lifetime -- the perinatal period. As a leader in women's health care, SJH prioritized this aspect of mental health treatment and wellness for the communities it serves. Over the past year the program has expanded to include efforts at all SCL Health Front Range care sites.

During the current implementation period, the development of the SCL Health Bloom Program has provided an expanded continuum of care and an expanded offering of treatment opportunities to respond to families experiencing perinatal mood disorders. The Bloom Team consists of six integrated behavioral health team members, all of whom are experienced and have training in perinatal mental health. This team consists of a Licensed Professional Counselor, a bilingual Perinatal Case Manager, a Registered Dietician and Lactation Consultant, and three Licensed Clinical Social Workers, all of whom have extensive experience with neonatal intensive care (NICU) families, families experiencing infertility and complicated pregnancies, and perinatal bereavement (including perinatal palliative and hospice care). The Bloom Team's bilingual case manager has had extensive experience in the SJH Maternal Fetal Medicine Clinic and on the inpatient High Risk Antepartum Unit, and the Licensed Professional Counselor has expertise in perinatal anxiety and with group care. Bloom Program providers sought additional training and clinical quality improvement efforts: one completed the Harris Fellowship Program in Infant Mental Health, another strategically began splitting her time between the NICU at SJH and the Bloom Program to promote continuity of care across the inpatient and outpatient setting, and one provider was credentialed to offer eye movement desensitization and reprocessing (EMDR), an evidence-based, trauma-specific mental health treatment intervention. All of these efforts have helped increase the team's capacity to be able to receive referrals directly from all four of SCL Health's Front Range hospitals, as well as those hospitals' 16 associated obstetric clinics. The Bloom Program has also been able to provide consultation, Monday through Friday, to other inpatient and outpatient medical providers, including inpatient care managers and lactation consultants who provide further behavioral health assessments in the hospital setting. To date, more than 10,000 families have benefited from screening, intervention, and referral through the Bloom program.

More detail on additional ways SJH is making an impact on mental health can be found in Appendix 4.

Economic Stability

SJH has been a key health partner in a collective community effort in northeast Denver called East5ide Unified/Unido (EUU) since 2017. It has become clear over time that the health challenges experienced by many residents of northeast Denver are rooted in historical conditions that have

limited the accumulation of community wealth. For this reason, in 2018, SJH prioritized economic stability as part of its CHNA to prioritize improving conditions of health in the neighborhoods near the hospital. To operationalize the desire to embrace community wealth building efforts, SJH has been actively engaged in the Denver Anchor Network and helped form EUU's Anchor Action Team.

The Anchor Action Team (AAT) has been meeting for several years and is now chaired by a member of the SJH Community Health team. Much of the group's time together has been spent learning more about anchor mission work, understanding the mission of each participating organization, and building trust. The AAT planned to move forward with a substantial anchor/community-led effort in zip code 80205 in 2021. An event titled "MOVING2ACTION" (M2A) served as the community springboard for these efforts.

In May 2021, M2A brought together 40 community members and six local anchor organizations including Denver Health, the Denver Museum of Nature and Science, Metropolitan State University, Colorado State University Extension, Metro Caring, and SJH to learn more about national and local anchor efforts and be inspired to move forward together.

This format aimed to clarify the important role anchor institutions can play in building community wealth, inspire creative ways of thinking about what is possible in Denver and specifically in zip code 80205, and generate interest among community members in participating with the AAT to conceive and execute a project together.

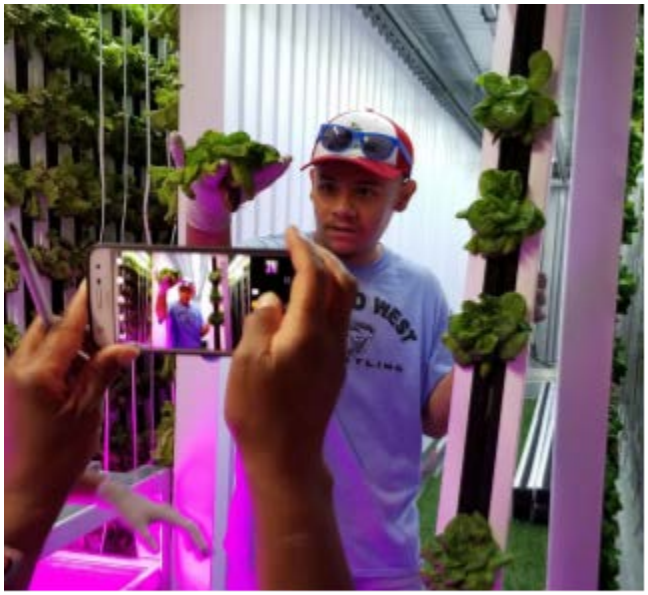
Fourteen community members have volunteered to join the efforts of the AAT to craft a plan for working together to increase community wealth in northeast Denver.

To date, activities by SJH include:

- Opening access to Certified Nurses Aid training at SJH to include community members, offering a clear pathway to other health care careers, including registered nursing.
- Increased use of local, Black, Indigenous, and Persons of Color (BIPOC)-owned caterers to meet some of the external catering needs of the hospital. To date, more than $60,000 has been redirected to community-owned, small businesses
- Exploration of local, worker-owned cooperatives to provide some contracted services at SJH.
- Partnership with neighborhood training organizations and local schools to provide internship, externship, and hiring opportunities.

Food Insecurity

During the previous CHNA period, SJH began a partnership with local food partner, Metro Caring, to grow food year-round in a Freight Farm located on the SJH campus. The Freight Farm is a 40-foot shipping container designed with a fully functional, year-round, hydroponic garden. In addition to providing a sustainable source of fresh greens for the Metro Caring market, the farm has offered an opportunity for interested high school students to learn more about hydroponic growing and serving the community through food access. In the summer of 2019, students grew more than 2,000 heads of lettuce which they shared with community members and the Metro Caring market. Additional examples of food insecurity programming are detailed in Appendix 4.



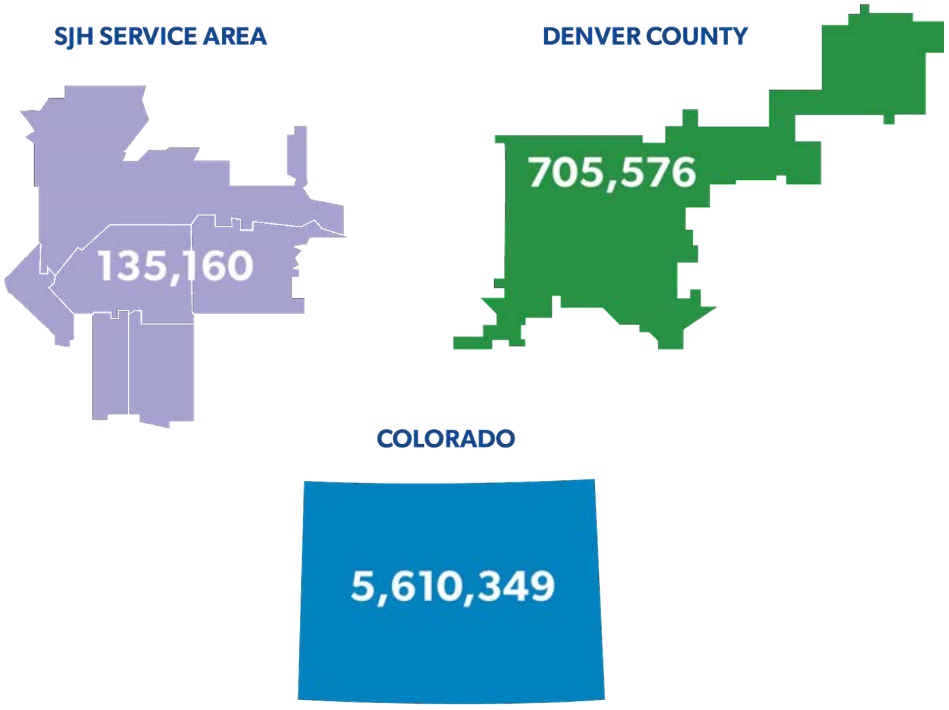
Abraham Rodriguez from CEC Early College

Community Profile

Population

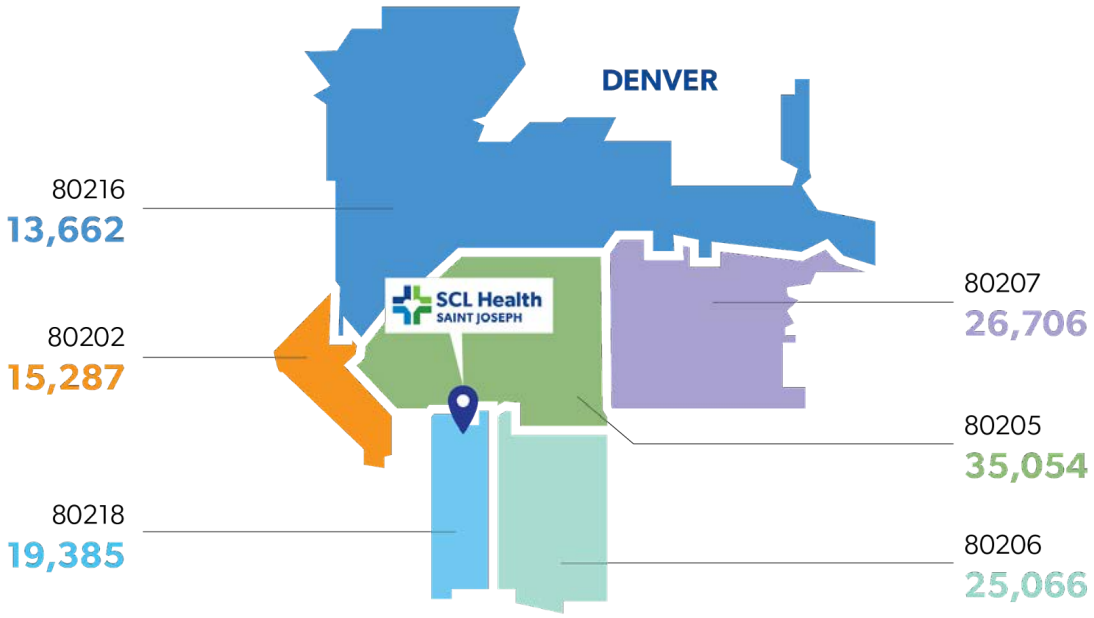
On average, from 2015 to 2019, the population of the SJH service area was 135,160. Denver County had a population of 705,576.

TOTAL POPULATION



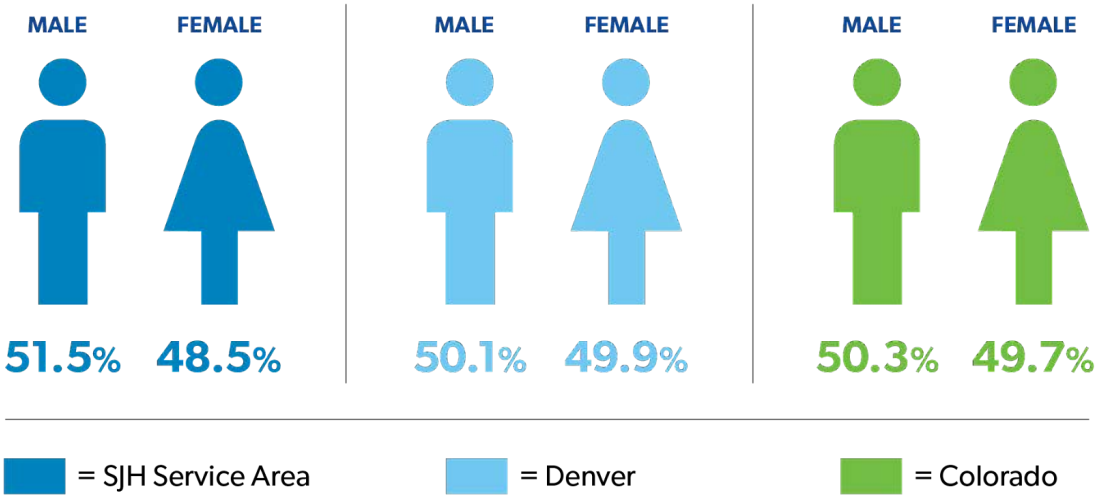
Source: Colorado Health Access Survey, SCL Health CHNA Database 2019 | https://www.coloradohealthinstitute.org/research/CHAS

POPULATION, BY ZIP CODE



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

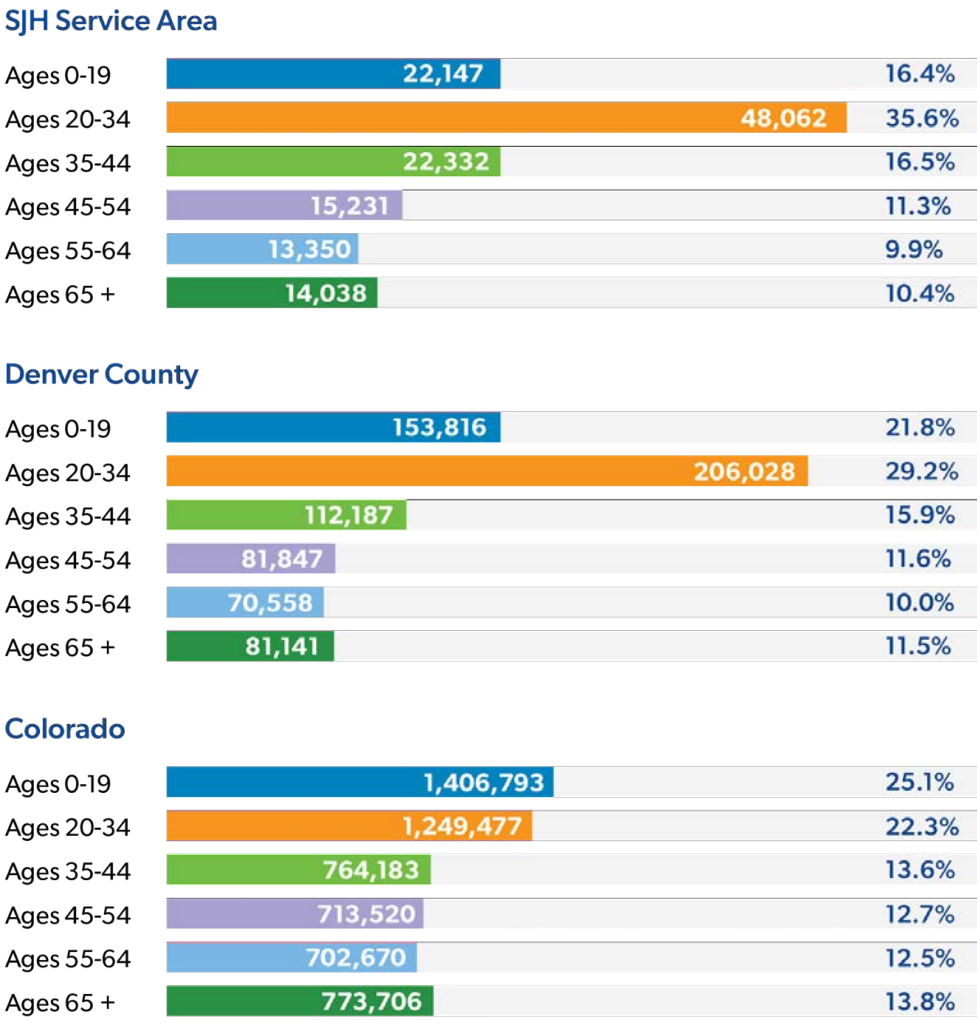
POPULATION BY GENDER



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

Youth ages 0 to 19 comprise 16.4% of the population in the service area. Just over 73% of the population was 20 to 64 years old, and 10.4% were ages 65 years and older. The service area had a higher percentage of adults, ages 20-34, and a lower percentage of seniors than Denver County overall. The median age in the service area is 34 years old.

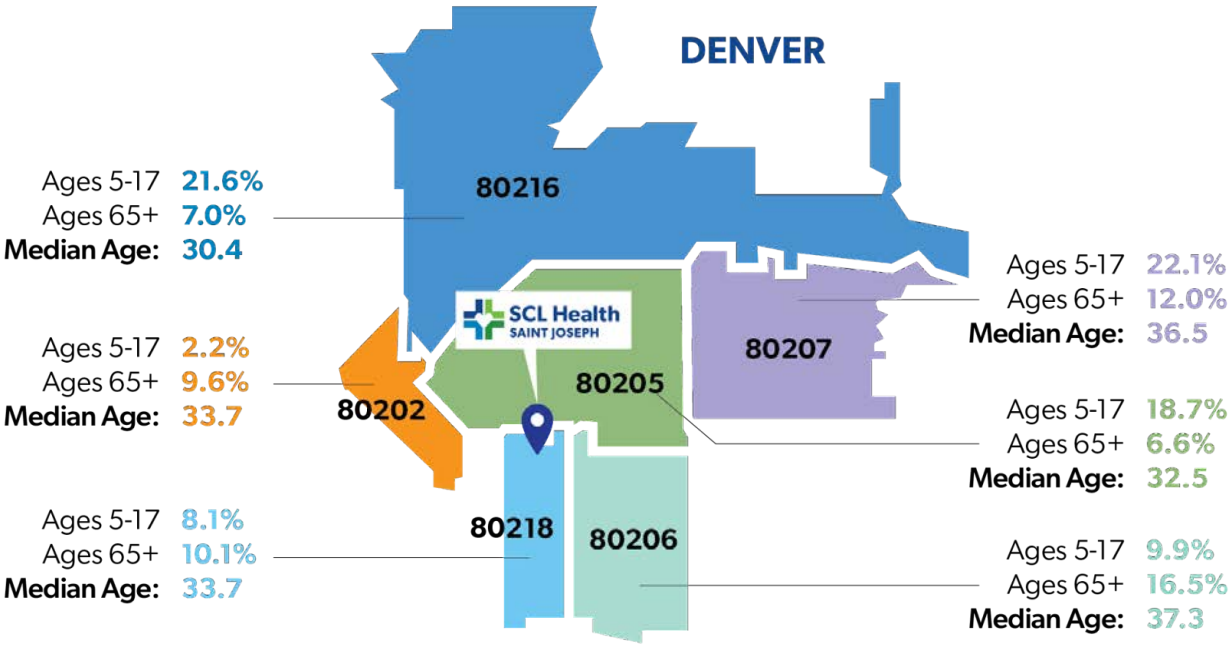
POPULATION, AGE



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

In the service area, Denver 80202 had the lowest percentage of youth ages 5-17 (2.2%), and Denver 80207 had the highest percentage of youth (22.1%). Denver 80205 had the smallest percentage of seniors (6.6%) in the service area while Denver 80206 had the highest percentage of seniors (16.5%). The median age ranged from 32.5 years in Denver 80205 to 37.3 years in Denver 80206.

POPULATION, BY YOUTH, SENIORS AND MEDIAN AGE

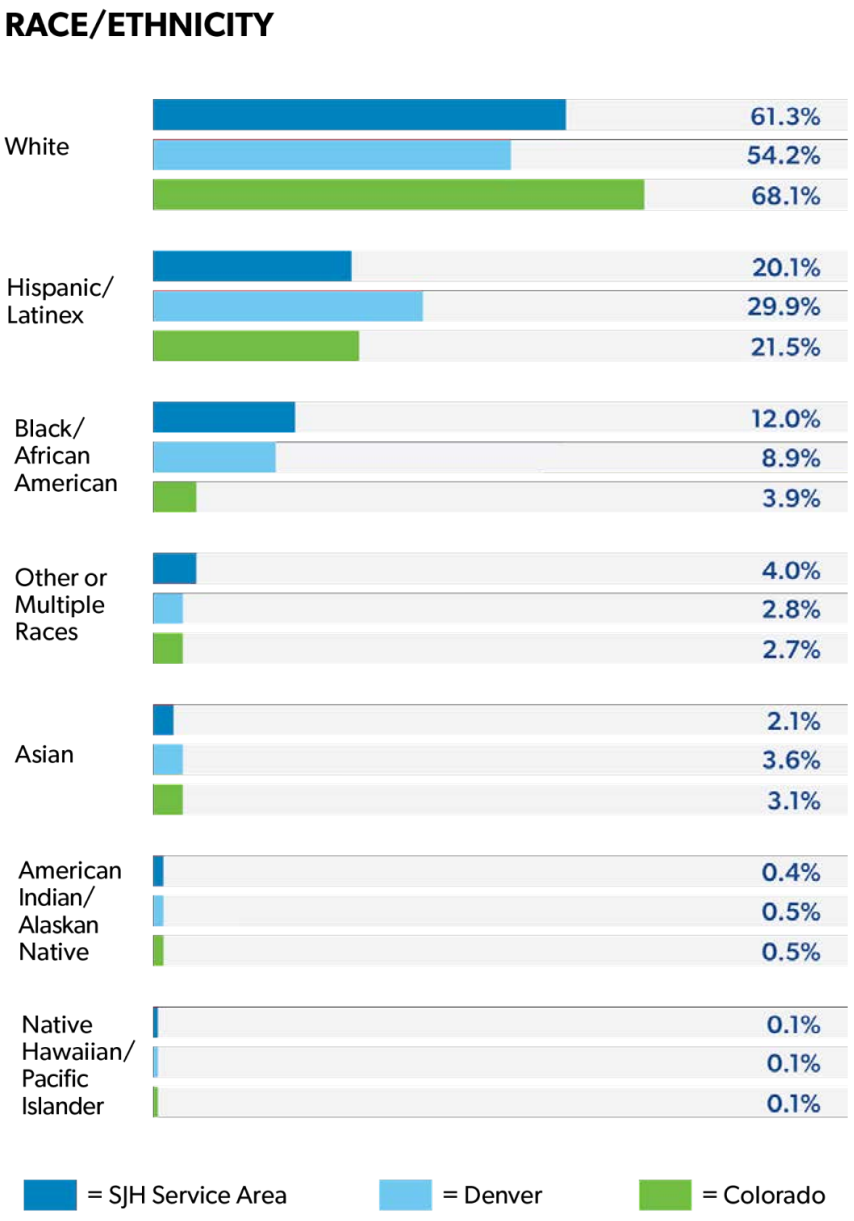


Denver County	Ages 5-17	**19.8%**
	Ages 65+	**11.5%**
	Median Age:	**34.5**
Colorado	Ages 5-17	**22.5%**
	Ages 65+	**13.8%**
	Median Age:	**36.7**

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

Race and Ethnicity

In the service area, 61.3% of the population is White, 20.1% are Hispanic/Latinx, 2.1% are Asian, and 12% are Black/African American. The service area had a greater percentage of Whites, African Americans and Multi-Racial people than Colorado overall.



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

In Denver 80216, over half of the population (62.8%) is Hispanic or Latinx, the highest rate in the service area. Denver 80202 has the highest percentage of Asians (6.0%) in the service area. Denver 80207 has the highest percentage of African Americans in the service area (26.5%). Denver 80218 has the highest percentage of White residents (82.3%) in the service area.

Race/Ethnicity by Place

	ZIP Code	White	Hispanic/ Latinx	Asian	Black/African American
Denver	80202	79.4%	8.6%	6.0%	2.9%
Denver	80205	49.0%	25.6%	1.3%	18.3%
Denver	80206	81.3%	8.7%	2.8%	3.8%
Denver	80207	49.7%	16.4%	1.5%	26.5%
Denver	80216	29.9%	62.8%	0.5%	4.5%
Denver	80218	82.3%	9.2%	1.6%	3.7%
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 and older speak only English in the home (84.1%). Just under 16% of the population speak a language other than English at home, and 12.5% of the population speaks Spanish in the home.

Language Spoken at Home, Population 5 Years and Older

	SJH Service Area	Denver County	Colorado
Speaks language other than English at home	15.9%	25.5%	16.9%
Speaks Spanish at home	12.5%	19.2%	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, SJH has prioritized SDoH areas in food access, access to care, education and economic stability.

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

KEY TAKEAWAYS:

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

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.

Most Impactful Health Influencers

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%**
Locked 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

Mile High United Way

METRO CARING
ENDING HUNGER AT ITS ROOT
EST. 1974

CLÍNICA TEPEYAC

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/11yomHCix8Q3yHQBDf3Ecm3MPWQVXxqzy/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 2021, the federal poverty threshold for one person was $12,880, and for a family of four it was $26,500.[2] In the service area, 13.3% of the population was living at or below 100% of the Federal Poverty Level (FPL), and 26.4% were considered low-income (living at or below 200% FPL). These poverty rates were higher than the rate of poverty in the state.

Ratio of Income to Poverty Level, Total Population

	Below 100% Poverty	Below 200% Poverty
SJH Service Area	13.3%	26.4%
Denver County	12.9%	29.5%
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, Denver 80216 and 80207 had the highest unemployment rates (4.4%). Denver 80206 had the lowest unemployment rate (2.8%). Colorado had an unemployment rate of 4.3%.

Unemployment Rate of Civilian Labor Force

	ZIP Code	Total Population	Unemployment Rate
Denver	80202	15,287	2.9%
Denver	80205	35,054	4.1%
Denver	80206	25,066	2.8%
Denver	80207	26,706	4.4%
Denver	80216	13,662	4.4%
Denver	80218	19,385	4.0%
Denver County		**705,576**	**3.8%**
Colorado		**5,610,349**	**4.3%**

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

[2] https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines

Free and Reduced-Price Meals

The number of students eligible for the free and reduced-price meals program is one indicator of the socioeconomic status of a school district's student population. The percent of students in Denver County eligible for the Free and Reduced-Price Meal (FRPM) program was 66.8%. In Colorado, 41.7% of students were eligible for the FRPM program.

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

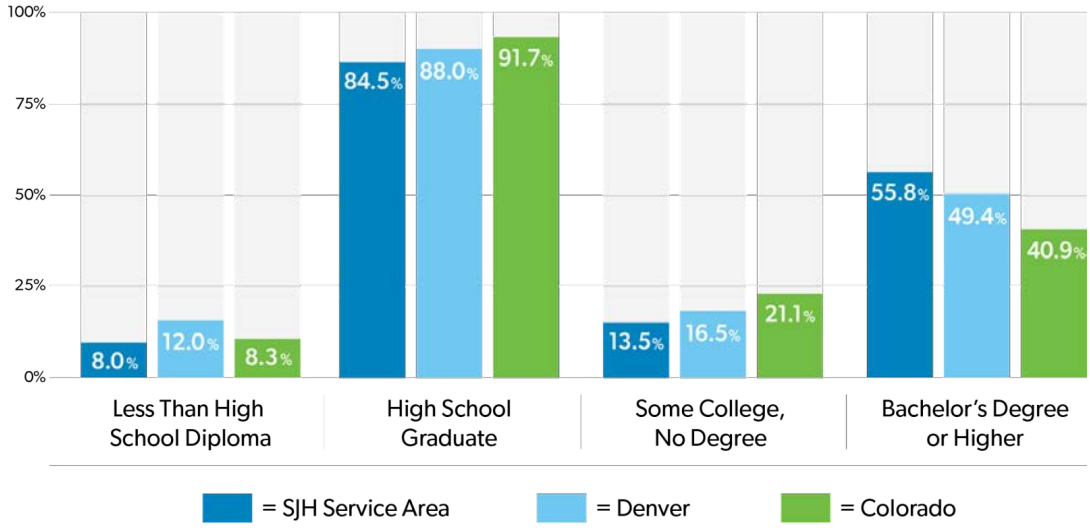
	Percent Eligible Students
Denver County	66.8%
Colorado	41.7%

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, 8% had not attained a high school diploma. About 84% of adults were high school graduates, while 13.5% of the population in the service area had some college with no degree, and 55.8% 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 3,752 in Denver County. Among the sheltered homeless persons, 18.3% were chronically homeless.

Sheltered Homeless Populations, Metro Denver, 2021

	Denver County
Sheltered homeless at PIT Count	3,752
Sheltered in emergency shelter	72.5%
Sheltered in transitional housing	27.5%
Chronically homeless	18.3%

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.

KEY TAKEAWAYS:

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%

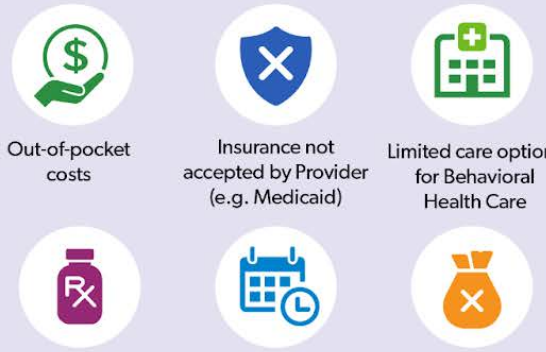
Data from Colorado Health Access Survey 2021 p. 10

2019 vs 2021 Data

Colorado Uninsured Rate Remained Low Despite the Economic Downturn

CHAS Survey 2021

BARRIERS TO CARE



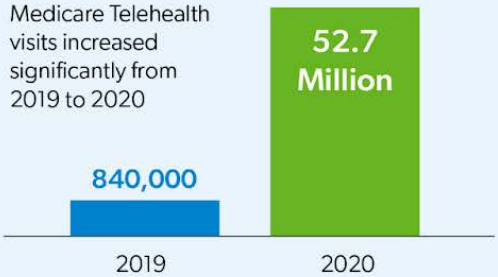
SCL HEALTH

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



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, 93.0% of the population was insured. Insurance coverage was 93.1% in Denver County. Health insurance coverage ranged from 89.8% in Denver 80205 to 96.1% in Denver 80202.

Health Insurance Coverage, Civilian Non-Institutionalization Population

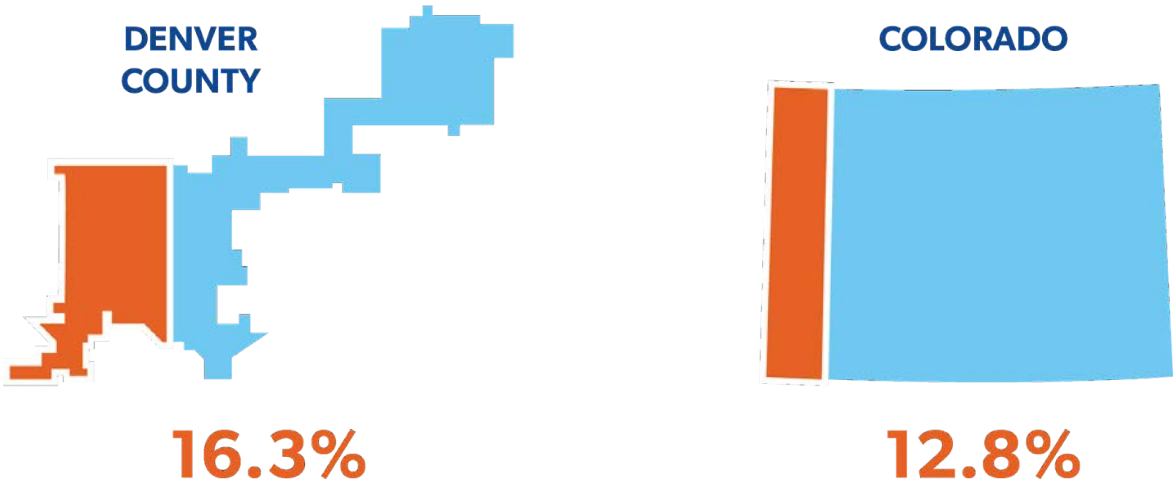
	ZIP Code	Percent
Denver	80202	96.1%
Denver	80205	89.8%
Denver	80206	94.4%
Denver	80207	93.9%
Denver	80216	84.6%
Denver	80218	95.2%
SJH Service Area		**93.0%**
Denver County		**93.1%**
Colorado		**93.5%**

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/

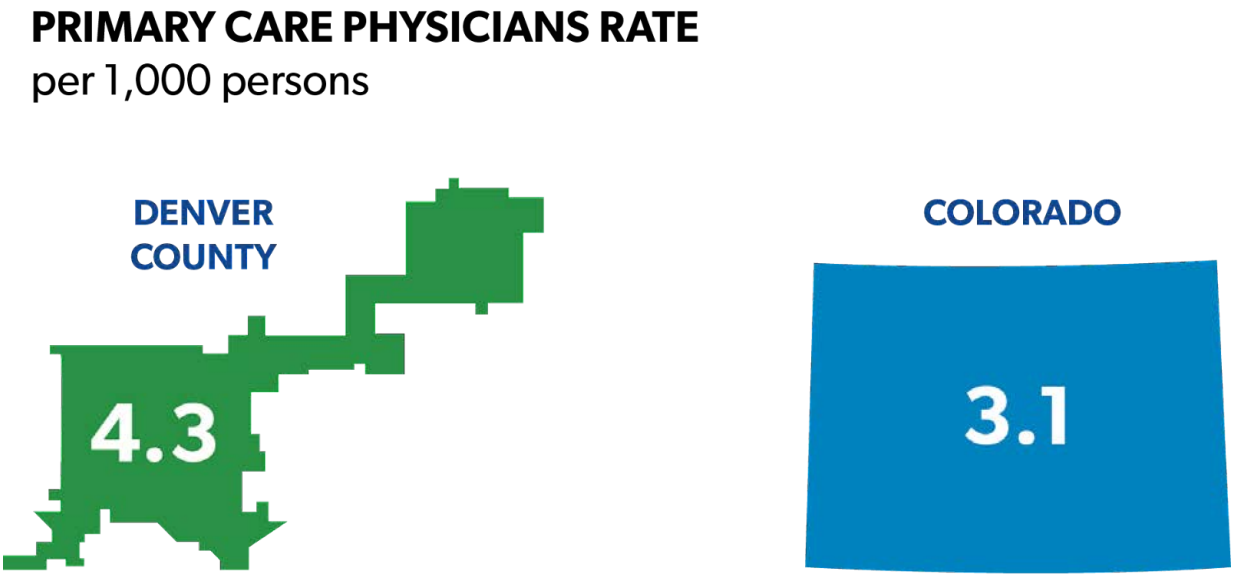
Further illustrating access to care issues, just over 16% of adults in Denver County had an unmet medical need and were not able to afford care (only 12.8% of Colorado residents did not get needed care due to cost).

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



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 Denver County was 4.3. There were 3.1 licensed physicians per 1,000 persons in Colorado.



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

Emergency Department Utilization

In Denver County, 18.4% 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

	Denver County	Colorado
Received care at an emergency room in the last 12 months	18.4%	20.8%

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

Dental Care

Just under 70% of adults in Denver County visited a dentist within the past 12 months, but 23.1% of adults did not get the dental care they needed in Denver County 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

	Denver County	Colorado
Adult dental visit in last year	68.9%	73.6%
People who needed but did not get dental care due to cost	23.1%	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 Denver County was 50.9 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
Denver County	50.9
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. More than 90% of women in Denver County received care in the first trimester (9.6% did not), compared to 89.9% of pregnant women in Colorado who received prenatal care.

Received Prenatal Care in 1st Trimester of Pregnancy

	Percent
Denver County	90.4%
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 Denver County, 9.9% 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
Denver County	9.9%
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 Denver County was 4.9 per 1,000 live births, which was lower than the Healthy People 2030 objective. It was higher, however, than the Colorado statewide rate of 4.6 per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births

	Rate
Denver County	4.9
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 both 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 Denver County were breastfed.

Infants Who Were Ever Breastfed

	Percent
Denver 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 Denver County, 11.0% of women experienced postpartum depression.

Postpartum Depression

	Percent
Denver County	11.0%

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 Denver County was 650.0 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 Denver County was 321.9 per 100,000 persons, much higher than the Colorado statewide rate of 321.9 per 100,000 persons.

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
Denver County	321.9	650.0
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

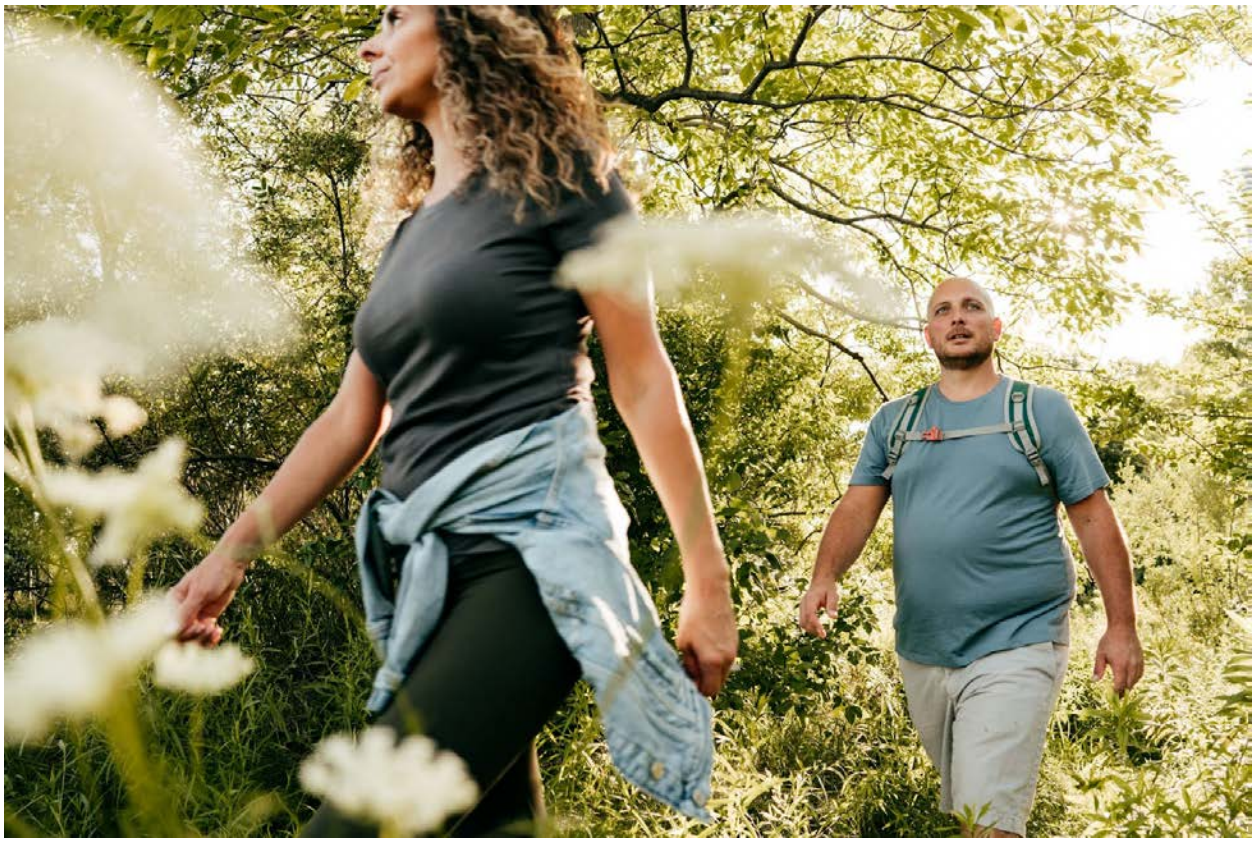
Denver County has higher rates of death for cancer, diabetes, heart disease and accidental falls than the state as a whole.

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

	Cancer (All Types)	Diabetes	Heart Attack	Heart Disease	Accidental Falls
Denver County	125.6	21.9	11.0	129.9	19.8
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, 9.9% of adults in Denver County and 9.1% of adults in 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
Denver County	9.9%
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 383.7 per 100,000 persons in Denver County. In Colorado, the rate was slightly higher at 384.9 per 100,000 persons.

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

	Percent
Denver County	383.7
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

Denver County adults are slightly less overweight or obese compared with the Colorado statewide average: 20.4% of Denver County adults are obese and 56.5% of Denver County are overweight or obese.

Obesity and Overweight, Ages 18 and Older

	Denver County	Colorado
Adult obesity	20.4%	22.6%
Adult overweight or obese	56.5%	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. Denver County had a food environment index score of 8.1. Colorado had a food environment index score of 8.4. Denver County had a higher rate of foregone eating due to cost burden (12.8%).

Food Environment Index Score

	Rate	Forgone Eating: Cost Burden	Forgone Eating: Low Income/Access
Denver County	8.1	12.8%	4.5%
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 Denver County residents (99.5%) had excellent access to locations for physical activity. About 19% of adults in Denver 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

	Denver County	Colorado
Access to locations for physical activity	99.5%	90.5%
Adult physical inactivity	19.1%	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 26% of Denver 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

	Denver County	Colorado
Elevated blood pressure	25.8%	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 Denver County, 6.8% have been diagnosed with diabetes. Only 3.0% of Denver County adults have been diagnosed with a heart attack, while 8.7% of adults in Denver County had been diagnosed with asthma. Rates of arthritis among adults were 17.6% in Denver County. Denver County, like Colorado overall, has higher rates of arthritis and high blood pressure than other chronic conditions.

Chronic Diseases, Ages 18 and Older

	Denver County	Colorado
Arthritis	17.6%	22.8%
Adult asthma	8.7%	8.9%
Adult diabetes	6.8%	6.8%
Heart attack	3.0%	3.3%
High blood pressure	25.8%	25.8%
Stroke	2.1%	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

KEY TAKEAWAYS:

COVID-19 IMPACTS

Impacts of COVID-19 Went Beyond Infection

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

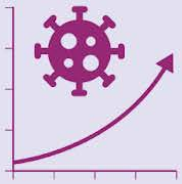
"The pandemic's impact extended well beyond infection rates, touching on employment, finances, mental well-being, and more."

— 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.



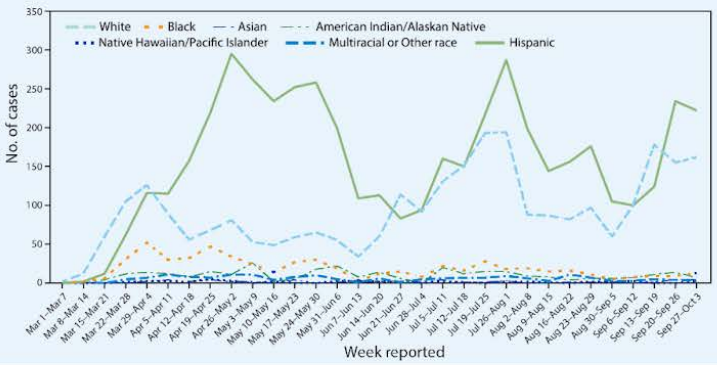
CDC Report

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*



COVID-19 Vaccine Event Spot Survey

In March 2021, we surveyed 1,389 of the 5,000 attendees at an SCL Health 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.

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 75,016 confirmed cases and 848 deaths from COVID-19 in Denver County. As of this date, Denver County has fully vaccinated 69.1% of the population and partially vaccinated 74.7% 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

	Denver County	Colorado
Cases	75,016	566,670
Deaths	848	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

	Denver County	Colorado
Fully vaccinated	69.1%	61.4%
One dose	74.7%	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 383.7 per 100,000 persons in Denver County. The rate was 384.9 per 100,000 persons in Colorado.

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

	Denver County	Colorado
Invasive cancer for all sites combined	383.7	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 Denver 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

	Denver 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

Denver County had slightly higher hospitalization rates for asthma but slightly lower hospitalization rates for chronic obstructive pulmonary disease (COPD) than the Colorado average.

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

	Denver County	Colorado
Asthma hospitalization*	5.9	4.2
COPD hospitalization*	8.7	9.5
Heat-related hospitalization+	0.8	0.8
Influenza hospitalizations+	0.7	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 higher in Denver County than in Colorado. Chlamydia had the highest incidence rates of a sexually transmitted infection: 1,040 per 100,000 persons in Denver County and 511.4 per 100,000 persons across the state.

Sexually Transmitted Infection Rates, per 100,000 Persons

	Denver County	Colorado
HIV incidence	962.7	264.2
Chlamydia, ages 13 and older	1,040.0	511.4
Gonorrhea, ages 13 and older	376.7	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, SJH 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

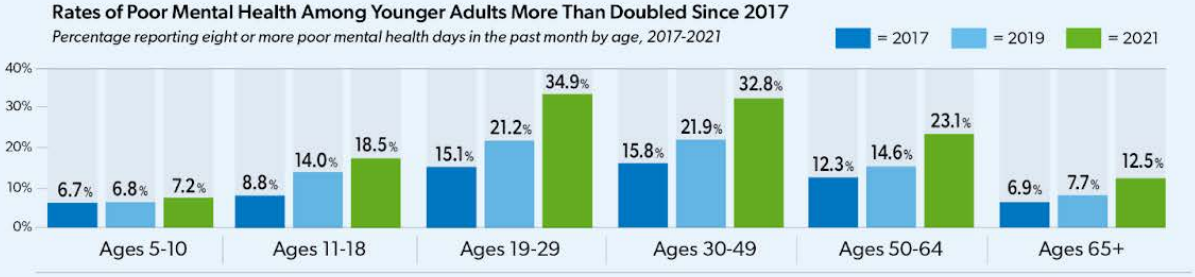
KEY TAKEAWAYS:

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



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

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%)**

SJH HIGHLIGHTED PARTNERS

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

ROCKY MOUNTAIN CRISIS PARTNERS
...leaders in 24/7 support

COLORADO COALITION FOR THE Homeless
Creating Lasting Solutions

METRO CARING
ENDING HUNGER AT ITS ROOT
TERMINAR LAS CAUSAS PROFUNDAS DEL HAMBRE
EST. 1974

LET'S TALK.
LetsTalkCO.org

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 Denver County, the number of mental health providers per 1,000 persons was 5.4. Denver County had 0.16 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

	Denver County	Colorado
Mental health providers, per 1,000 persons	5.4	2.7
Mental health treatment facilities, per 10,000 persons	0.16	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 14% of high school students in Denver County seriously considered suicide within the past year and 31.8% 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

	Denver County	Colorado
High School students who seriously considered suicide within the past year	14.2%	17.5%
High School students with severe physical/mental health issues preventing normal activity for 2+ weeks	31.8%	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 Denver County, the age-adjusted suicide rate was 19.3 per 100,000 persons. The rate of emergency department (ED) visits for suicides was 112.5 per 100,000 persons in Denver County. Twelve percent of adults in Denver County were receiving treatment or taking medicine for a mental health condition.

More than 41% of people in Denver County reported foregoing mental health treatment due to stigma. In Denver County, 16.5% 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 Denver County (41.4%).

Mental Health Indicators

	Denver County	Colorado
Age-adjusted suicide rate, per 100,000 persons	19.3	21.4
Rate of suicide ED visits, per 100,000 persons	112.5	129.5
Adults taking medicine or receiving treatment for any type of mental health condition	12.0%	15.0%
Did not get needed mental health care due to stigma in past 12 months	41.4%	47.3%
Reported a time there was a need for mental health counseling but did not get it in past 12 months	16.5%	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 10.3% in Denver County compared to 10.9% of Colorado adults.

Frequent Mental Distress, Adults

	Percent
Denver County	10.3%
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

About 18% of adults in Denver County used marijuana, including 4.6% of pregnant women in Denver County. In addition, 25.5% of students reported using marijuana at least once during the past 30 days in Denver County.

Marijuana Use

	Denver County
Adult marijuana use	18.3%
Marijuana use during pregnancy	4.6%
Students, at least 1 time during the past 30 days	25.5%
Marijuana retailers, per 1,000 population	0.4

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 Denver County, 26.4% 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 7% of Denver County adults engaged in heavy drinking within the past month, slightly more than across Colorado. Just under 28% of high school students in Denver County had at least one drink in the past 30 days, compared with 29.6% across Colorado.

Alcohol Use

	Denver County	Colorado
Heavy drinking	7.2%	7.0%
Students, at least 1 drink in past 30 days	27.9%	29.6%
Binge drinking	26.4%	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 15% of adults in Denver County smoked cigarettes. This was higher than the Healthy People 2030 objective of 5% of the population who smoke cigarettes. In Denver County, 19.5% of high school students used an e-cigarette in the past 30 days, and 5.1% smoked a cigarette in the past 30 days.

Cigarette/E-Cigarette Use

	Denver County	Colorado
Adult cigarette use	15.4%	15.0%
Pregnant mothers who smoked during pregnancy	2.3%	6.1%
Students who used an electronic vapor product one or more times in the last 30 days	19.5%	26.1%
Students who smoked cigarettes one or more times in the last 30 days	5.1%	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

Denver County has significant community health needs, many of which are tied to health behaviors and environmental or social factors. In 2022, SJH 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
- Community Wealth Building (Economic Stability)
- Health Equity

CHIP efforts include identifying Implementation Strategies that leverage community strengths and partnerships, SJH'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

Appendicies

Appendix 1. Community Survey Reports

Community Survey 1

SJH surveyed community members at a March 6, 2021, COVID-19 mass vaccine event to prioritize community health needs. The community events were held at the National Western Complex and collected survey responses from 1,389 people. Of the survey respondents, 64% were female and 32% were male, 4% preferred not to report their gender. About 5% of the respondents were Spanish speakers.

The survey respondents reported that their top five health areas of concern included:

1. Social isolation
2. Accessing health care
3. Health benefits
4. Resource awareness
5. Access to vaccines

Survey respondents also identified the most significant issues impacting a number of community needs.

Health influencers

- 19% of respondents identified transportation
- 18% of respondents identified housing

Behavioral health

- 32% of the respondents identified resource awareness
- 30% of the respondents identified accessing affordable services
- 16% of the respondents identified stigma reduction

Access to health services

- 30% of the respondents identified health benefits
- 19% of the respondents identified accessing a doctor
- 10% of the respondents identified health literacy

Health equity

- 32% of the respondents identified improving health outcomes
- 17% of the respondents identified cultural competency
- 16% of the respondents identified lack of trust

Chronic disease management

- 26% of the respondents identified high blood pressure/stroke
- 19% of the respondents identified diabetes
- 17% of the respondents identified obesity

COVID pandemic

- 44% of the respondents identified social isolation
- 28% of the respondents identified accessing to vaccines
- 13% of the respondents identified testing availability

Other issues to consider

- Accessing personal protective equipment (PPE) and mask availability
- Family impact
- Make holistic health and integrated interventions more accessible and affordable
- Receive full disability from the Veterans Administration (VA)
- Helping BIPOC communities
- Cancer as a chronic disease that is hard to manage
- High mental health impacts due to lack of cultural competency among providers
- Too many cases, co-workers quitting
- LBGTQ Health; lack of Trans or Gender-non-Binary care options

Community Survey 2

CHI conducted a community survey to more than 300 people in SCL Health's Front Range service region from August 10, 2021, to August 23, 2021. The survey was provided in both English and Spanish. CHI sent the survey link to potential participants by email using Constant Contact, with limited additional outreach through personal emails and social media posts. SCL Health's internal communications and marketing team assisted with survey dissemination by sending targeted emails to local contacts.

The survey collected 100 responses from residents of 10 counties, with the greatest number of responses coming from Adams, Denver, and Broomfield counties. Where possible, CHI analyzed results by county. Counties with a sample size of fewer than five responses were included only in the overall analysis.

Demographics

More than half (55%) of the 100 survey respondents identified primarily as community members, as opposed to medical providers or representatives of a nonprofit organization, for example. More than three-quarters (77%) of respondents were white (non-Hispanic/Latinx), so survey results may favor the experiences of this group. Similarly, women were overrepresented in the survey results, accounting for 80% of the total responses compared with just 19% of participants who identified as men. Compared with adults under age 40, people ages 65 and older were twice as likely to complete the survey, so results may be skewed to reflect opinions more representative of older community members. See Table 1 for a complete list of demographic data.

Table 1. Survey Respondent Demographics

Primary Role in the Community	Percent of Respondents
Community member	55%
Medical provider or clinician	13%
Nonprofit organization representative	11%
Public health worker	9%
Community-based organization representative	6%
Other	6%
Youth/education services representative	0%
County of Residence	**Percent of Respondents**
Adams	43%
Denver	15%
Broomfield	10%
Jefferson	9%
Boulder	7%
Arapahoe	6%
Weld	6%
Douglas	2%
Larimer	1%
Morgan	1%
Race or Ethnicity	**Percent of Respondents**
White, non-Hispanic/Latinx	77%
Hispanic/Latinx	14%
Black/African American	4%
Other (please specify)	3%
Mixed race	2%
American Indian/Alaska Native	0%
Middle Eastern or Northern African	0%
Asian	0%
Age Range	**Percent of Respondents**
25 or younger	0%
26 – 39	15%
40 – 54	31%
55 – 64	22%
65 or older	32%
Gender	**Percent of Respondents**
Female	80%
Male	19%
Prefer not to say	1%

Community Health Concerns

Behavioral health, housing stability and affordability, and COVID-19 were the three most pressing health concerns cited by survey respondents from a list of options. Please see Table 2 for further detail.

Table 2. Three Most Pressing Health Concerns, by SCL Service Region and County

	Most Cited Issue	2nd Most Cited Issue	3rd Most Cited Issue
Overall (all counties)	Behavioral health	Housing stability/ affordability	COVID-19
Adams	Behavioral health (t)	Chronic illnesses (t)	COVID-19
Arapahoe	Housing stability/ affordability	Behavioral health (t)	Food insecurity (t)
Boulder	Housing stability/ affordability	Chronic illnesses (t)	Substance use (t) Access to care (t)
Broomfield	COVID-19 (t)	Behavioral health (t)	Housing stability/ affordability (t) Air pollution/safe drinking water (t)
Denver	Housing stability/ affordability	Behavioral health	Chronic illnesses
Jefferson	COVID-19	Behavioral health	Housing stability/ affordability
Weld	Substance use (t)	Access to health care (t)	Violence/crime (t)

(t) = tied. These topics were chosen by the same percentage of respondents.

Behavioral Health

Behavioral health issues, including suicide, were the most urgent health concerns reported by survey participants. About 43% of all survey respondents considered this a major (top three) issue in their community, with the highest rates of concern expressed among respondents living in Denver, Broomfield, and Arapahoe counties.

Concern over these issues varied by a survey respondent's role in their community. For example, public health workers were more than twice as likely to consider behavioral health a major issue when compared with community members (78% to 31%).

Most survey respondents said members of their community do not have good overall mental health. Almost two-thirds (63%) of all survey respondents rated their community's overall mental health as "fair or poor," with suboptimal ratings the most common among respondents who live in Denver and Arapahoe counties (93% and 83%).

> *"The community suffers from mental health issues but is not aware of them due to [a] lack of information, [not knowing] how to identify the issues/denial, and/or [not having] appropriate ways to address them."*
>
> *– Survey Respondent from Adams County*

Housing

Colorado's housing crisis was a top concern for 41% of all survey participants. This was especially true for those who live in Boulder, Broomfield, Arapahoe, and Denver counties: In each of these areas, at least 50% of respondents chose housing stability and affordability as a major health concern for themselves or for other community members.

> *"It is so unaffordable to live here, which impacts everything, including health."*
>
> *– Survey Respondent from Denver County*

> *"Lack of affordable housing and adequate wages are the primary factors driving poverty in our community. People will never be able to focus on health when they can't meet their basic human needs. Housing needs to be at the top of the list for priorities."*
>
> *– Survey Respondent from Broomfield County*

COVID-19

The uptick in COVID-19 cases from the rapid spread of the delta variant in 2021 coincided with the survey, which is reflected in heightened concerns expressed about the virus in many communities.

> *"COVID-19 has a significant impact and has caused further stress and behavioral health issues."*
>
> *– Survey Respondent from Broomfield County*

Underserved Populations

About two-thirds (64%) of survey respondents said specific populations in their community were not being adequately assisted by health care services. People experiencing homelessness, people without insurance, and low-income communities were identified as the three most underserved populations in SCL Health's Front Range service region. See Table 3 for differences by county.

> *"People experiencing homelessness are complex, resilient, valuable members of our community who have suffered serious trauma. I would like to see all health care providers (in all health care systems) treat them as such."*
>
> *– Survey Respondent from Denver*

Table 3. Most Underserved Populations, by SCL Service Region and County

	Most Underserved Population	2nd Most Underserved Population	3rd Most Underserved Population
Overall (all counties)	People experiencing homelessness	Uninsured people	Low-income communities
Adams	People experiencing homelessness (t)	Older adults (t)	Uninsured people
Arapahoe	People experiencing homelessness (t)	Hispanic/Latinx people (t)	Black/African American people (t)
Boulder	Low-income communities (t)	Uninsured people (t)	N/A*
Broomfield	People experiencing homelessness	Uninsured people	Low-income communities
Denver	Immigrants/refugees	Low-income communities (t)	Uninsured people (t)
Jefferson	People experiencing homelessness (t)	Low-income communities (t)	Uninsured people
Weld	People experiencing homelessness (t)	Low-income communities (t)	Older adults (t)

(t) = tied. These population groups were chosen by the same percentage of respondents.

N/A = There was a five-way tie among Boulder County respondents for the following underserved populations: Immigrants and refugees, older adults, people experiencing homelessness, Hispanic/Latinx people, and people with disabilities.*

Barriers to Care

Over half (52%) of all respondents said out-pocket-costs were a substantial barrier to getting needed health care, followed by providers not accepting their insurance (37%) and providers not taking on new patients (33%).

Survey respondents in Jefferson (67%) and Weld (83%) counties were most likely to choose out-of-pocket costs as a major barrier to care (see Table 4). Additionally, challenges with out-of-pocket costs were felt more acutely by survey respondents who identify as Black or Hispanic/Latinx, those who are between the ages of 40 and 54, and those who work for a nonprofit organization.

As noted above, about one-third of survey respondents said finding a health care provider who agreed to take their insurance or who was accepting new patients was a barrier to getting needed health care for themselves or other members of their community. Survey respondents who are enrolled in Health First Colorado, the state's Medicaid program, were more likely to report challenges

with finding a provider to accept their insurance or take new patients than those with other types of insurance coverage.

Table 4. Substantial Barriers to Care, by SCL Service Region and County

	Biggest Barrier to Care	2nd Biggest Barrier to Care	3rd Biggest Barrier to Care
Overall (all counties)	Out-of-pocket costs	Insurance was not accepted by a provider	Provider was not accepting new patients
Adams	Out-of-pocket costs	Insurance was not accepted by a provider	Provider was not accepting new patients
Arapahoe	Out-of-pocket costs	Mistrust of health care providers (t)	Worried about being treated fairly (t)
Boulder	Out-of-pocket costs	Did not have insurance (t)	Did not know how to find a health care provider (t)
Broomfield	Out-of-pocket costs	Insurance was not accepted by a provider	Mistrust of health care providers
Denver	Insurance was not accepted by a provider (t)	Provider was not accepting new patients (t)	Mistrust of health care providers
Jefferson	Out-of-pocket costs	Insurance was not accepted by a provider	Could not get time off work
Weld	Out-of-pocket costs	Provider was not accepting new patients	Insurance was not accepted by a provider

(t) = tied. These barriers to care were chosen by the same percentage of respondents.

Access to Health Care Services

Perceptions of respondents' access to health care services varied by county and by type of health care service. About one-third (36%) of survey respondents said they did not have access to needed behavioral health services, with people living in Denver, Jefferson, and Adams counties most likely to report access challenges for behavioral health care (see Table 5).

About one in four survey respondents said they did not have access to needed primary care (23%), specialty care (25%), and culturally competent health care services (24%). People who identify as Black or Hispanic/Latinx were more than three times as likely as their white peers to report limited access to culturally competent providers — defined as those who understand their community's needs or speak their language.

Table 5. Lack of Access to Care by Specialty Area, by SCL Service Region and County

	Poor Access to Primary Care	Poor Access to Specialty Care	Poor Access to Behavioral Health Care	Poor Access to Oral Health Care	Poor Access to Culturally Competent Health Care
Overall (all counties)	23%	25%	36%	15%	24%
Adams	26%	26%	40%	12%	16%
Arapahoe	17%	17%	33%	17%	33%
Boulder	43%	43%	29%	43%	29%
Broomfield	10%	10%	10%	10%	20%
Denver	33%	40%	53%	27%	47%
Jefferson	0%	0%	44%	0%	22%
Weld	33%	50%	33%	17%	17%

Community Needs and Services

Survey respondents pointed to three services that are most needed in greater quantities to improve the well-being of community members: mental health services; aging and long-term care services; and social supports, such as housing and food assistance.

Table 6. Community and Health Service Gaps, by SCL Service Region and County

	Most Needed Service	2nd Most Needed Service	3rd Most Needed Service
Overall (all counties)	Mental health services	Aging/long-term care services	Social support services
Adams	Mental health services	Aging/long-term care services	Specialty care services (t) Veteran services (t)
Arapahoe	Mental health services	Social support services (t)	Equity, inclusion, and diversity services (t)
Boulder	Substance use services (t)	Mental health services (t)	Equity, inclusion, and diversity services (t)
Broomfield	Social support services	Child care services	N/A*
Denver	Mental health services	Social support services (t)	Equity, inclusion, and diversity services (t)
Jefferson	Mental health services	Social support services	N/A**
Weld	Substance use services	Mental health services	Aging/long-term care services (t) Veteran services (t)

(t) = tied. These community and health services were chosen by the same percentage of respondents.

N/A = There was a five-way tie among Broomfield County respondents for the following needed services: mental health services; recreational services; environmental services; equity, inclusion, and diversity services; and veteran services. N/A** = There was a three-way tie among Jefferson County respondents for the following needed services: equity, inclusion, and diversity services; child care services; and aging/long-term care services.*

Mental Health

Challenges accessing behavioral health care are due in large part to limited care options. About half (49%) of all survey respondents said there are not enough mental health services in SCL Health's Front Range service region to meet the needs of their community (see Table 6).

"Mental Health continues to be stigmatized; it's difficult to know how our communities mental health is fairing with many not willing to disclose mental health challenges."
– Survey Respondent from Denver County

"Covid-19 has drastically increased mental health concerns and feelings of isolation."
– Survey Respondent from Denver County

Aging and Long-Term Care

One-third (33%) of all survey respondents said their community needs more aging and long-term care services, such as geriatric-specific providers and transportation services, to meet the needs of older adults. About one in six (17%) survey respondents said they did not think their community was a good place to grow old or retire because of limited aging services and supports, limited elder-friendly housing options, or both.

Social Supports

The economic and financial impacts of the coronavirus pandemic coupled with Colorado's growing housing affordability crisis have intensified the need for more social support services, such as housing and food assistance programs, along the Front Range. One in four (25%) respondents said there are not enough social support services to meet the needs of community members.

Looking Ahead: Prioritization

When considering the next three years, survey respondents said that it is very important for SCL Health to prioritize actions to further address three pressing health concerns: COVID-19 outbreaks, behavioral health needs, and access to health care services. Leadership and staff at SCL Health's hospitals should consider these suggestions from community members when drafting their CHNA reports and creating implementation plans to address local needs. See Table 7 for a list of top priorities by county.

Health-adjacent issues like housing instability and food insecurity were less likely to be identified by survey respondents as "very important" topics for SCL Health to prioritize compared with physical and mental health concerns. This may be attributed to respondents seeing less of a role for their local hospital to address social issues within their community, rather than beliefs that these issues are not urgent or important.

Table 7. Topics for Prioritization by SCL Health, by SCL Service Region and County

	Highest-Priority Topic	2nd Priority Topic	3rd Priority Topic
Overall (all counties)	Behavioral health	COVID-19 outbreaks (t)	Access to health care (t)
Adams	Chronic illnesses	Behavioral health (t)	Access to health care (t)
Arapahoe	Behavioral health	Substance use (t)	Access to health care (t)
Boulder	COVID-19 outbreaks (t)	Access to health care (t)	Behavioral health (t2) Chronic illnesses (t2)
Broomfield	COVID-19 outbreaks (t)	Air pollution and/or unsafe drinking water (t)	Behavioral health
Denver	Behavioral health	Access to health care	Chronic illnesses
Jefferson	COVID-19 outbreaks (t)	Behavioral health (t)	Access to health care
Weld	Infectious diseases	N/A*	N/A*

(t) = tied. These priority topics were chosen by the same percentage of respondents.

(t2) = tied. These priority topics represent a second tie (for third place) in Boulder County.

N/A = There was a four-way tie among Weld County respondents for the following prioritized topics: COVID-19 outbreaks, substance use, chronic illnesses, and behavioral health.*

Appendix 2. Community Resources

SJH 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
Access to health care	Center for African American Health, Clinica Tepeyac, Colorado Access Medicaid, Colorado Coalition for the Homeless, Connect for Colorado, Denver Public Health, Eastside Health Clinic, Inner City Health Center, Local RAE, Mile Hi Health Alliance, Rescue Mission, Saint Joseph Hospital Clinics, Stout Street Clinic, STRIDE Community Health, The Action Center, Urban Peak
Chronic conditions	American Diabetes Association, Clinica Colorado, Clinical Tepeyac, CREA Results, Denver Public Health, Health Fairs, Inner City Health, Saint Joseph Hospital, Saint Joseph Hospital Clinics, Salud, Ventanilia de Salud with CAHEP
Food insecurity	Metro Caring, Saint Francis Center, So All May Eat, The Action Center, Denver Public Schools Back Pack Program, Denver Rescue Mission, Harvest Share, Denver Urban Gardens

Appendix 3. Prioritization Meeting Participants

Community Health Needs Assessment Prioritization Meeting September 23, 2021

Attendee	Title	Organization
Andrew Rewold	Program Coordinator	Denver Public Schools
Benzel Jimmerson	Principal	Metro DEEP
Carl Cark	President and CEO	Mental Health Center of Denver
Chuck Ault	Regional Director, Community Health	Saint Joseph Hospital
Danelle Hubbard	Director of Health Systems	Alzheimer's Association
Denise de Percin	Executive Director	Mile Hi Health Alliance
Eric Moore	Policy and Research Manager	Center for African American Health
Gaye Woods	System Director, Community Benefit	SCL Health
Haley Todd	Director	Colorado Vincentian Volunteers
Huy Ly	Family Practice Residency Coordinator	Saint Joseph Hospital
Jean Finegan	Executive Director	Dominican Home Health
Jennifer Gordon	VP Mission Integration	Saint Joseph Hospital
Jocelyn Miller	Executive Director	RAMERC
Jodi Hardin	Director	Civic Canopy
Linda Osterlund	Academic Dean	Regis University
Maryflorence Cox	ED Coordinator	Saint Joseph Hospital
Mattie Brister	Program Manager	Mile Hi Health Alliance
Stephanie Echer	Program Manager	Urban Peak
Tash Mitchell	Senior Management, Community Development	Metro Caring
Treloar Bower	Manager, Program Development	Museum of Nature and Science
Wendy Smittick	Food Connector	Denver Public Health and Environment
Yessica Holguin	Executive Director	Center for Community Wealth Building

Appendix 4. Review of Progress

Saint Joseph Hospital 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. SJH addressed: Mental Health, Economic Stability, and Food Security 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

Goal: Improve access to mental health services.

Strategies	Accomplishments
Offer Mental Health First Aid Training in community	Six community-based trainings were offered within community-based organizations, which reached 68 community members.
Grow participation in the Rocky Mountain Crisis Partners suicidal ideation/attempt follow-up program	Over the course of three years, voluntary participation in the RMCP program has grown almost 20%. In 2020, 148 individuals received follow-up services related to a suicide attempt or suicidal ideation.
Support the efforts of the Robert A. Miller Education and Resource Center	In 2020 SJH donated $2,500 to RAMERC for continuation of their local outreach and workshops aimed at helping community members cope with the isolation and loneliness related to the pandemic.

Economic Security

Goal: Increase community wealth building.

Strategies	Accomplishments
Support hyper-local BIPOC-owned small businesses.	SJH shifted some of its external catering purchases to locally owned BIPOC start-up businesses leading to $60,000 staying in the local community.
Hire individuals from the local community to enter career pathways at the hospital.	SJH began a partnership with a neighborhood job training organization called Cross Purpose. SJH hosts students from their Medical Assistance program externship and then hires them for permanent positions.

Food Insecurity

Goal: Increase access to healthy food.

Strategies	Accomplishments
Provide growing space on Saint Joseph Hospital campus for the community to grow and distribute nutritious food.	In partnership with Metro Caring, SJH provided four growing spaces on campus: 1. Marion Garden: a series of 10, 4'X6' raised garden beds provided for use by low-income seniors living on the Marion Plaza. Residents grow food and distribute to other residents during the growing season. 2. Humboldt Garden: a half-acre community garden with 23 plots for community members to grow their own food. 3. Freight Farm: a year-round hydroponic garden being used by community members who grow desirable herbs that are sold at local Farmers Markets during the season as part of a small business start-up. 4. The Secret Garden: growing food that is distributed through the Metro Caring Market.
Support a local school to provide meals for those in need within their neighborhood.	SJH purchased a flash freezer, which enables the food service team to make and freeze extra meals to distribute to community members.