Hospital Community Benefit Accountability

Denver Health and Hospital Authority Annual Report

9/1/21

Submitted to: Department of Health Care Policy & Financing

COLORADO
Department of Health Care Policy & Financing

Contents

I. Overview

House Bill 19-1320 requires non-profit tax-exempt general hospitals, Denver Health Medical Center, and University of Colorado Hospital to complete a community health needs assessment every three years and an annual community benefit implementation plan every year[1]. Each reporting hospital is required to convene a public meeting at least once per year to seek feedback on the hospital's community benefit activities and implementation plans. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (the Department) that includes but not limited to the following:

- Information on the public meeting held within the year preceding **September 1, 2021**
- The most recent Community Health Needs Assessment
- The most recent Community Benefit Implementation Plan
- The most recent submitted IRS form 990 including Schedule H
- A description of investments included in Schedule H
- Expenses included on form 990

More information can be found on the Hospital Community Benefit Accountability webpage. Please direct any questions to hcpf_hospitalcommunity@state.co.us.

[1] Long Term Care and Critical Access hospitals are not required to report.

II. Checklist

A. Sections within this report

☒ Public meeting reporting section completed

☒ Investment and expenses reporting section completed

☒ URL of the page on the hospital's website where this report will be posted

https://www.denverhealth.org/about-denver-health/government-relations

B. Attachments submitted with report

☒ Most recent Community Health Needs Assessment

☒ Most recent Community Benefit Implementation Plan

☒ List of individuals and organizations invited to the public meeting

☒ List of public meeting attendees and organizations represented

☒ Public meeting agenda

☒ Summary of the public meeting discussion

☒ Most recent submitted form 990 including Schedule H or equivalent

☐ Available evidence that shows how the investment improves Community health outcomes (Attachment is optional if description of evidence is provided within this report)

III. Public Meeting Reporting

Provide the following information on the public meeting held during the previous twelve months:

Date: 8/4/21; 8/5/21

Time: 12-1 pm; 6-7 pm, respectively

Location (place meeting held and city or if virtual, note platform): Zoom

Describe your outreach efforts for the public meeting being reported:

The public meetings were published in the Aurora Sentinal (in English), LaVoz (in Spanish), and in the Denver Post (in English). E-mails were sent to 96 community contacts (in English and Spanish), including those who are required to receive notifications, e.g., Division of Insurance within the Department of Regulatory Agencies, Office of Saving People Money on Health Care, Colorado Commission on Higher Education, Department of Human Services, Department of Public Health and Environment, and Denver City Council members. Simultaneous American Sign Language and Spanish Translations were offered for both meetings.

Describe the actions taken as a result of feedback from meeting participants:

As described in the summary of the meeting discussion, participants overwhelmingly confirmed our priorities and the value of hospitals partnering to gain community feedback. The community also provided insights into the role social needs screening should play in the hospital, suggesting results should be incorporated into medical care plans, be used to connect individuals to community resources, and also be used to help identify community social need priorities to inform the need for expanding resources. Two individuals requested more discussion regarding our Anchor Institution and housing.

Based on this feedback we will proceed with our existing priorities, continue to invite other hospitals to partner in eliciting community feedback, and consider how to optimize the use of social needs screening information. We are also outreaching to the two participants who requested additional discussion re: our Anchor Institution Initiative and housing.

IV. Investment and Expenses Reporting

Provide the following information on the expenses included on submitted form 990

Total expenses included on Line 18 of Section 1 of submitted form 990:

$1,103,814,880.00

Revenue less expenses included on Line 19 of Section 1 of submitted form 990:

$95,796,553.00

Reporting Hospitals not required to complete form 990 shall provide the above information as described on Lines 18 and 19 of form 990.

In the table below provide a brief description of each investment made that was included in Parts I, II, and III of Schedule H and include the following:

- Cost of the investment. For this reporting purpose, "investment" means the hospital's expense net of offsetting revenue for financial assistance and means-tested government programs, other community benefits such as community health improvement services and community benefit operations, and/or community building activities. See the IRS instructions for Parts I, II, and III of Schedule H of Form 990 at www.irs.gov/pub/irs-pdf/i990sh.pdf.
- For each Schedule H investment that addressed a Community Identified Health Need identify the following categories: (See Appendix A for definitions)

  ✓ Free or Discounted Health Care Services
  ✓ Programs that Address Health Behaviors or Risk
  ✓ Programs that Address the Social Determinants of Health

  There is a crosswalk available on the Hospital Community Benefit Accountability webpage under the resources section.

- For each investment that addressed a Community Identified Health Need briefly describe available evidence that shows how the investment improves Community health outcomes or provide the evidence as an attachment.

Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behaviors or risk	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Financial Assistance at Cost	$4,552,809	Y	$0	$0	$0	$4,552,809	Colorado Indigent Care Program (CICP) - CICP is a state of Colorado program that helps Colorado residents who are not eligible for Medicaid or CHP+. Eligibility is based on family size, income and resources.	

Financial Assistance at Cost	$8,634,393	Y	$8,634,393	$0	$0	$0	Denver Health Financial Assistance Program (DFAP) – DFAP is a Denver Health program that helps pay for health services provided by Denver Health providers. Patients who do not qualify for Medicaid, CICP or the CHP+ plan may qualify for DFAP. Eligibility is based on family size and income.	
Medicaid	$33,795,839	Y	$0	$0	$0	$33,795,839	Medicaid - Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.	

Subsidized Health Services	$10,493,192	Y	$0	$0	$0	$10,493,192	Self-Pay (Uninsured) - Subsidized health services are provided to individuals with no other type of payer source.	
Community Health Improvement	$984,048	Y	$0	$0	$0	$984,048	Denver Public Health (DPH) - DPH is an innovative, nationally recognized health department that collaborates with Denver's Department of Public Health and Environment and many other partners to inform, educate, offer services and promote policy change to make Denver a healthy community for all people	https://www.denverpublichealth.org/

Community Health Improvement	($8,633)	Y	$0	$0	$0	($8,633)	SANE Program - Denver Health helps survivors of sexual assault gain back control by offering medical examination and treatment, counseling, and legal assistance following an assault.	https://www.denverhealth.org/services/emergency-medicine/sexual-assault-nurse-examiners

Community Health Improvement	$1,883,398	Y	$0	$0	$0	$1,883,398	Denver Health Foundation Administration - The Denver Health Foundation is not included as a component unit of Denver Health & Hospital Authority (DHHA). However, DHHA provides certain accounting and administrative functions for the Foundation at no cost. The Denver Health Foundation helps donors with diverse interests make a comprehensive impact on the health, social and economic well-being of the greater Denver area by supporting the exceptional care provided by Denver Health.	https://www.denverhealthfoundation.org/

Community Health Improvement	$6,495,500	Y	$0	$0	$0	$6,495,500	NurseLine - The Denver Health 24-hour NurseLine is a service provided exclusively to Denver Health patients and the people of Denver. Our caring medical staff, including nurses and an on-call emergency physician, quickly provide medical assistance, care advice and help you know if you need to be seen right away by a doctor.	https://www.denverhealth.org/patients-visitors/nurseline
Community Health Improvement	$1,772,895	Y	$0	$0	$0	$1,772,895	Child Life Program – The Child Life program provides psychosocial support to pediatric patients and their families during stressful healthcare experiences.	https://www.denverhealth.org/services/pediatrics/child-life-program

Health Professions Education	$13,080,115	Y	$0	$0	$0	$13,080,115	Health Professions Education - Denver Health trains over 2,000 students in 34 health professions. As an affiliate of the University of Colorado School of Medicine, Denver Health is Colorado's second largest graduate medical education site and sponsors its own residencies in dentistry, emergency medicine, oral and maxillofacial surgery, pharmacology and psychology. To support our vision, we prioritize three areas: increasing the effectiveness of resident education programs, optimizing student health profession training and building interprofessional continuing education.	https://www.denverhealth.org/for-professionals/office-of-education

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Be Healthy Denver – Be Healthy Denver is A partnership with the Denver Department of Public Health and Environment focused on initiatives to improve the health of all Denver Residents; including youth through the youth health assessment.	https://www.denverpublichealth.org/community-health-promotion/be-healthy-denver

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Denver CARES Detox - Denver CARES is a 100-bed, non-medical, clinically managed treatment facility. Our mission is to provide a safe detoxification for public inebriates and to provide assessment, education, motivational counseling and residential treatment. Denver CARES operates 24/7 with a staff of registered nurses, behavioral health technicians, addiction counselors and licensed mental health clinicians.	https://www.denverhealth.org/services/community-health/denver-cares-detox-drug-alcohol-rehab

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Denver CARES Emergency Service Patrol (ESP) – The Denver CARES ESP picks up public inebriates throughout the city of Denver and safely transports them to CARES. The ESP responds to police requests, community calls, Denver Health Emergency Department requests and also regularly travels established routes.	https://www.denverhealth.org/services/community-health/denver-cares-detox-drug-alcohol-rehab
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Tobacco Cessation and Quitline - Denver Health offers daily tobacco cession clinics at our main campus and six of our community health centers.	https://www.denverhealth.org/conditions/s/smoking-cessation

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Community Voice Patient Navigation - A learning laboratory dedicated to increasing access to healthcare for the underserved and changing public health policy.	https://www.denverhealth.org/patients-visitors/community-voices-patient-navigators
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Denver Health Refugee Clinic – Provides newly arriving refugee families and identified asylees with a refugee health screening within 90 days of arrival to the U.S.	https://www.denverhealth.org/services/community-health/refugee-clinic

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Denver Health Enrollment Services – Denver Health understands that the process of finding health care coverage to help to pay for medical services can be a confusing process, which is why we guide our customers through a health care program screening process.	https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	HCP of Children and Youth with Special Health Care Needs – A care coordination service that works toward helping our youngest vulnerable patients and their caregivers with navigated their needed care.	https://www.denverhealth.org/services/community-health/hcp-for-children-and-youth-with-special-health-care-needs

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Healthy Eating Active Living (HEAL) – A program that focuses on built environment, policy and systems that focus on health promotion and obesity prevention.	https://www.denverpublichealth.org/community-health-promotion/healthy-eating-active-living
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Hospital Based Violence Prevention - Faces of Future – A pipeline program designed to serve underrepresented youth that are challenged with academic achievement or have other significant risk factors.	https://www.denverpublichealth.org/community-health-promotion/youth-health/violence-prevention

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Hospital Based Violence Prevention-AIM – A program that provides trauma, informed care and takes a public health approach that uses data and research to interrupt a cycle of violence among Denver's at-risk youth and young adults.	https://www.denverhealth.org/for-professionals/office-of-education/health-professions-and-pre-health-programs/pre-health-programs
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Injury Prevention - The Injury Prevention Program participates in activities that address unintentional and intentional forms of injury in Denver County across the entire age spectrum.	https://www.denverpublichealth.org/community-health-promotion/injury-prevention

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Maternal Child Health - The death of an infant or loss of a developing baby is always devastating. Across the United States, black women are significantly more likely than whites to experience the loss of a baby within the first year of life. This is also true in Denver where the ratio of black infant deaths to white infant deaths is two to one. We are diligently working with community partners to eliminate this disparity, first by better understanding why this difference occurs. The Perinatal Periods of Risk (PPOR) Analysis is a specific technique used to investigate factors associated with both infant deaths (after a live birth) and fetal losses (miscarriages).	https://www.denverpublichealth.org/community-health-promotion/maternal-child-health

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Nurse Family Partnership – This program focuses on low income women who are having their first baby and works with them to provide them needed support as they navigate motherhood.	https://www.denverhealth.org/services/community-health/nurse-family-partnership
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Substance Abuse Treatment, Education and Prevention (STEP) - STEP is a substance treatment program which specializes in working with adolescents. We provide ongoing outpatient treatment services to support clients up to the age of 21.	https://www.denverhealth.org/services/behavioral-health/addiction-services/adolescent-substance-abuse-treatment

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	The Center for Addiction Medicine (CAM) - CAM is a Denver Health initiative dedicated to combating the damage being done to our community by the disease of addiction. In 2018, more than 1,100 people died of drug overdose in Colorado, we strive to make that number zero.	https://www.denverhealth.org/for-professionals/center-for-addiction-medicine
Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Walk with a Doc - A program that provides an opportunity to improve health while learning about important health topics from physicians.	https://www.denverhealth.org/services/community-health/walk-with-a-doc

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Accountable Health Communities - A program to address a critical gap between clinical care and community services in our current health delivery system, but testing whether systematically identifying and addressing the health related social needs of public benefit recipients through screening, referral, and community navigation services.	https://drcog.org/programs/area-agency-aging/accountable-health-communities

Community Health Improvement	**1**	Y	**1**	**1**	**1**	**1**	Anchor Institution - It is our mission to provide high-quality medical care for everyone, regardless of their ability to pay. But we know that clinical care alone only accounts for 20 percent of a person's health status. There are many other factors that impact a person's overall wellbeing including their access to healthy food, housing, employment and education as well as the physical environment in which they live. To truly care for the whole person, we as an institution must address all of those other determinants of health. And that is why we have committed to serving our Denver community as an Anchor Institution.	https://www.denverhealth.org/about-denver-health/anchor-institution

1 – The entire cost of these investments is included in the Financial Assistance at Cost, Medicaid, Subsidized Health Services, Health Professions Education or Community Health Improvement categories, or the cost is completely funded by another source.

V. Additional Information

Please provide any additional information you feel is relevant to the items being reported on.

VI. Report Certification

I certify that the information in this report is for **Denver Health and Hospital Authority** and provided according to all requirements set forth by the Department's regulations found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.5000.

I agree to provide additional explanation or documentation at the Department's requests within 10 business days of the request.

Name Robin D. Wittenstein

Title CEO

Phone Number 303-602-4920

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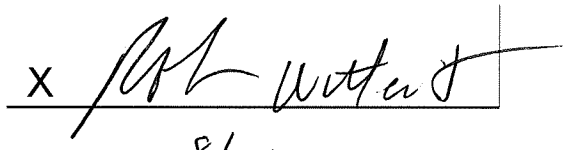
X 

8/31/21

Appendix A - Definitions

Community - the community that a hospital has defined as the community that it serves pursuant to 26 CFR § 1.501(r)-(b)(3).

Community Benefit Implementation Plan - a plan that satisfies the requirements of an implementation strategy as described in 26 CFR § 1.501(r)-3(c).

Community Health Center - a federally qualified health center as defined in 42 U.S.C. sec. 1395x(aa)(4) or a rural health clinic as defined in 42 U.S.C. sec. 1395x (aa)(2).

Community Health Needs Assessment - a community health needs assessment that satisfies the requirements of 26 CFR § 1.501(r)-3(b).

Community Identified Health Need - a health need of a Community that is identified in a Community Health Needs Assessment.

Financial assistance policy (FAP) - a written policy that meets the requirements described in 26 CFR § 1.501(r)– 4(b)

Free or Discounted Health Care Services - health care services provided by the hospital to persons who meet the hospital's criteria for financial assistance and are unable to pay for all or a portion of the services, or physical or behavioral health care services funded by the hospital but provided without charge to patients by other organizations in the Community. Free or Discounted Health Care Services does not include the following:

1. Services reimbursed through the Colorado Indigent Care Program (CICP),
2. Bad debt or uncollectable amounts owed that the hospital recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing care to such patients,
3. The difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom,
4. Self-pay or prompt pay discounts, or
5. Contractual adjustments with any third-party payers.

Examples of Free or Discounted Health Care Services

- Charity care or financial assistance program excluding CICP
- Free services such as vaccination clinics or examinations

Health System - a larger corporation or organizational structure that owns, contains, or operates more than one hospital.

Programs that Address Health Behaviors or Risk - programs funded by the hospital and provided by the hospital or other Community organizations that provide education, mentorship, or other supports that help people make or maintain healthy life choices or manage chronic disease, including addiction prevention and treatment programs, suicide prevention programs and mental health treatment, programs to prevent tobacco use, disease management programs, nutrition education programs, programs that support maternal health, including screening, referral and treatment for perinatal and postpartum depression and anxiety, and healthy birth outcomes, and programs that help seniors and people with disabilities live as independently as possible in the Community.

Programs that Address the Social Determinants of Health - funding or in-kind programs or services that improve social, economic, and environmental conditions that impact health in the Community. Social and economic conditions that impact health include education; employment; income; family and social support; and Community safety. Environmental conditions that impact health include air and water quality, housing, and transit. Programs that Address the Social Determinants of Health include but are not limited to the following:

1. Job training programs,
2. Support for early childhood and elementary, middle, junior-high, and high school education,
2. Programs that increase access to nutritious food and safe housing,
3. Medical Legal Partnerships, and
4. Community-building activities that could be included in Part II of Schedule H of the Form 990.

Reporting Hospital

1. A hospital licensed as a general hospital pursuant to Part 1 of Article 3 of Title 25 of the Colorado Revised Statutes and exempt from Federal taxation pursuant to Section 501(c)(3) of the Federal Internal Revenue code, but not including a general hospital that is federally certified or undergoing federal certification as a long-term care hospital pursuant to 42 CFR § 412.23(e) or that is federally certified or undergoing federal certification as a critical access hospital pursuant to 42 CFR § 485 Subpart F,
2. A hospital established pursuant to § 25-29-103 C.R.S., or
3. A hospital established pursuant to § 23-21-503 C.R.S.

Safety Net Clinic - a Community clinic licensed or certified by the Department of Public Health and Environment pursuant to Section § 25-1.5-103 (1)(a)(I) or (1)(a)(II), C.R.S.

Denver Health and Hospital Authority 2021 Hospital Community Benefit Accountability Annual Report Required Attachments

Denver Health and Hospital Authority
Community Health Needs Assessment

September 1, 2020

Table of Contents

Executive Summary

Denver Health and Hospital Authority (DHHA) is pleased to present its inaugural Community Needs Health Assessment (CHNA) in fulfillment of the Hospital Community Benefit Accountability legislation, House Bill 19-1320. Since 1860, Denver Health has been providing care for all of Denver's residents, especially for our most vulnerable. Our focus is on those needing access to quality preventative, acute and chronic health care - regardless of ability to pay. Indeed, over 50% of our revenue is derived from Medicaid reimbursement. As an anchor institution in the community, we are committed to not only partnering to address the full range of social risk factors that impact health status but to serving all the Denver area health needs.

This needs assessment is a snapshot of the most critical issues facing our community. The development of the report uses quantitative data about the current health status of our population and input from community members about the key issues and concerns they face that impact their health.

The community input for this CHNA pulls from a number of recent community engagement efforts, including a Denver Community Health Services (DCHS) stakeholder engagement process in 2019, the "Snapshot of Denver County Health Needs in the Community Engagement Strategy" developed for Denver Health in the end of 2018, "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver" released in early 2020, and The "Hospital Transformation Program Midpoint Report" from 2019. In those reports, several issues were consistently identified:

- Access to Care
- Behavioral health
- Addressing social needs
- Economic opportunity
- Improving child health and well-being

In addition, key themes of the City and County of Denver's 2019 Community Health Assessment, or CHA (publication forthcoming) were extrapolated to identify several significant health needs, including these critical issues of greatest concern:

- Social determinants of health,
- Preventable disease concerns,
- Behavioral health, and
- Child health

Using the rich data obtained from these community engagement efforts and after considering criteria consistent with the Colorado Health Assessment and Planning System Prioritization Score Tool, the following three needs were selected as areas of focus for Denver Health's Community Benefits work:

1. Address Behavioral Health issues by Supporting Goals of Denver's "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver",

2. Enhance Community Engagement for Child Health and Wellbeing by Enrolling Families in Federal Assistance Programs Prenatal to Age 5,

3. Enhancing economic opportunity in Denver through Denver Health's Anchor Institution Initiative.

Letter from the Chief Executive Officer

Dear Denver Community,

Denver Health has been here for the City and County of Denver since 1860. Over these many years, we have focused on meeting challenges as our city has grown. Today we are facing a major public health crisis that is stressing our health system, economic structures, and the very fabric of our community. But we are also finding that this has become a time of people coming together and accomplishing things that were not previously thought to be possible. For instance, Denver Health converted most of its outpatient and specialty care to remote visits in record time in response to the COVID19 pandemic. This time has also shown how interconnected we are, with everyone from grocery store clerks, retail workers, healthcare providers and many others recognized as what they truly are—essential. Now more than ever, we are in this together.

In our 160-year history we have consistently worked to identify and address the most pressing needs of our community. This year is no different. What is different is that we are pleased to share our first official Community Health Needs Assessment. This assessment combines quantitative data about Denver with community conversations identifying priority needs for Denver Health to address in our goal of improving health for our entire community.

While there are many needs, to be effective we need to focus. Based on the information we have; we are choosing to focus for the next three years on root causes of some of challenges identified by members of our community. These include behavioral health, child health and economic prosperity. A focus on these upstream determinants of health is also consistent with the calls for justice in the wake of George Floyd's death. My hope is we can use this momentum to strengthen our resolve to realize a truly equitable society and be a model for our country and our world.

We are grateful for the existing and new partnerships that will be formed to make the difference we are committed to making. We are in this together. Thank you for being a partner with us for life's journey.

Sincerely,

Robin D. Wittenstein, Ed. D, FACHE
Chief Executive Officer

Denver Health and Hospital Authority: Background and Purpose

Denver Health has been a steadfast partner to the City and County of Denver and its civic, business, and non-profit organizations; working to identify and address community needs since 1860. Denver Health's department of Public Health has a long history of conducting community health assessments and is currently partnering with the Denver Department of Public Health and the Environment (DDPHE) to produce the city's forthcoming Community Health Assessment.

Denver Health was a founder of the Metro Denver Partnership for Health; a collaboration between regional public health entities and area hospitals to identify and address common priorities. Denver Health is also an active member of the Mile-High Health Alliance that works to collectively address community needs.

With the 2019 passage of the Hospital Community Benefit Accountability legislation, House Bill 19-1320, Denver Health and Hospital Authority, first became subject to the Community Health Needs Assessment (CHNA) requirements set forth in 26CFR 1.501(r)-3. These requirements include:

1. Identifying the community served
2. Assessing the health needs of the community
3. Soliciting and considering input received from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health
4. Documenting the CHNA written report that is adopted by the hospital facility by an authorized body of the facility
5. Making the CHNA report widely available to the public
6. This legislation also requires Denver Health and Hospital Authority to report lines 18 and 19 from IRS Form 990.

In accordance with the COVID-19 pandemic and state guidance outlining minimum requirements for September 1 reporting,(Colorado Department of Health Care Policy and Financing, 2019b) we note an annual public meeting to review our final documents and provide feedback was not required. As this is Denver Health's first CHNA, there is no available written comment regarding previous CHNAs or Community Health Improvement Plan. To make the CHNA widely available, it is posted on our organization's website.

Identifying the Community Served: Demographics

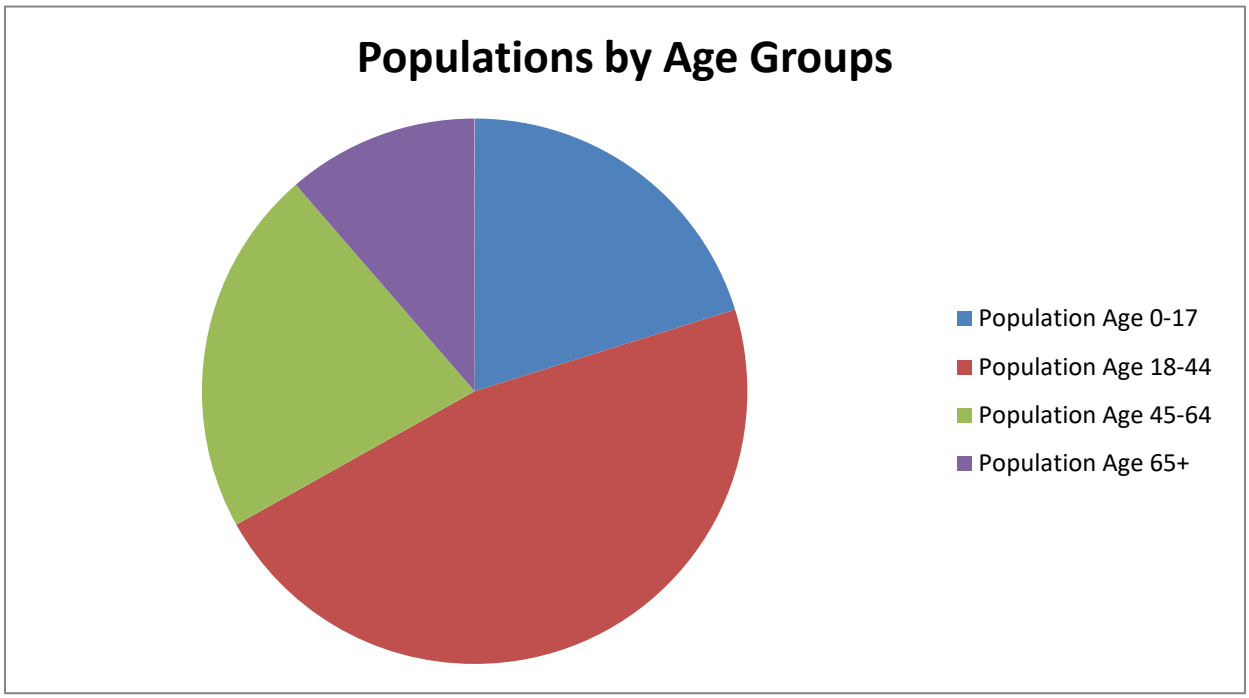
Denver Health's primary community is the City and County of Denver, and the data we have pulled corresponds accordingly. However, we recognize optimal community health requires a multi-county population health response. Therefore, some of the data incorporated in this report spans the broader metro region. The community demographics provided below are also provided in greater detail in Appendices A-E.

Population Size and Age

In Denver, the population has grown 21% (n=119,758 people) since 2010, with the 2018 population estimated at 693,417 individuals, Twenty percent of the current population is under 18 years of age and 11% of the population is 65 or older.

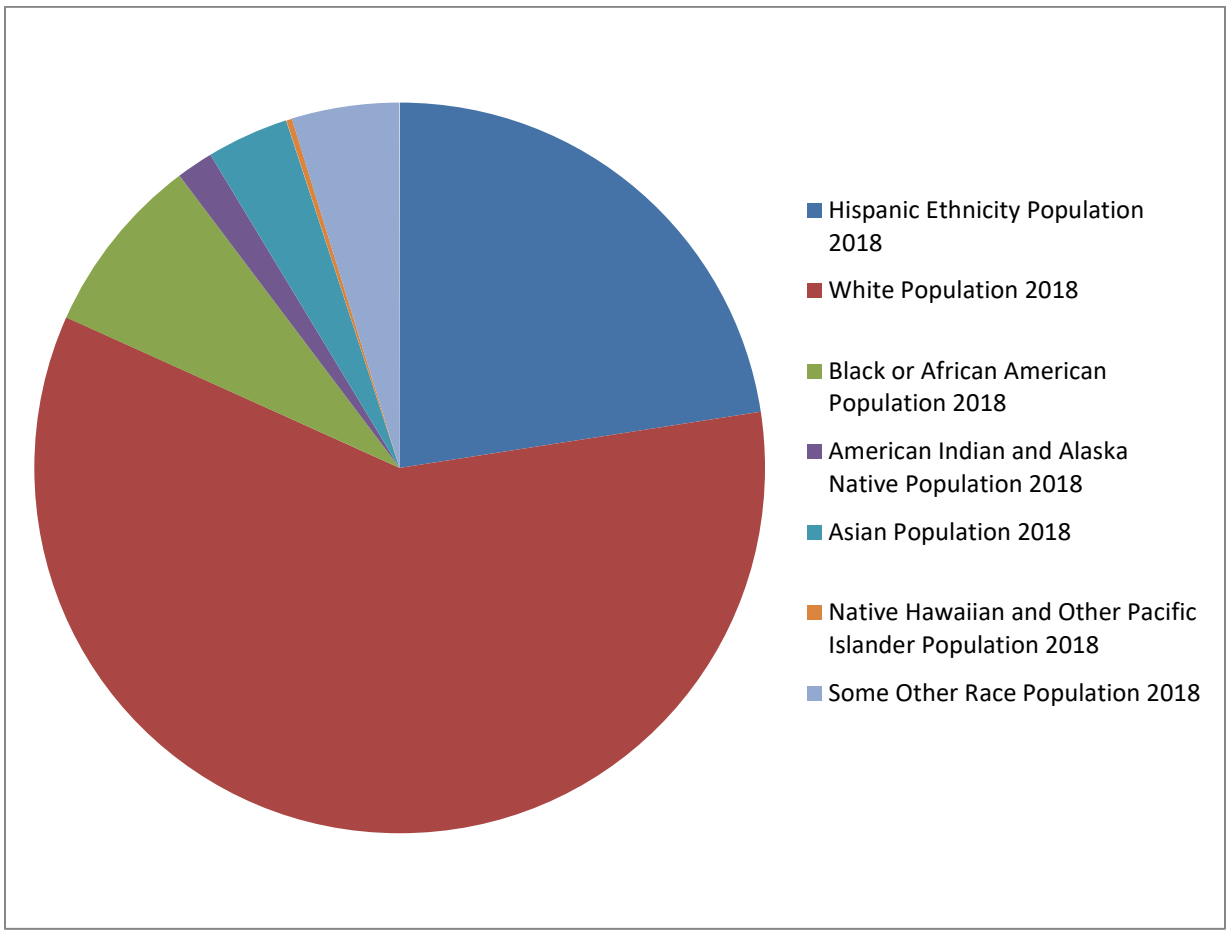
Table 1: Denver Population, 2018

Total Population 2018	**693,417**
Population by Age Group:	
Population Age 0-17	139,801
Population Age 18-44	323,880
Population Age 45-64	150,985
Population Age 65+	78,751
Total Population Growth 2010 to 2018	119,758
% Population Growth 2010 to 2017	21%



Racial and Ethnic Background

Denver is diverse in terms of race and ethnicity. In Denver in 2018, 30% of the population identified as Hispanic origin, of any race. The racial classifications are demonstrated below, and more detailed information can be found in Appendix A.



Language

Most residents in the metro Denver area (74%) speak English only, with Spanish as the second most common language spoken (20%). Just under 5% of households in Denver are linguistically isolated. These are households in which no individuals aged 14 or older speaks English, (see Appendix E). As would be expected, those who lack education may experience difficulties in communication, are more likely to be un- or underinsured, may have a more difficult time in understanding both the complexities of health insurance and may find it more difficult to navigate the health care delivery system.

Income, Insurance and Education

The average household income in Denver is $93,650, with 31% of the population living below 200% of the federal poverty level and nearly 28% of Denver's population enrolled in Health First Colorado. (Colorado Department of Health Care Policy and Financing, 2019a) Of the population aged 25+, 12.9% did not have a high school diploma or equivalent,

despite attending some K-12 education. The impact of low income, lack of robust insurance and inadequate education has significant implications for the health status of our community.

Health Insurance Literacy

Generally, Denver residents are health insurance literate. Based on a 2015 survey done by the Colorado Health Institute, 73% of respondents indicated they are likely to investigate what their insurance product will and will not cover before getting health care services. Over 80% of residents understand what premiums, deductibles, and co-payments mean. There is less confidence with co-insurance, with just 63% percent saying they understand this term (see Appendix E).

Assessing the Health Needs of the Community: Social Factors and Health Status

Assessing the health needs of the community requires two things: an understanding of the current health status of the population as shown through data and input received by hearing the voice and perspective of the community to be served so that issues and challenges they face can appropriately inform the priorities of health status improvement. The community voices reflected in this CHNA came from several initiatives, all intended to surface critical information about health, well-being and daily challenges faced by the most vulnerable members of our community. This document reflects key themes from:

1) "Snapshot of Denver County Health Needs in the Community Engagement Strategy" developed for Denver Health in the end of 2018.
2) Denver Community Health Services (DCHS) Stakeholder engagement process, 2019
3) "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver" released in early 2020,
4) The "Hospital Transformation Program Midpoint Report" from the Spring of 2019,
5) City and County of Denver 2019 Community Health Assessment, forthcoming

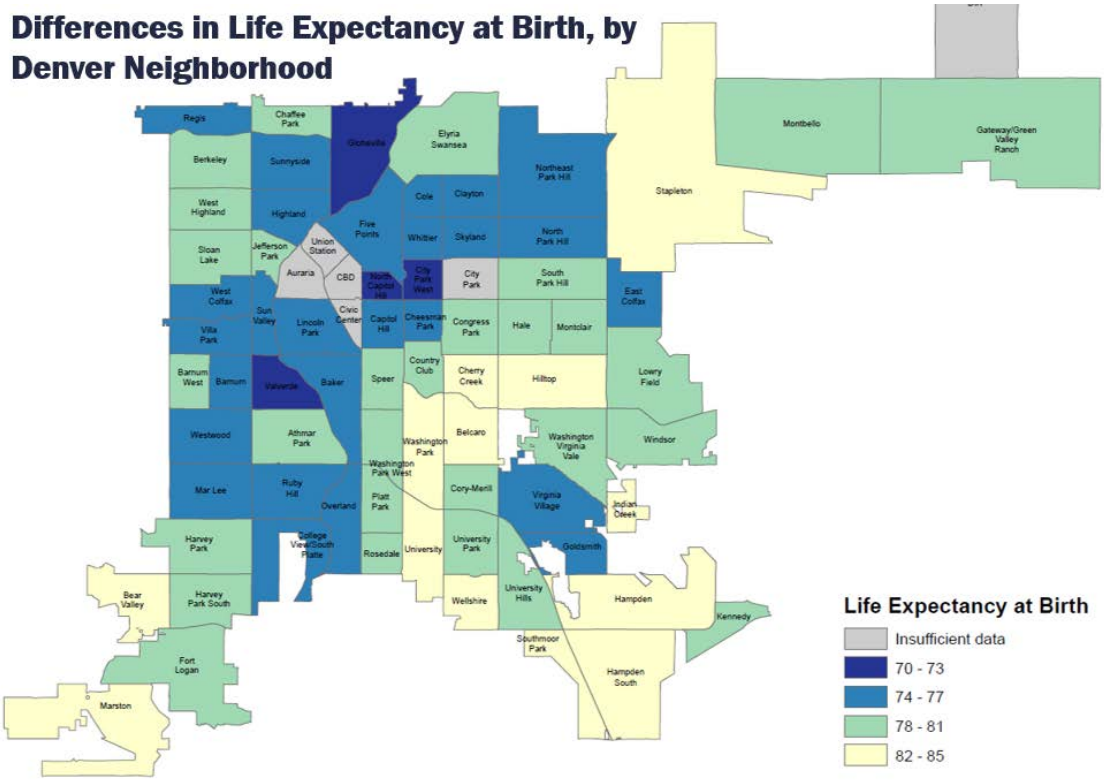
Each of these documents reflects a robust community engagement process, with varying components of key stakeholders and community residents. The goal of each was to identify the key issues of greatest concern for community health. We have worked to synthesize the valuable information in each to assist us in helping our community successfully address their health needs.

Social Determinants of Health & Social Needs

As defined by the World Health Organization, the Social Determinants of Health (SDoH) are "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. SDoH contribute to health inequities - the unfair and avoidable differences in health status seen within and between countries." (World Health Organization) As outlined in the Denver Health Community Engagement Strategy, many conditions for which people are cared for in hospitals are linked with more "up-stream" social determinants of health, e.g., neighborhood safety, social norms, racism, housing, food and transportation costs and availability.

Neighborhood Disparities

Life expectancy can be a critical example of a social determinant of health. Overall, life expectancy has risen in Denver over the past three and half decades, and the current life expectancy for Denver residents is 79 years. When looked at by neighborhood, however, it becomes clear that length of life is strongly dictated by where a person lives.



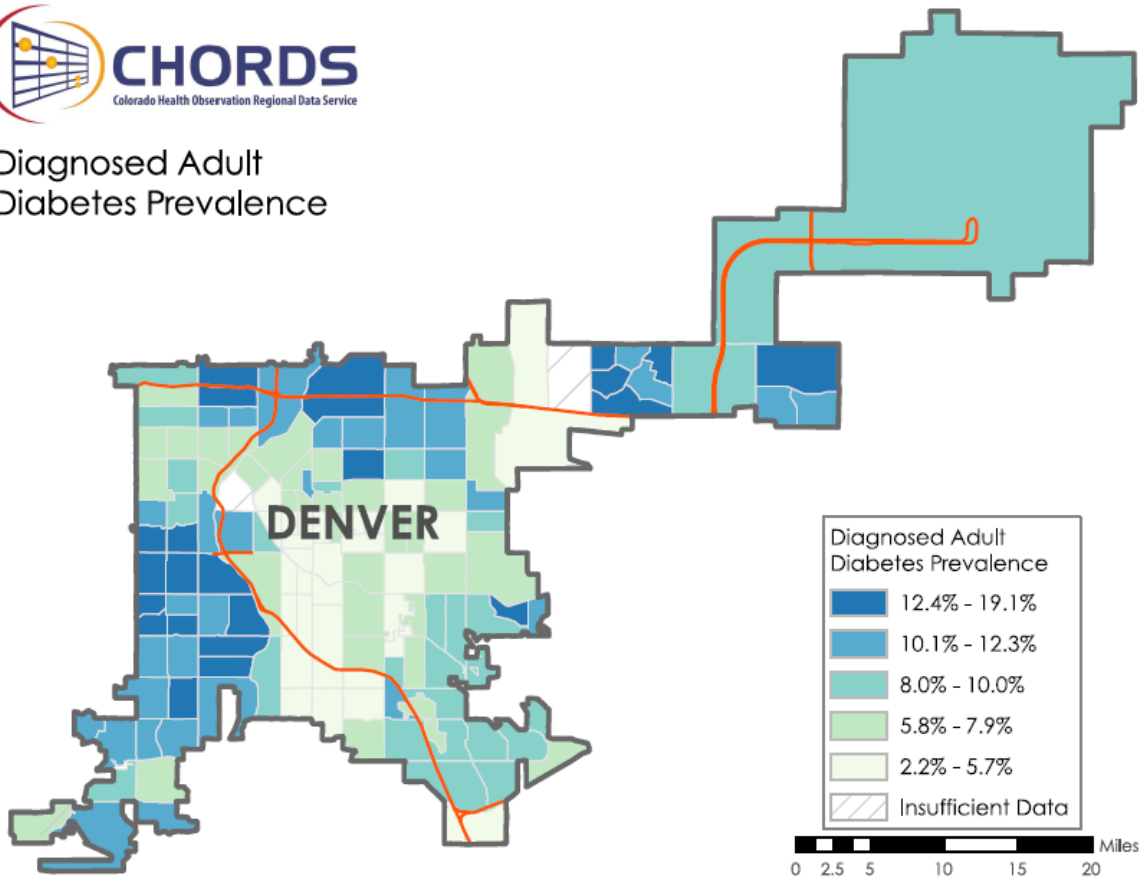
Source: Center on Society and Health at Virginia Commonwealth University

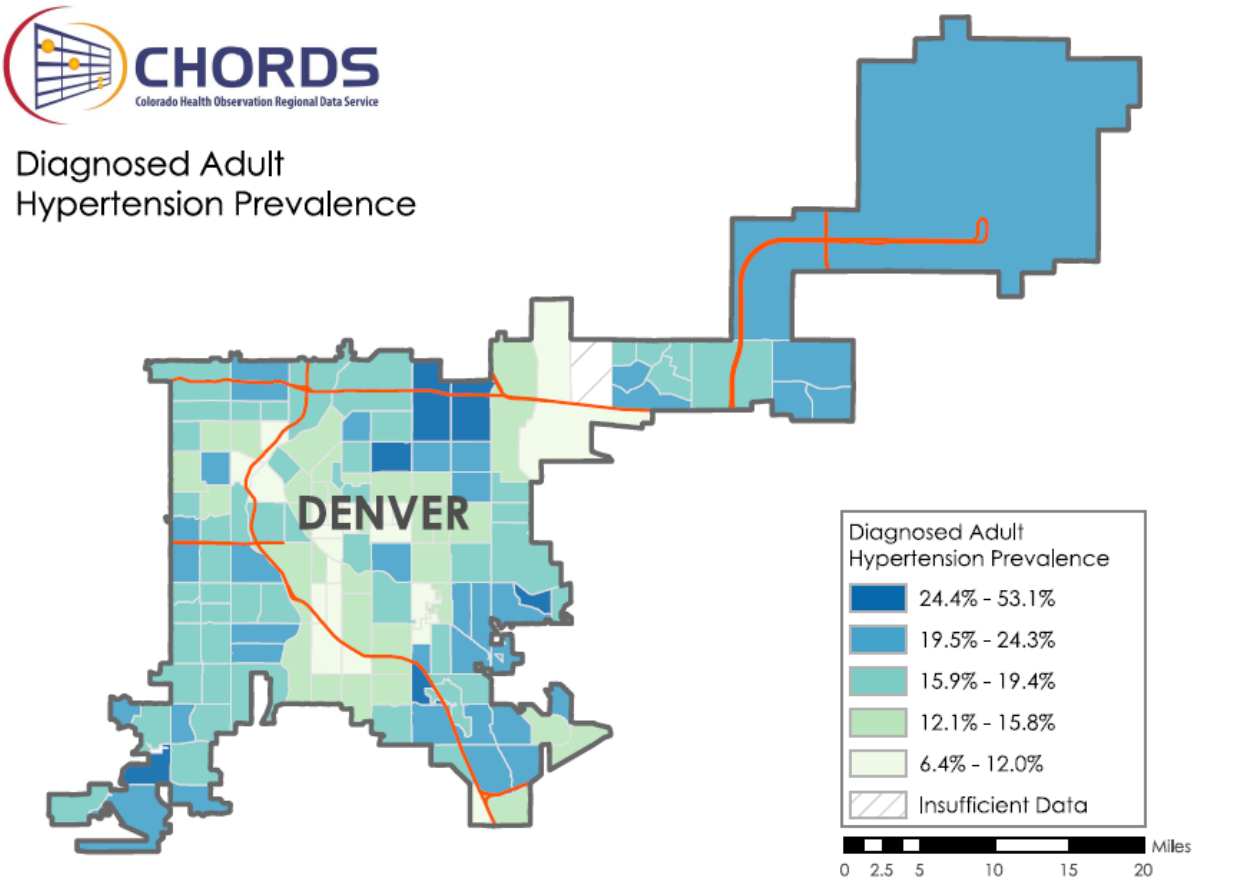
Comparing the life expectancy map above with maps with of chronic disease from the Colorado Department of Public Health and the Environment, shows similar patterns. Diabetes and Asthma hospitalization rates are higher in neighborhoods where life expectancy is lower. Mortality rates from heart disease are also higher in these same neighborhoods.

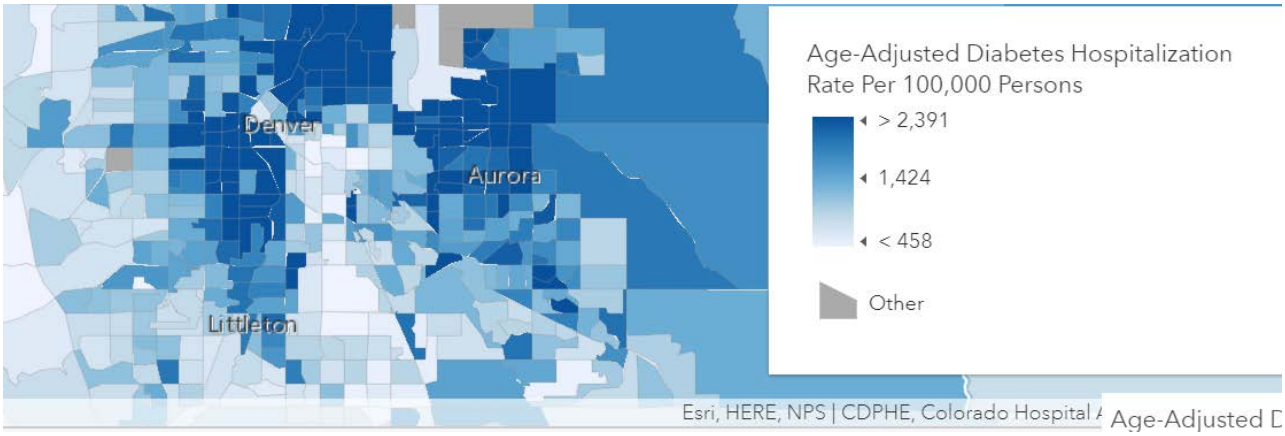
Diabetes Hospitalization Rates /100,000

CHORDS
Colorado Health Observation Regional Data Service

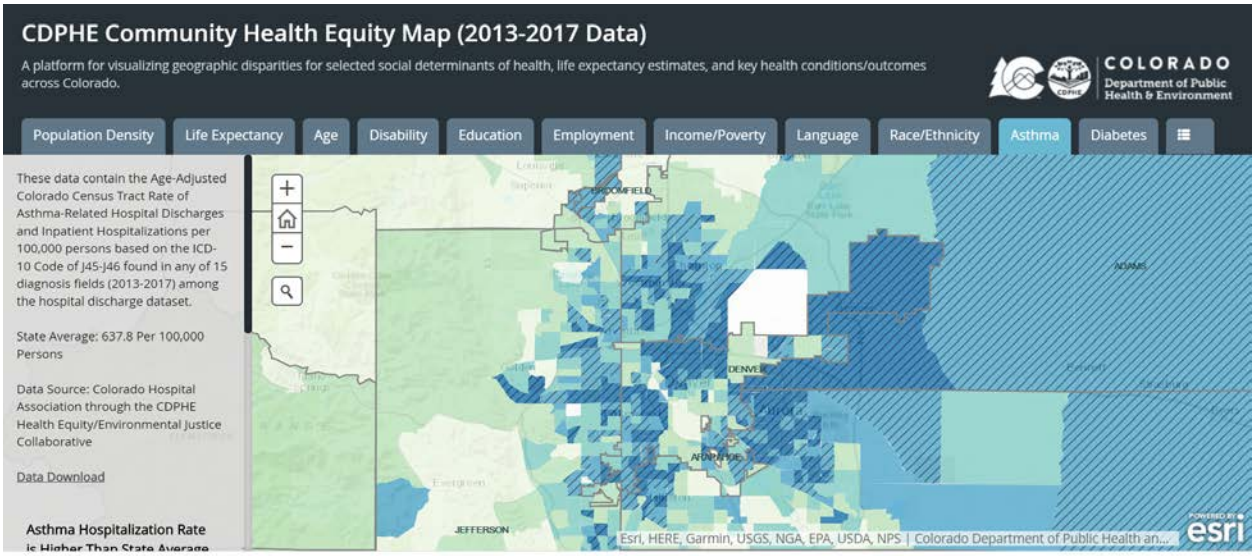
Diagnosed Adult Diabetes Prevalence



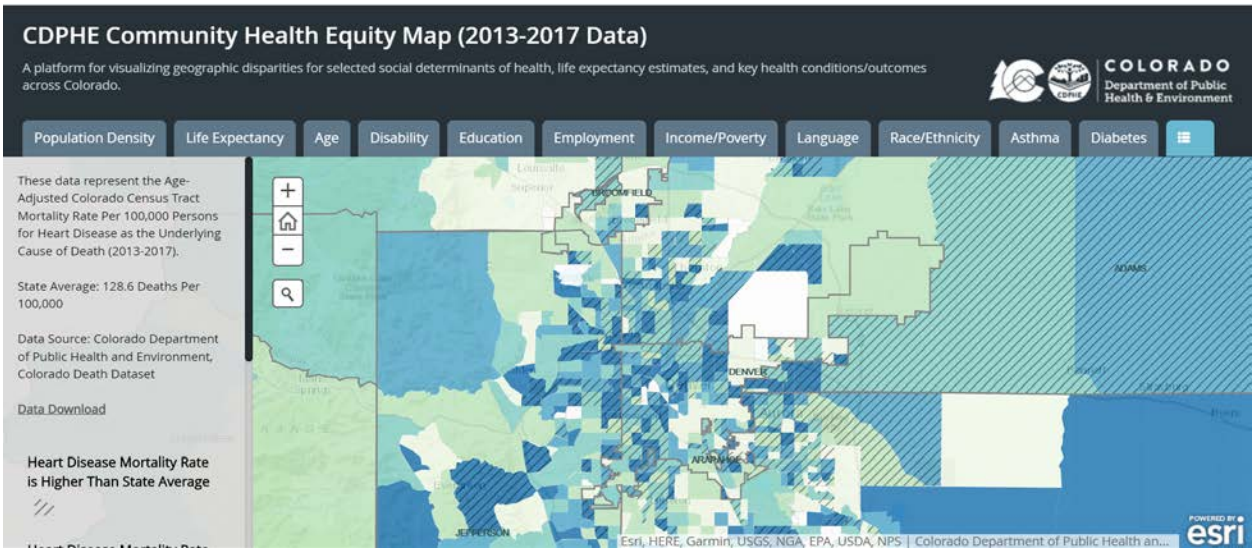




Asthma Hospitalization Rates/100,000

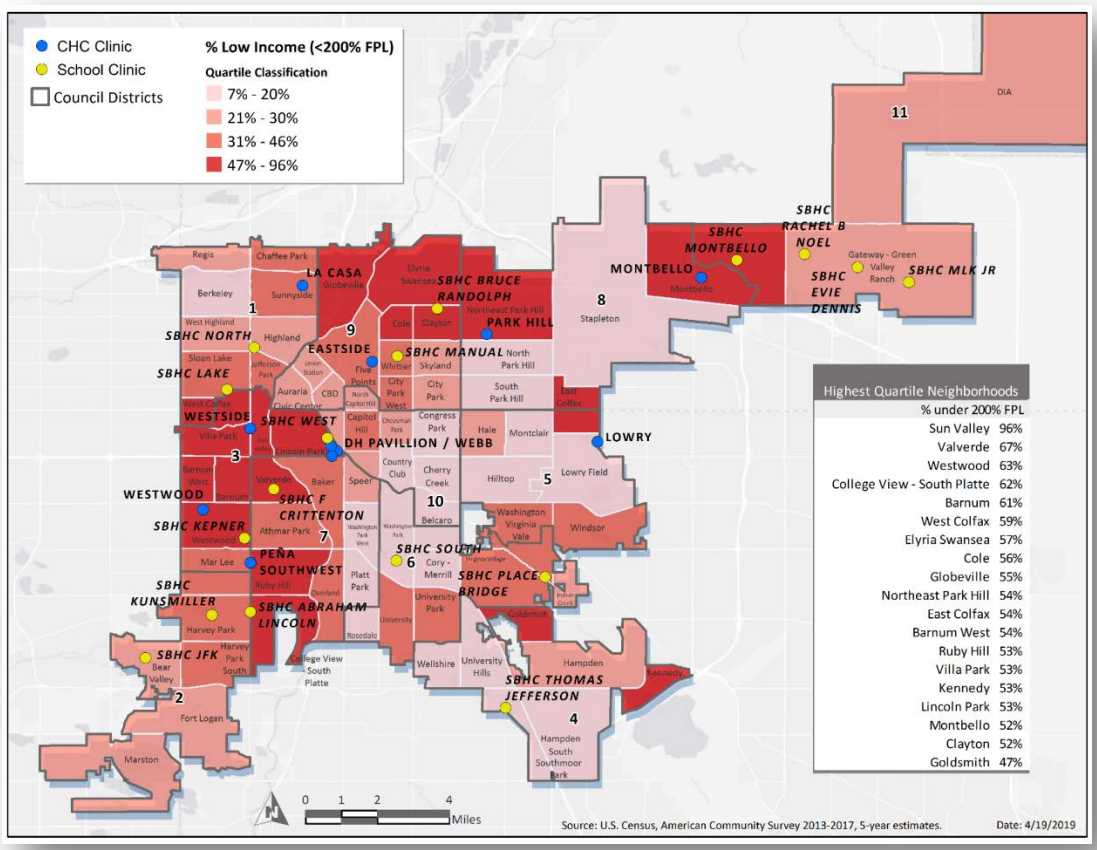


Heart Disease Mortality Rate /100,000



By comparing the above morbidity and mortality maps with the population by income map below, higher levels of morbidity and mortality are associated with lower income neighborhoods. Over our history, Denver Health has strategically located its federally qualified community health centers (FQHCs) and school-based health clinics (SBHC) in neighborhoods to serve this population as a step toward addressing these inequities.

% Population Low Income (<200% FPL), 2018



Homelessness and Unemployment

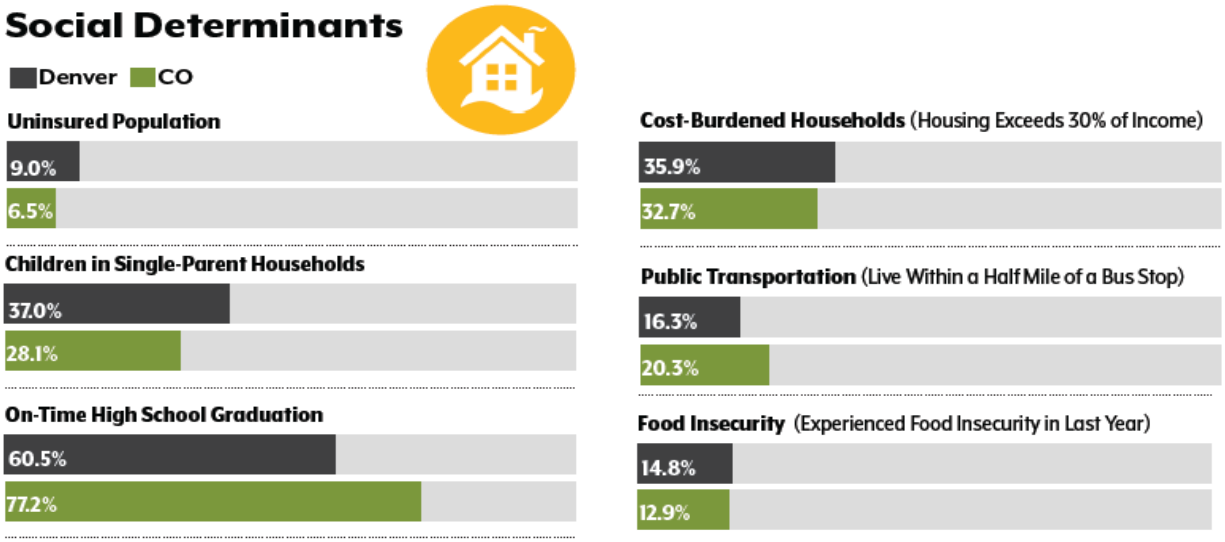
The point in time survey conducted on January 27, 2020 by the Metro Denver Homeless Initiative counted 4,171 people in Denver and 5,755 people in Metro Denver experiencing homelessness. This is a 6% increase from 3,943 in the previous year. The 2020 Denver County count of people experiencing homelessness included 479 veterans, 247 families, 195 unaccompanied minors and 529 people fleeing domestic violence. While 2,036 people were in Emergency shelters, 1,089 were in transitional housing, 50 people were in Safe Haven, and 996 were unsheltered. Black or African American and American Indian or Alaskan Native populations are severely over-represented among people experiencing homelessness.(Metro Denver Homeless Initiative, 2020) Separately, Colorado homeless education data shows that Denver Public Schools had 1,762 students experiencing homelessness in 2019. In the face of the COVID-19 pandemic, we anticipate that these figures are likely to climb.

In 2018, before the COVID-19 pandemic, median home values in Denver were $360,700 and 39% of the population was applying more than 35% of their income to rent (Appendix D). Current, post-COVID unemployment rates (11.9% in June 2020) are more than quadruple what they were last year (2.8% in June 2019). (U.S. Bureau of Labor Statistics, 2020) Both the high cost of home ownership and rental costs are expected to negatively impact the ability of residents to maintain a stable housing situation amid the economic challenges caused by the COVID-19 pandemic continue over the next few years.

Other Social Determinants of Health

A substantial body of evidence is pointing to the "upstream" causes of poor health. Data below compare Denver and Colorado SDoH, including health care coverage, parental support, on-time high school graduation, investing more than 30% of income in housing, access to transportation, and food insecurity. In terms of on-time graduation rates, while they are improving in aggregate, substantial disparities exist. In Denver, only 61% of students graduate from high school on time vs. 77% in the State. Differences are also very significant between population subgroups. For instance, 77% of females will graduate on time while only 64% of males will do so; and whereas 67% of Black and 68% of Hispanic students graduate on time, 78% of White students will graduate on time.

Families who spend more than 30% of their income on housing are "cost-burdened," leaving limited resources for other food and health care needs. Food insecurity is noted because it is a broader measure than poverty, including people who are above the poverty level and still unable to afford needed food. All these conditions undermine the ability of communities to reach their greatest health potential. The data shows us that we still have important gains to make in Denver and throughout Colorado.



Sources: American Community Survey, Colorado Health Access Survey, Denver Public Schools, Feeding America, United States Environmental Protection Agency.

Social Needs

Social needs are distinct from social determinants of health. While SDoH interventions focus on systemic social and economic conditions, "Interventions to address *social needs* are done at the individual level to mitigate unique acute social and economic challenges." (American Hospital Association, 2019). It is important that we understand the difference between the two as we work to address both obstacles.

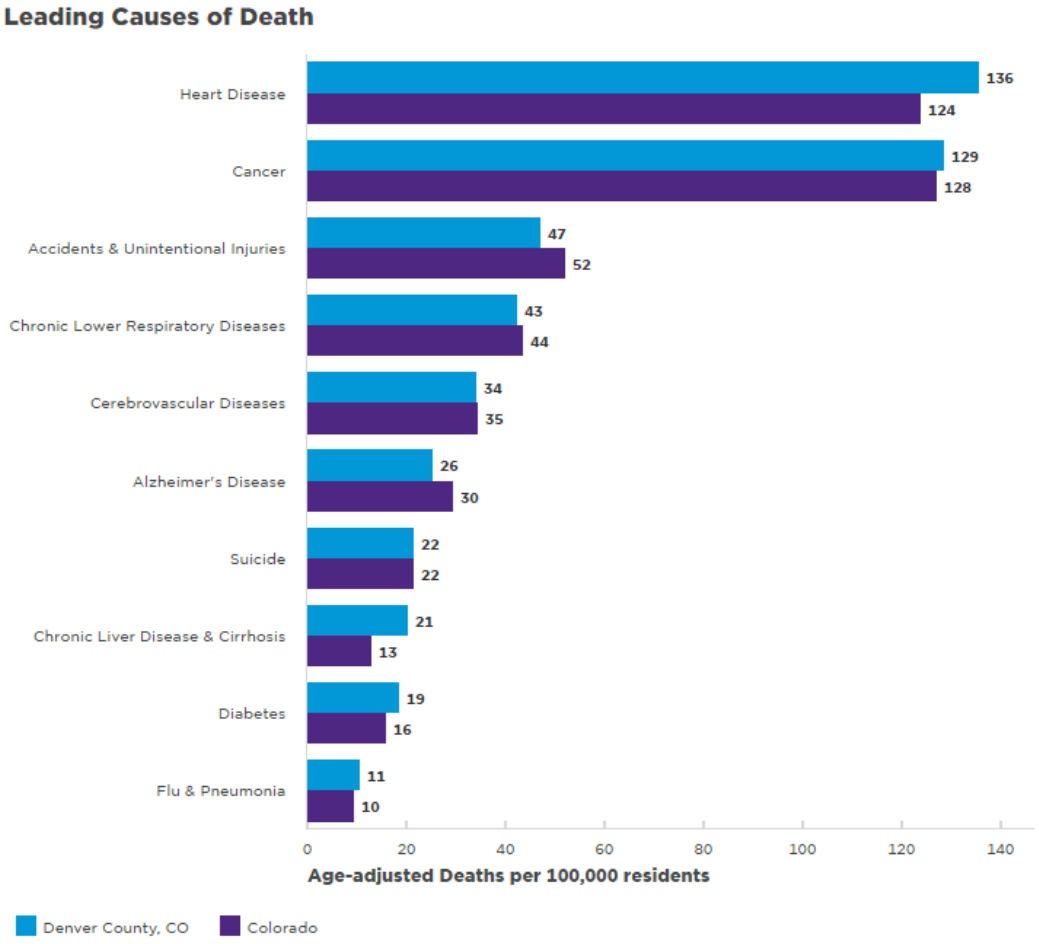
Denver Health is currently conducting a social needs screening in one of our pediatric clinics and in our emergency departments as part of the Accountable Health Communities (AHC) partnership with the Denver Regional Council of Governments. Our pediatric clinic has screened 16,000 patients at well childcare visits using AHC's five domains of social needs, i.e., housing instability, food insecurity, utility needs, interpersonal violence, and transportation needs. Of those screened, 34% identified at least one health-related social need, with the highest portion screening for food insecurity (21%), followed by living situation (9%), transportation (9%), utilities (7%). We are learning that we must look to continue investment in all the SDoH because the challenges that we are presented with are more complex than

fixing a single social issue. We will continue to have broad conversations around initiatives we can either lead or partner with to help address some of these inequities around housing and food insecurity.

Significant Health Conditions

Leading Causes of Death and Chronic Disease

Although Denver has a reputation as a healthy and active place to live, we are challenged by the many health conditions that we are concerned about to ensure the well-being of our community long term. Cardiovascular disease mortality has declined over the past 3 decades; however, heart disease remains the leading cause of death in Denver, followed closely by rates of cancer (see graph below). Chronic conditions like type 2 diabetes and hypertension also inhibit the community's full health potential (see Appendix F). As we work to unravel the complexities of whole-body health, we know we must continue to work on the physical ailments that continue to drive unhealthy behaviors.



Source: CDC Wonder, 2018

Unhealthy Weight

Being at an unhealthy weight continues to also be a concern for both youth and adult populations in Denver. According to data from 2016-2018, an estimated 20.4% of Denver adults were at an obese weight (at or above a BMI of 30). Additionally, 17.5% of children and youth between the ages of 2-17 were at or above the 95th percentile for height and weight (see Appendix F). As we continue to learn about the impact weight has on overall health, is it important to note that this metric can also be a tool to help us uncover the driving social needs of our community.

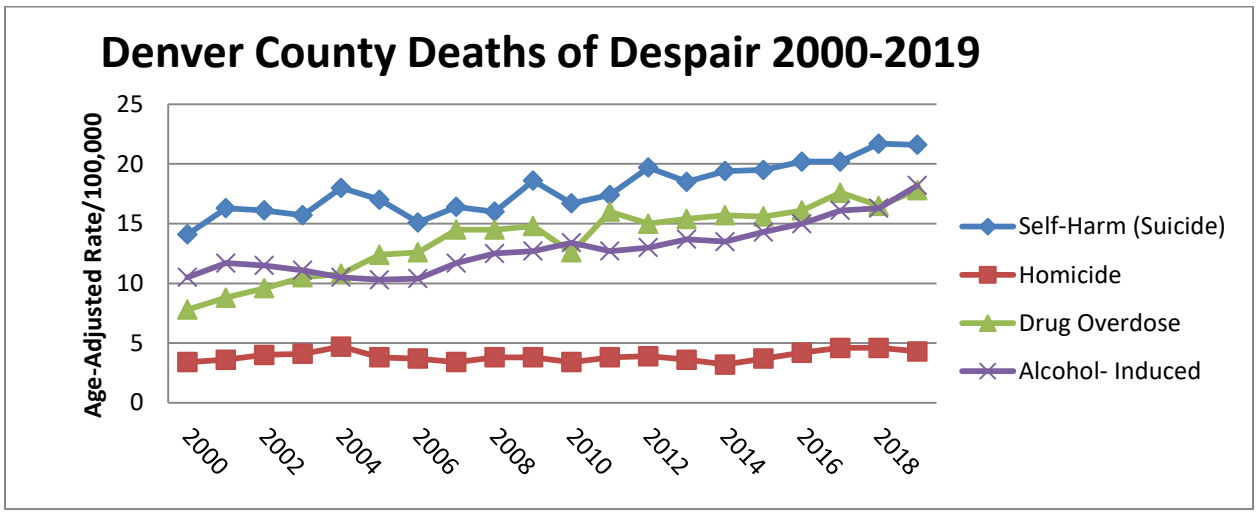
Populations with Behavioral Health Conditions

Depression

As we focus more on whole body health it is important that we look beyond just the physical and external conditions that exist and examine the impact that mental health plays in individual and their overall health. Among the overall population in Denver County, nearly one in three high school students (30%) felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities in the last 12 months (see Appendix H). Thirteen percent of high school students seriously considered attempting suicide in the past 12 months. Ten percent of care-seeking adolescents in Denver County were diagnosed with depression. And 11% of adults in Denver County were diagnosed with depression (Appendix H). Among patients within Denver Health Community Health Services primary care network, an estimated 30% of patients have a mental health or substance abuse diagnosis noted during a medical visit over the past year, and almost 15% have been diagnosed with depression.

Diseases of Despair

"Deaths of Despair" includes deaths related to alcohol and drug use, interpersonal violence, and self-harm. In Denver, the annual all-cause death counts increased between 2000 and 2019 by only 1% per year. (4,417 to 4,574). Yet over the same time period, deaths from drug overdose increased 237% (81 to 192), deaths from alcohol increased 192%, (106 to 203), deaths from suicide increased 179% (85 to 152) and the count of homicides has increased 147% (34 to 50). The age-adjusted rates for deaths of despair are shows in the graph below. (Colorado Department of Public Health and Environment)



Substance use

Over one-quarter, 26% to be exact, of adults in Denver County binge drink, and 13.5% of high schoolers reported having five or more drinks within a few hours. Reported tobacco use was at 22% among adults and only 5.7% among adolescents. One-fifth of students used marijuana one or more times during the past 30 days. The rate of diagnosed opioid use disorder is 1.2% in Denver County. (All data are from Appendix H). Also of note, per Department of Health Care Policy and Financing (HCPF), State Fiscal Year 2017-2018 data, alcohol abuse is the most common APR DRG diagnosis for Medicaid hospital admissions among enrollees that the Colorado Department of Health Care Policy and Financing identified as high utilizers (four or more outpatient emergency department visits within the last fiscal year).

People with Behavioral Health Disorders

Community input suggests that individuals with co-occurring mental health and substance use disorders are often survivors of trauma and experience many difficulties including, getting, and keeping jobs. For these populations, smoking, unhealthy weight, and poor nutrition were flagged as especially problematic. Poor oral health was also suggested as a concern for these populations, a condition that may be related to medications being taken to treat their conditions, a claim supported in the literature. (Fratto) Community input further suggested individuals with significant behavioral and physical health needs, co-occurring conditions and/or high utilizers may have undiagnosed or untreated behavioral health concerns that are driving their care utilization and poor health.

Trauma

As previously mentioned, trauma – treated or untreated – was frequently cited as a significant issue experienced by many priority populations, especially individuals experiencing homelessness and individuals with behavioral health concerns. Justice-involved individuals are also likely to have co-occurring behavioral and physical conditions as well as limited social supports such as housing or employment. In the face of this constellation of concerns, community participants noted the emergency department may, in fact, serve as a safe place for individuals experiencing homelessness or threatening home environments to come.

Use of Emergency Response Services

While the 911 system is a critical component in responding to emergency situations, it may not be the best way to manage urgent health care crises, especially those related to behavioral health. Denver Health Paramedics have discussed options for services to support populations with complex behavioral health problems. We have noted payment model barriers to community paramedic models that could provide care at home or in community settings. Under the current payment model, 911 calls that result in EMS transportation to the hospital are reimbursed, while calls that can be handled on site are not able to be reimbursed. Currently, approximately 14,000 of our annual 120,000 EMS responses result in the provision of services and treatment on site with no transport required, which means the services are not reimbursed. This situation makes the expansion of community paramedic programs unlikely, even though they may be a more effective means of responding to calls. We should be working to find a better way to provide patients with the appropriate level of care without having to transport to an unnecessary higher level of care simply for the sake of reimbursement. Another barrier to community paramedicine is that the primary metric used to measure EMS performance is overall response time. While the Denver Police have successfully implemented ac co-responder program, paramedics note that response times can be adversely impacted if time on scene is extended by even 2-3 minutes, creating a disincentive to spend more time on scene.

A promising alternative to the traditional 911 response that has been in the works for years, and has recently launched in Denver is a 6-month pilot to divert some 911 calls from a police response to a team of two non-law enforcement responders, including a DH Paramedic and a MHCD social worker. The program is called Support Team Assisted Response (STAR) and provides a response to patients with substance abuse, mental health crises or people who just need help connecting to services.

Access to Care

Several factors may impact access to care, which is often a key driver of health status. The section below describes some of the key factors.

Influence of Social Needs

Many of our community partners observed that "access" to care may be influenced by multiple social barriers. Major barriers to access include the lack of a centralized or aligned system to coordinate care and referrals, as well as population health and social supports (such as housing, food, transportation), For example, there may be an adequate supply – or number – of services but, if they are in an area that is difficult to get to by public transportation and are only available during the weekday, they may be inaccessible to some Medicaid enrollees and other vulnerable populations. In Denver 8.6% of residents were unable to find transportation to their doctor's office or the office was too far away. (See Appendix I).

Telehealth

Before the COVID-19 pandemic, partners specifically cited the need for Medicaid to begin or expand reimbursement for telehealth services as one strategy for addressing this access gap. Partners also identified specific populations for who most, if not all, of these services are limited: individuals for whom English is not their primary language, individuals who do not identify as white, and/or individuals with developmental and/or intellectual disabilities. We have seen great strides in telehealth due to the COVID-19 pandemic and we are hopeful that the innovation in this space will be a permeant change.

Culturally appropriate care

Culturally appropriate, linguistically competent services were cited as lacking. A reliable translation line was one proposed solution. For some non-English speaking populations, however, translation services are ineffective at rendering optimal health care services. Patients with complex conditions may need interpretation (as opposed to translation) services. Many stakeholders shared that language training is insufficient and hiring providers who reflect the communities served was also needed.

Health of Denver's Children

Adverse Childhood Experiences

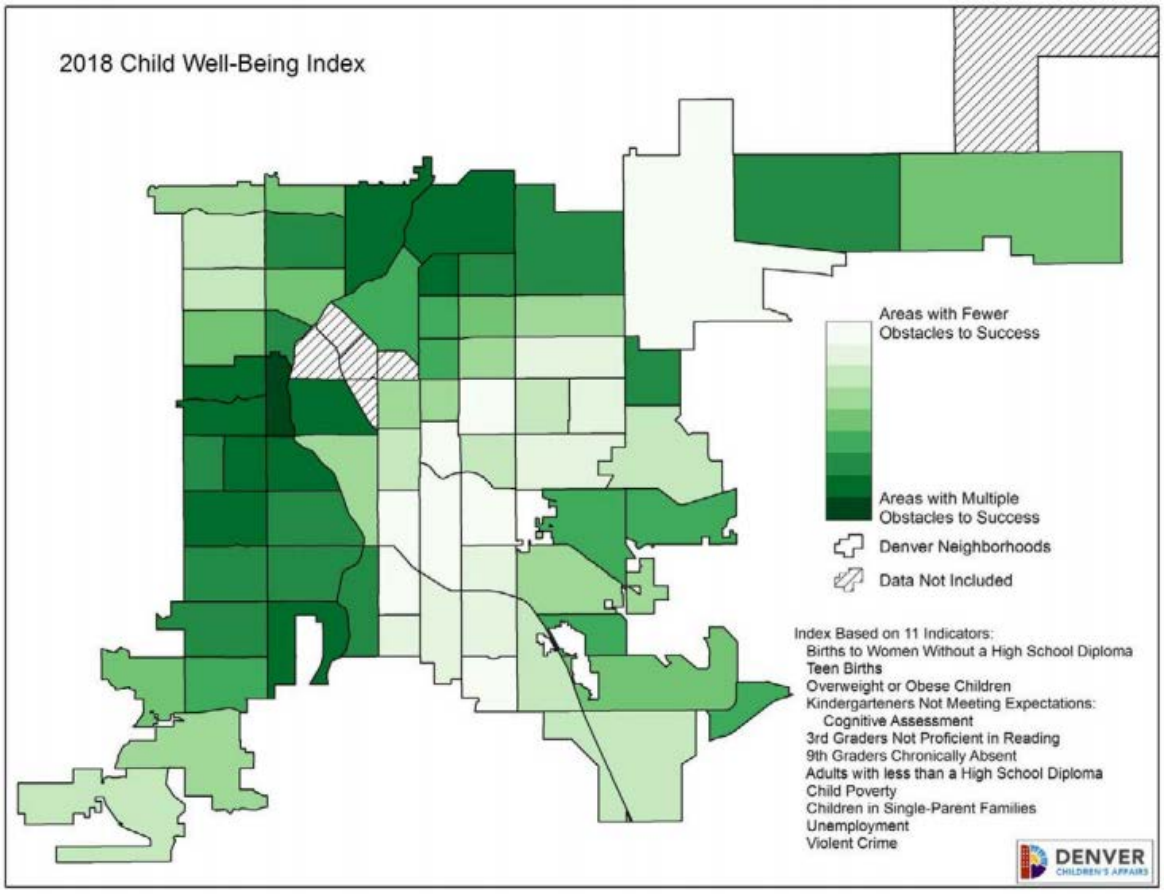
While data were not available to quantify these observations, the impact of adverse childhood experiences (stressful or traumatic events including abuse and neglect) on a range of health, social, and behavioral health problems has been demonstrated in the literature and discussed extensively among focus group participants, particularly those addressing social determinants of health. Traumatic experiences not only create some of the physical and behavioral health needs for these populations but also may prevent some individuals from proactively seeking care in lower-acuity settings. As a result, these individuals may have emergent care needs that must be addressed in emergency departments or inpatient units and not outpatient or community-based care

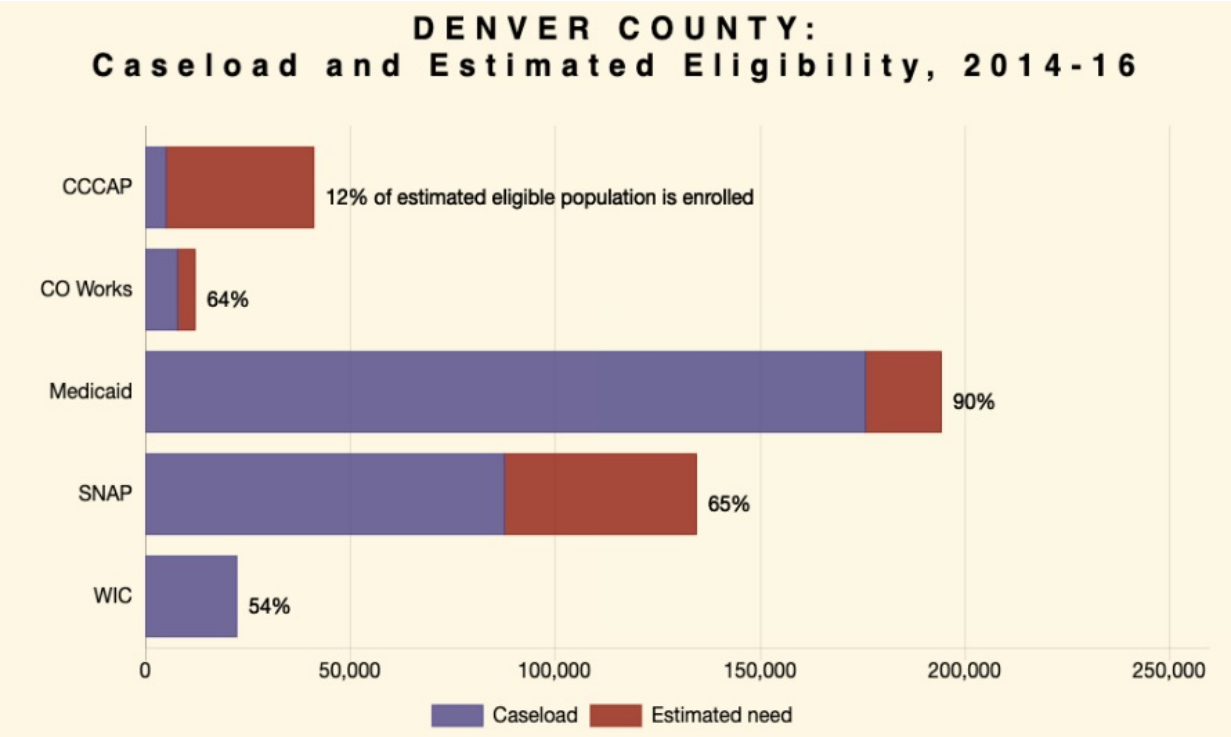
Child Well-Being Index

Thinking about the future of Denver's children is a critical step for the long-term well-being of Denver's communities. The Denver Office of Children's Affairs regularly assesses child well-being based on several factors that can impede or support youth success. Their Child Well-Being Index brings together 11 indicators that help clarify which neighborhoods have the fewest or most obstacles to child success.

*Source: The Status of Denver's Children: A Community Resource 2018(Denver Childrens' Affairs, 2018)*WIC and SNAP Enrollment

Federal Assistance Programs demonstrably improve health, development and reduce stress and chronic illnesses; however, in Colorado many eligible pregnant women and families with young children are not enrolled in these programs- see gap map below.




DENVER COUNTY:
Caseload and Estimated Eligibility, 2014-16
CCCAP
12% of estimated eligible population is enrolled
CO Works
64%
Medicaid
90%
SNAP
65%
WIC
54%
0
50,000
100,000
150,000
200,000
250,000
Caseload
Estimated need

Community Engagement Processes: Hearing the Voice of our Community

Since its foundation in 1860 Denver Health has partnered with the community to work towards meeting our community needs. While the community voice is incorporated in the above section, a summary of the four community engagement activities that have help to inform our community health needs assessment are summarized in the table below and detailed further in the text below. Reports and documentation of these activities are available upon request.

Table 2: Community Engagement Initiatives Informing our Plan

Community Engagement Activity	Date	Community Engagement	Themes
DH community engagement strategy for 2019-2024	2018	170 people engaged through interviews, focus groups, and survey responses	Behavioral health, lowering socioeconomic barriers to health
Hospital Transformation Program (HTP) in the Spring of 2019	2019	17 facilitated discussion, 6 focus groups, 10 key informant interviews and over 120 survey responses	Social and economic barriers to health, maternal child health, behavioral health, health care access, health information exchange
Denver Community Health Services (DCHS) community engagement	2019	11 stakeholder interviews	Socio-economic barriers to health, diabetes, access to care, underserved and immigrant population education on service access, prevention, self-care, socialization, life skills
Strategic Framework to Improve Behavioral Health in Denver	2020	Over 100 people and 50 organizations	Behavioral health public education and messaging; lack of resources/services; need to improve services; service and data coordination; need to address upstream determinants of health; needs for a behavioral health crisis response system

Denver Health Community Engagement Strategy 2019-2024, 2018

In 2018, Denver Health created a DH community engagement strategy for 2019-2024. For that report, published in December 2018, we summarized the input of over 170 people and organizations engaged through interviews, focus groups, and surveys to identify community priorities. While many issues and challenges were identified through this process, two primary themes emerged:

1. Behavioral health issues remain a critical problem for our community, including accessing and navigating services, providing early childhood and youth mental health services, and substance use services.
2. Lowering social and economic barriers to health is necessary if we are to impact the long-term health and well-being of the community with housing, food insecurity and transportation explicitly called out.

Hospital Transformation Program Environmental Scan, 2019

These focus areas were confirmed in a second community engagement activity conducted by Colorado Health Institute on behalf of hospitals partnering to fulfill environmental scan requirements for the Hospital Transformation Program (HTP) in the Spring of 2019. The HTP scan was reported in April 2019, the qualitative data collected included 17 facilitated discussions, 6 focus groups, 10 key informant interviews and over 120 survey responses. The partnering local public health agencies included Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. The

hospital partners in the Public Health-Health Systems Collaboration within MDPH include Centura Health, Children's Hospital Colorado, Denver Health, Health One, National Jewish Hospital, SCL Health, and UC Health.

Themes from that work included:

1. Social and economic barriers to health, including housing, food insecurity and transportation-
    a. Pregnant women- 35% of women is covered by Medicaid, but only 25% enrolled in WIC
    b. People experiencing homelessness, people leaving jails without strong connections to community-based re-entry programs is needed
    c. Available housing for sober, older adults, children with special health care needs, permanent supportive housing, no-barrier shelters, and respite housing were all described as needed
    d. Seniors and people with disabilities were noted as populations where social and economic barriers may especially impede health care access
    e. Co-locating services was suggested as a best practice, including embedding CBMS workers at Denver Health
    f. Extending Medicare greenlighting funds to address social needs to other populations was also recommended

2. Maternal Child Health
    a. Increased maternal mortality; with 30% due to self-harm
    b. Pregnant women with substance use issues
    c. Mothers who give birth to babies with intellectual or developmental disabilities

3. Behavioral health issues, including:
    a. Depression services
    b. Recognizing 13% of students have considered suicide
    c. 30% of Denver Health Community Health Services patients having behavioral health or substance use disorders
    d. Trauma
    e. Adverse Childhood Experiences
    f. Suggested best practices included a one-stop shop, or having a clinic 16-18 hours/day at a clinic Denver's shelters to reduce the 911 calls

4. Health Care Access - Getting needed care, getting care quickly
    - Specialty care
        - access to orthopedics, neurology, gastroenterology, dermatology, oncology, surgical specialties, and geriatric services were noted as needs
        - Having to establish primary care at DH before specialty care access is granted was cited as a barrier to appropriate hospital follow-up
    - People with disabilities had more difficulty accessing specialty care and preventive care, e.g., mammograms, height/weight measures
    - Behavioral health service needs included adolescent friendly services, inpatient psychiatric services, low needs patients, Lesbian/Gay/Bisexual/Transgender welcoming services
        - Outpatient substance use treatment services that include services to address behavioral and physical needs were recommended

- Participants recommended peer support models that could provide peer navigation to Long Term Services and Supports, and step-down resources. Skilled Nursing Facility (SNF) resources were a theme, with SNF placement cited as a barrier; also, SNFs need access to hospitalists and other clinicians to avoid readmissions. Placing a provider at night in one SNF reduced ED use by 35%
- Telehealth and electronic consults were suggested as ways to improve access
- Oral health: especially for patients with behavioral health or developmental or intellectual disabilities, is needed.

5. Health Information Exchange
    - Joining Colorado Regional Health Information Organization (CORHIO) - Denver Health and National Jewish Health were two hospitals called on to join CORHIO (which DH has done since the report was published).

Denver Community Health Services Interviews, 2019

A third community engagement activity occurred between February and April 2019, where John Snow, Inc. (JSI) conducted interviews with stakeholders in the communities served by Denver Community Health Services. The purpose of the interviews was to gather input regarding:

- The community's awareness and perception of DCHS and the services it provides; and
- The community's health care needs.

DHCS performs a comprehensive needs assessment every three years to inform and advance our delivery of care to the medically underserved population of Denver County. Our most recent needs assessment completed in May 2019 utilized the most recently available data to consider unmet needs in the community and DCHS' capacity to address these unmet needs. The assessment utilized DCHS utilization data, current and projected demographic and socio-economic data from the United Census Bureau, Colorado Department of Public Health and Environment, Colorado State Demography Office, and GeoLytics, a vendor specializing in modeled estimates from the decennial census and other federal, state, and local data sources, as appropriate

Themes from this engagement activity mirrored those in the previous two reports, including the identification of social and economic barriers to health and access to behavioral health services.

- Social and economic barriers were linked to the impact of gentrification on lower-income and culturally diverse populations, many of whom are moving to suburbs that lack supportive service infrastructure. The lack of affordable housing and homelessness were specifically cited as concerns. Transportation and food access were additional themes. Interviewees also underscored how the current political climate is causing undocumented and immigrant populations to avoid seeking services due to fears of deportation.
- The need to support disadvantaged or immigrant populations with outreach and education on topics involving service access, socialization, prevention, self-care, and life skills (parenting, budgeting) were underlined.
- Diabetes was especially highlighted as a chronic disease concern requiring more outreach surrounding prevention, not just maintenance.
- This CHNE process also highlighted the need for timely access to care, including specialty care, long-term care, and oral health care services. Care may not be accessible for a variety of reasons, including hours of operation, transportation difficulties, and limited numbers of specialty providers accepting Medicaid insurance.

Strategic Framework to Improve Behavioral Health in Denver, 2020

Fourth, Denver Health CEO, Dr. Robin Wittenstein co-chaired a city-wide behavioral health committee with Robert McDonald, Executive Director of the Denver Department of Public Health and Environment, where more than 100 people and 50 organizations were engaged to create a "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver." (Denver Department of Public Health & Environment & Denver Health, 2020) The steering committee included health care professionals, providers, community organizations, City and State government representatives, and people with lived experience, among others. The report was published in January 2020, and in it the steering committee identified five aspirational goals for the city with respect to Behavioral Health:

Our communities promote wellbeing

When we seek care, we get the care we need

We have access to compassionate, integrated, coordinated care

We act early and manage crises in teh appropriate setting

We have the data to understand and improve Behavorial Health

These goals led to the creation of the four workgroups to focus on identified, specific areas of concern and to identify critical needs within each area:

1) Behavioral Health Literacy and Community Involvement Workgroup
    a. Need for more trauma-informed practices and services
    b. Lack of peer support models
    c. Collaboration and coordination
2) Promoting Mental Health Workgroup
    a. Need to expand and support the behavioral health workforce
    b. Need focus on upstream work to prevent adverse experiences
    c. Information needs
    d. Policies to address structural determinants of health
    e. Reducing access to lethal means of suicide
3) Substance Misuse Workgroup
    a. Lack of messaging about sober lifestyle
    b. Lack of capacity in all parts of the system
    c. Need for data to understand supply and demand for substance use treatment services
    d. Available services are disjointed
4) Behavioral Health Crisis Response System Workgroup
    a. Improved coordination
    b. Soloed data systems
    c. Need for a behavioral health crisis response system that can provide individualized care

Methodology for Analysis and Selected Priorities

All the community engagement activities were supported by analytic techniques to identify community themes and/or priorities. For instance, our Denver Health community engagement strategy for 2019-2024 described using qualitative analytic methods to allow predominant themes to emerge from the data. These priorities were confirmed and extended in subsequent engagement processes.

The Colorado Health Assessment and Planning System Prioritization Score Tool, has several criteria that used to help identify and prioritize issues based on:

- significance to public health.
- the ability to impact the issues.
- the capacity to address the issue; and
- prior prioritization,(Colorado Department of Public Health and Environment, 2019)

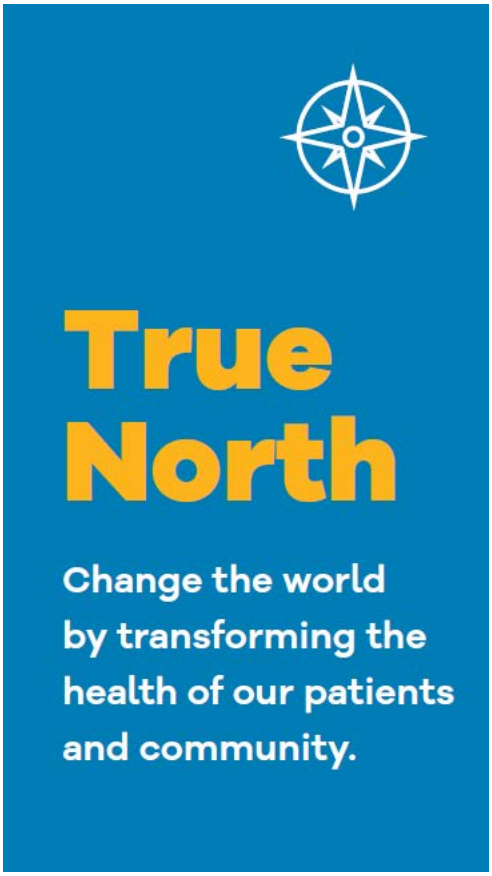
Denver Health has chosen to address the following three needs as key areas of focus for our Community Health Implementation Plan**:**

1. **Address behavioral health by supporting goals of Denver's "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver".**
2. **Enhance community engagement for child health and well-being by enrolling families in federal assistance programs prenatal to Age 5; and**
3. **Enhancing economic opportunity in Denver through Denver Health's anchor institution initiative.**

Areas Not Addressed

In the wake of the COVID-19 pandemic and calls for racial justice, we have an extraordinary opportunity to focus attention on addressing fundamental determinants of health. Other issues were not selected because these more fundamental causes of health are a higher community priority, have regional community support, and are theoretically linked to more down-stream outcomes, e.g., morbidity and mortality disparities. Some areas were not selected for inclusion because they are out of Denver Health's scope or because focusing on these areas would distract our focus on the chosen areas.

Conclusion



For our Community Health Implementation Strategy, Denver Health is choosing to focus on three priorities that are fundamental to population health: behavioral health, child health and well-being, and economic opportunity. By going further upstream, addressing the needs of multiple generations, we move closer to challenging injustice and creating social equity. We are committed to Denver Health's True North, to "Change the world by transforming the health of our patients and community." We have met extensively with community organizations and residents to create these priorities.

The focus of our organization on impacting the health and well-being of the City of Denver through the provision of high quality clinical services, the education of the next generation of providers and research to understand key drivers of health status is combined with strategic initiatives designed to impact long term improvements in health and economic status.

We are proud of this work, and of the contribution that so many community voices made as we worked to identify and prioritize the initiatives that can make this work move forward.

Acknowledgements

We are grateful for Denver Public Health and the Denver Department of Public Health and the Environment for their partnership, as well as the support of Colorado Health Institute in bringing together hospital and public health partners to align and prioritize regional health improvement initiatives and include stakeholder voices. We are very grateful to all of our health and social services community partners and facilitators coming together under various umbrellas including Metro Denver Partnership for Health, Colorado Access, and the Mile High Health Alliance to address some of the most intractable issues in community health.

References

American Hospital Association. (2019). Screening for social needs: guiding care teams to engage patients. Retrieved from https://www.aha.org/system/files/media/file/2019/09/screening-for-social-needs-tool-value-initiative-rev-9-26-2019.pdf

Colorado Department of Education. 2017-2018 USDE data submission for McKinney-Vento education of children and youth program. https://www.cde.state.co.us/dropoutprevention/homeless_data. Accessed 8/12/20.

Colorado Department of Health Care Policy and Financing. (2019a). Denver county fact sheet. Retrieved from https://www.colorado.gov/pacific/sites/default/files/Denver%20County%20Fact%20Sheet%20FY19.pdf

Colorado Department of Health Care Policy and Financing. (2019b). Hospital community benefit accountability, minimum requirements for September 1, 2020 reporting. Retrieved from https://www.colorado.gov/pacific/sites/default/files/2020%20July%20HCBA%20Modified%20requirements%202020%20report.pdf

Colorado Department of Public Health and Environment. Colorado Health Information Dataset (CoHID), Mortality statistics, age adjusted rates. Retrieved from https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDFullDeathQuery_StateDemographyPopEstimates/MortalityStatistics?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

Colorado Department of Public Health and Environment. (2019). Colorado health assessment and planning system (CHAPS) prioritization matrix. Retrieved from https://docs.google.com/spreadsheets/d/10Tb7tDwnd3UXpU2nzhYJ9EOz4ou56LD2_WbziNYw7l8/edit#gid=1524119860

Denver Childrens' Affairs. (2018). The status of Denver's children: A community resource Retrieved from https://www.denvergov.org/content/dam/denvergov/Portals/713/documents/data-resources/StatusOfDenversChildren_2018.pdf

Denver Department of Public Health & Environment, & Denver Health. (2020). Road to wellness: A strategic framework to improve behavioral health in Denver. Retrieved from https://www.denvergov.org/content/dam/denvergov/Portals/771/documents/CH/Road_to_Wellness_Framework.pdf

Fratto, G. L. Use of psychotropic drugs and associated dental diseases. *Int J Psychiatry Med, 48*(3), 185-197.

Metro Denver Homeless Initiative. (2020). Everyone counts: City and County of Denver 2020 Retrieved from https://d3n8a8pro7vhmx.cloudfront.net/mdhi/pages/2603/attachments/original/1595527291/Denver_County_2020_PIT.pdf?1595527291

U.S. Bureau of Labor Statistics. (2020). Denver area economic summary. Retrieved from https://www.bls.gov/regions/mountain-plains/summary/blssummary_denver.pdf

World Health Organization. About social determinants of health. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/

Appendices

Appendix A: Demographics

Data Element	Denver County
Total Population 2018	693,417
Population by Age Group:	
Population Age 0-17 2018	139,801
Population Age 18-44 2018	323,880
Population Age 45-64 2018	150,985
Population Age 65+ 2018	78,751
Total Population Growth 2010 to 2018	119,758
% Population Growth 2010 to 2017	21%
Population by Race:	
White Population 2018	550,725
Black or African American Population 2018	74,184
American Indian and Alaska Native Population 2018	15,235
Asian Population 2018	33,710
Native Hawaiian and Other Pacific Islander Population 2018	2,389
Some Other Race Population 2018	44,323
Two or More Races Population 2018	27,718
% White Population 2018	79.4%
% Black or African American Population 2018	10.7%
% American Indian and Alaska Native Population 2018	2.2%
% Asian Population 2018	4.9%
% Native Hawaiian and Other Pacific Islander Population 2018	0.3%
% Some Other Race Population 2018	6.4%
% Two or More Races Population 2018	3.6%
Population by Hispanic Ethnicity:	
Hispanic Ethnicity Population 2018	209,859

% Hispanic Ethnicity Population 2018	30.3%
Medicaid Enrolled Population:	
Average Medicaid Enrolled Population FY 2017/2018	207,844
% Medicaid Enrolled Population FY 2017/2018	30.6%
Sources: ***American Community Survey, US Census Bureau, 2018 5 Year Estimates; Department of Health Care Policy and Financing, State Fiscal Year 2017-2018***	

Appendix B: Income & Work

Data Element	Denver County
Average Household Income 2018	$93,650
Estimates of People with a Disability 2018	66,257
% Population with a Disability 2018	9.7%
% Population below 125% Federal Poverty Level (FPL) 2018	18.4%
% Population below 200% Federal Poverty Level (FPL) 2018	31.4%
Unemployment rate 2018	4.0%
Sources: ***American Community Survey, US Census Bureau, 2018 5 Year Estimates***	

Appendix C: Immigration

Data Element	Denver County
Non-US Citizen Population 2018	68,429
% Non-US Citizen Population 2018	9.9%
Sources: ***American Community Survey, US Census Bureau, 2018 5 Year Estimates***	

Appendix D: Housing

Data Element	Denver County
Median Home Value in US Dollars for Owner-Occupied Housing Units 2018	$360,700
% of Renter-Occupied Housing Units w/ Gross Rent 35% or Greater of Household Income in the Past 12 Months 2018	39%
Homeless Children & Youth, 2017-2018 School Year	1,762

Sources: ***American Community Survey, US Census Bureau, 2018 5 Year Estimates; Colorado Department of Education, 2017-2018 School Year***

Appendix E: Education & Literacy

Data Element	Denver County
Education:	
% of population aged 25+ years that completed a master, professional school, or doctorate's degree 2018	18.7%
% of population aged 25+ years that completed an associate or bachelor's degree 2018	34.5%
% of population aged 25+ years that completed high school graduation, GED or alternative 2018	17.0%
% of population aged 25+ years that completed some college (less than one year or more) 2018	16.9%
% of population aged 25+ years that completed some level of education in grades K-12, but no high school diploma or equivalent completed 2018	12.9%
% School dropout rate 2018-19	4.5%
Literacy:	
% >5 Years Old Population Speaking Only English 2018	73.5%
% >5 Years Old Population Speaking Spanish 2018	19.8%
% >5 Years Old Population Speaking Indo-European Language 2018	2.5%
% >5 Years Old Population Speaking Asian Language 2018	2.5%
% >5 Years Old Population Speaking Other Language 2018	1.7%
% of households that are linguistically isolated 2018	4.8%
Health Literacy:	
Health Literacy: % Likely to look to member services to tell you what medical services your health plan covers 2015	63.6%
Health Literacy: % Likely to investigate what your plan will and will not cover before you get health care services 2015	72.9%
Health Literacy: % Likely to review the statements you get from your health plan showing what you owe & what they paid 2015	78.0%
Health Literacy: % Likely to find out if a doctor is in-network before you see him/her 2015	73.1%
Health Literacy: % Confident in Understanding Premium 2015	81.6%
Health Literacy: % Confident in Understanding Deductible 2015	88.8%

Health Literacy: % Confident in Understanding Copayment 2015	91.9%
Health Literacy: % Confident in Understanding Co-insurance 2015	63.4%

Sources: ***American Community Survey, US Census Bureau, 2018; Colorado Department of Education 2018/2019 SY; CHI CO Health Access Survey 2015***

Appendix F: Significant Health Issues & Physical Chronic Conditions

Data Element	Denver County
Significant Health Issues:	
Prevalence Childhood Overweight, 2016-2017	15.0%
Prevalence Childhood Obese, 2016-2017	17.5%
Prevalence Adult Overweight, 2016-2018	36.1%
Prevalence Adult Obese, 2016-2018	20.4%
Physical Chronic Conditions:	
Prevalence Adolescent Diabetes, 2016-2017	0.7%
Prevalence Adult Diabetes, 2016-2018	6.8%
Prevalence Adult Coronary Heart Disease 2016-2018	2.4%
Prevalence Adult Hypertension, 2016-2017	15.8%

Sources: ***Colorado Health & Hospital Association, 2013-2015; Colorado Health Observation Regional Data Service (CHORDS), 2016-2017; VISION: Visual Information System for Identifying Opportunities and Needs BRFSS 2016-2018***

Appendix G: Maternal and Perinatal Health

Data Element	Denver County
Percent of live births to mothers who were overweight or obese based on BMI before pregnancy, 2019	42.3%
Gained an inadequate amount of weight during pregnancy, 2019	22.5%
Percent of live births with low birth weight, <2500 g, 2019	10.1%
Had gestational diabetes, 2019	5.5%
Had gestational hypertension, 2019	10.7%
Was covered by Medicaid for prenatal care, 2019	41.0%
Participated in WIC during pregnancy, 2019	24.9%
Drank alcohol during pregnancy, 2014-2016	23.1%
Smoked during pregnancy, 2019	3.4%
Breastfeeding initiation, 2019	92.1%

Colorado Health Information Dataset (CoHID), Live Birth Statistics, Counts, 2019

Appendix H: Behavioral Health

Data Element	Denver County
Mental Health:	
Percent of high school students who felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past 12 months, 2015	29.7%
Percent of high school students who seriously considered attempting suicide during the past 12 months, 2015	13.1%
Poor mental health (8 or more days of poor mental health during the past 30 days; ages 5 and older)	12.3%
Needed mental health care or counseling services but did not get it at that time during the past 12 months (ages 5 and older)	10.3%
Prevalence Adolescent Depression, 2016-2017	10.1%
Prevalence Adult Depression, 2016-2017	11.4%
Prevalence Adult Depression During Pregnancy, 2016-2017	9.7%
Substance Use Disorders:	
Percent of high school students who had five or more drinks of alcohol within a couple of hours, 2019	13.5%
Percent of high school students who used marijuana one or more times during the past 30 days, 2019	20.6%
Prevalence Opioid Use Disorder, All Ages, 2016-2017	1.2%
Prevalence Cannabis Abuse and Disorder, All Ages, 2016-2017	1.2%
Prevalence Adolescent Tobacco Use, 2016-2017	5.7%
Prevalence Adult Tobacco Use, 2016-2017	21.6%

Sources: Colorado Health Observation Regional Data Service (CHORDS), 2016-2017; Healthy Kids Colorado Survey, 2019; Colorado Child Health Survey, 2013-2015; CHI CO Health Access Survey 2017

Appendix I: Access to Care

Data Element	Denver County
Physician Workforce:	
Total Number of Physicians, 2018	**4,314**
PCP Physicians, 2018	744
Specialist Physicians (excluding Psychiatrists), 2018	3,418
Psychiatrists, 2018	152
Total Number of Physicians per 100,000 Pop, 2018	**636**
PCP Physicians per 100,000 Pop, 2018	109.7
Specialist Physicians (excluding Psychiatrists) per 100,000 Pop, 2018	503.8
Psychiatrists per 100,000 Pop, 2018	22.4
Behavioral Health Specialist Workforce:	
Total Number of Behavioral Health Specialists	**4,404**
Certified Addition Counselors, 2018	166
Licensed Clinical Social Workers, 2018	362
Licensed Psychologists, 2018	856
Other Behavioral Health Specialists, 2018	3,020
Total Number of Behavioral Health Specialists per 100,000 Pop, 2018	**649**
Certified Addition Counselors per 100,000 Pop, 2018	24.5
Licensed Clinical Social Workers per 100,000 Pop, 2018	53.4
Licensed Psychologists per 100,000 Pop, 2018	126.2
Other Behavioral Health Specialists per 100,000 Pop, 2018	445.1
Mid-Level Provider Workforce:	
Total Number of Nurse Practitioners (NP) & Physician Assistants (PA)	**1,316**
Total Number of NP & PA per 100,000 Pop, 2018	194
Access & Affordability:	
You were unable to get an appointment at the doctor's office or clinic as soon as you thought one was needed, 2017	21.7%
You were told by a doctor's office or clinic that they were not accepting patients with your type of health insurance, 2017	12.2%
You were told by a doctor's office or clinic that they were not accepting new patients, 2017	14.9%
You were unable to find transportation to the doctor's office or the doctor's office was too far away, 2017	8.6%
Did not fill a prescription for medication due to cost, 2017	12.6%
Did not get doctor care that you needed due to cost, 2017	12.7%
Did not get specialist care that you needed due to cost, 2017	17.2%
Had problems paying or were unable to pay any of your/your family's medical bills, 2017	17.2%
Insurance Coverage Mix:	
Insurance Coverage 2017: % Employer-sponsored insurance	44.7%
Insurance Coverage 2017: % Individual market (includes "other")	8.3%
Insurance Coverage 2017: % Medicare	12.5%
Insurance Coverage 2017: % Medicaid/Child Health Plan Plus (CHP+)	25.5%
Insurance Coverage 2017: % Uninsured	9.0%
Insurance Coverage 2017: TOTAL	100.0%

Sources: CHI Access to Care Index 2018; Colorado Health System Directory, 2018
Caveats: PCP Physicians include Family Medicine, Internal Medicine and Pediatric Specialties

Denver Health and Hospital 2021 Community Benefit Implementation Plan

Priority 1: Enhance Behavioral Health and Substance Use Services

While behavioral health issues have been consistently identified as a problem for members of our community, and especially for the most vulnerable, Denver Health is aligning its work in this area with the City's recently completed strategic plan for behavioral health services. Dr. Robin Wittenstein and Robert McDonald co-chaired Mayor Hancock's Behavioral Health Steering Committee for over 2 years. The committee was charged with "hearing the voices of those experiencing poor mental health, understanding the scope of the issue, and building a framework that could bring us together to improve the mental and emotional well-being of all Denverites." (Denver Department of Public Health & Environment & Denver Health, 2020) The committee outlined five goals and strategies. Below we identified Denver Health initiatives consistent with initiatives in the "Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver."

One of the primary resources we are using to coordinate Denver Health's efforts related to substance use and misuse is our Center for Addiction Medicine (CAM). The CAM is an executive sponsored initiative responsible for coordinating a broad range of addiction services, research and evaluation, and education across the Denver Health system and the community. The CAM's vision is to be a compassionate model for the prevention and treatment of substance misuse, to transform lives and to educate all. Directed by leadership from Denver Health's outpatient behavioral health services and public health departments, the CAM is an effort to ensure there is no wrong-door to optimized treatment services. The CAM operates a number of cross-sector workgroups and is a pivitol resource in the execution of this priority.

Table 1: Denver Health Behavioral Health Initiatives

Goal/Priority/initiative	Activities		Alignment with BH Plan	Outcome or evaluation metric	Existing or planned collaborations
Expand interactions between behavioral health and DH's pipeline programs	Pipeline students rotate through psychiatric services and receive Mental Health First Aid.	Expand and support Denver's behavioral health workforce	Student feedback and assessment of intervention activities	FACES for West and Manual high schools; MC2 (Medical Career Collaborative) for all DPS high school; HIP (Health Interest Program) for undergraduates (MSU, CCS, CU Denver, and Regis)	
Certified addictions counselor (CAC) trainings at Denver CARES	CAC trainings	Expand and support Denver's behavioral health	Number of trainings provided and number of people trained/training	Denver Cares	

Goal/Priority/initiative	Activities	Alignment with BH Plan	Outcome or evaluation metric	Existing or planned collaborations
		workforce		
Train DH staff, including first-responders in trauma informed care and addiction informed care	Cornerstone training module and continuing education credits for CAM trainings	Expand training in trauma-informed care	Trauma-informed educational assessment change in outcomes	DDPHE
Support alternative behavioral crisis response models, including Support Team Assistance Response (STAR) pilot	DH Paramedic accompanies MHCD social work to low acuity 911 behavioral health calls	Pilot an alternative behavioral health crisis response system	Complete 6-9-month pilot and transition to community if indicated	Mental Health Center of Denver (MHCD); Denver Health Paramedics
Expand Substance Abuse Treatment Education and Prevention (STEP) addictions services programming in DPS	Provides mental health and substance use treatment in school-based health centers	Train school staff to engage persons with behavioral health issues	One therapist provides comprehensive care to 70 youth and their families per year	Denver Public Schools
Fill in continuum of care to ensure needed services	Enhance behavioral health services, e.g., school and community partnerships	Reduce gaps in continuum of care	CAM knowledge management continuum of care evaluation model	Stout St. Clinic, Denver Recovery Group, Behavioral health group
Integrate community voice and peer support through the CAM	Focus groups with community advisory boards for CAM programming; bolster peer support	Ensuring programs meet the needs of people with lived experience	Community voice informs CAM programs, helping address gaps in the continuum of care	DH Community Advisory Boards, Harm Reduction Action Center, Mile High Behavioral Health, DDPHE

Priority 2: Improve Child Health and Well-Being

Federal Assistance Programs demonstrably improve the health and development of children and can reduce stress and chronic illnesses. Participation in assistance programs in pregnancy and early childhood is associated with improved health, food security and economic security. As children who participated in SNAP become adults, they have higher incomes and educational attainment, and lower incidents of chronic illness than non-participants.

We know multiple agencies have been engaged in individual improvement efforts. Additionally, we know that even "best practice" food insecurity screening, referrals, and awareness-raising in three Colorado Health Systems (DH, CH, KP), with warm handoffs still fall short and only led to SNAP enrollment of less than 12%. Additionally, Medicaid beneficiaries are often under-enrolled in programs, at a high risk of food insecurity as well as other social needs and are most likely to qualify for assistance programs.

Working with our engaged partners, we will work toward providing enhanced support, through both systems improvements and direct hands on help for families for enrollment/re-enrollment in programs they may be eligible for. Below are more detailed goals and activities for this work.

Table 2: Child Health & Well-Being Initiatives

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Leverage existing touchpoints of Medicaid within the health system to increase multi-benefit enrollment	Identify touchpoints and integrate 2 systems' enrollment processes	Decreased fatigue in accessing resources	Percent of Medicaid enrollees in WIC and SNAP	Denver Human Services	Staff time
Expand social needs screening in community health services, including pediatric populations	Implement standardized screening tool and standard work	Increased referrals and improved data tracking	Increased referrals and improved data tracking	DRCOG	Staff time
Partner with Medicaid beneficiaries to develop messaging, enrollment, and recertification strategies in assistance programs	Focus groups	Improved client communication	Messaging	Denver Health Services	Staff time
Participate in MDPH Social Health Information Exchange Committees related to HTP inpatient social needs screening	Monthly workgroup meetings	Regionally coordinated interactions with social services	Growing number of community partners	MDPH Various community partners	Staff time
Enhance face-to-face assistance, located at the right time in the right place	Explore alternative enrollment locations	Improve ease of enrollment	Percent of Medicaid enrollees in WIC and SNAP	DPS	Staff time

Priority 3: Enhance Economic Opportunity in Denver through Denver Health's Anchor Institution Initiative

Denver Health is a member of the Democracy Collaborative's Healthcare Anchor Network, including 45 leading hospitals and health systems that together employ over 1.5 million people. The network seeks to harness health systems' economic power and align it with the democratic economy, to address economic determinants of community health.1 Denver Health has begun this journey but has much more to do. Below we list four Denver Health anchor institution goals with accompanying activities.

Table 3: Anchor Institution Economic Initiatives'

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Workforce Development & Local Hiring, Education, and training2	Expand employment opportunities to Denver residents	Improved economic opportunity	75 hires	Activate Workforce Solutions Emily Griffith High School	Staff time
Workforce Development	Denver Health Anchor Scholars	Hiring from within the community served by DH	120 hires cumulative	FACES for West and Manual high schools; MC2 (Medical Career Collaborative) for all DPS high school; HIP (Health Interest Program) for undergraduates (MSU, CCS, CU Denver, and Regis)	Staff time
Local Procurement in the community, especially from women & minority owned businesses	Potential activities: Procure from minority and women owned businesses; Create local vendor forums; Support capacity building for small businesses	Stimulate the local economy	Percent of total spend with women and minority owned businesses		Business contracts
Community investment in housing, transportation, environment, advocacy	Lease 655 Broadway to Denver Housing Authority to increase affordable housing	Increase affordable housing	Number of units filled	Denver Housing Authority	Real Estate

1 Democracy Collaborative, n.d. from https://democracycollaborative.org/learn/publication/anchor-dashboard-aligning-institutional-practice-meet-low-income-community-needs.

2 Other potential activities under this goal: Provide additional career pathways for prioritized populations; Extend financial/life opportunities; Create a low interest loan program; Assure our employees are provided a living wage

List of Individuals and Organizations Invited to the Public Meeting

Email invitations sent June-July 2021

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List of Public Meeting Attendees and Organizations Represented

The participants in our Community Benefits Public Meetings represented organizations including University of Colorado School of Medicine, University of Colorado Medical Center, Aurora Health Alliance, Colorado Department of Public Health and Environment, Constellation Philanthropy, MHCD, Playworks, Denver Public Library, Denver Indian Health and Family Services, Denver Health and Hospital Association, Denver Health and Hospital Authority, Adelante y Coalicion de Padres de Colorado, State of Colorado, Denver Rescue Mission, Denver Health and Hospital Authority, UCHealth, Asian Chamber of Commerce Colorado, Mile High Health Alliance, and some were retirees.

There are limitations with utilizing ZOOM webinar to present community benefits. As ZOOM webinars require participants to register in order to receive the meeting link to join, we discovered many of our participants shared their unique link with colleagues. Additionally, a few participants joined the virtual meeting via phone rather than via computer. This provides us with their phone number but not their name in the participation report. With these limitations, it makes it difficult to determine the exact number of unique participants, and we estimate 36 individuals outside our institutions joined the meetings and we were able to confirm 22 participants' names: Maisha Fields, Sandra Stenmark, Mandy Ashley, Kelsey Robinson, Jennifer Rhodes, Stephanie Johnson, Jessica Montoya, Deeksha Nagar, Rose Clifford, Rich Mclean, Stephanie Syner, Rachel Hirsch, Lucy Guereca, Isabelle Nathanson, George Earl, Deb Butte, April Valdez Villa, Sandra Ewert, Sonia M. Agosto, Keith Peterson, Peggy Moore, Dede De Percin. Denver Health and Hospital Authority partnered with Children's Hospital to conduct our Community Benefit public forums. We used a PowerPoint presentation to guide our discussion following the outline provided above.

Children's Hospital Colorado (CHCO) and Denver Health and Hospital Authority Joint Community Benefit Meeting Agenda

August 4, 2021 (12:00-1:00pm)
August 5, 2021 (6:00-7:00pm)

Presenters:

- Children's Hospital Colorado: Annie Lee, JD; Julie Beaubian BSW; Ellen Cruze, MPH, Sana Yousuf, MPH
- Denver Health and Hospital Association: Stephanie Phibbs, PhD, MPH
- Community Language Cooperative: Andrea Syko
- Professional Sign Language Interpreting: Sarah Augenstein and Natalie Nissing

Agenda

1. Welcome
2. Meeting logistics
    a. Language justice - Accessing American Sign Language and simultaneous Spanish Interpretation
    b. Zoom webinar format
3. Introduction of panelists
4. Meeting objectives
    a. Learn about Hospital Community Benefit Accountability
    b. Learn about Community Health Needs Assessments and implementation strategies to meet identified needs
    c. Advise on the health and social needs that continue to be of concern for the community
5. Overview of Hospital Community Benefit Accountability
6. Community Engagement for Hospital Community Benefit Accountability and Hospital Transformation Program
7. Upstream and downstream interventions for addressing community health
8. CHCO 2018 CHNA
    a. Priority Health and Social Needs
    b. Community Health Implementation Plan
9. CHCO 2021 CHNA Data Collection Approach and Summary Findings
10. Participant Polling on Identified Health and Social Priorities
11. Denver Health 2020 CHNA
    a. 2018-2020 Quantitative Data and Community Engagement
    b. Data and Community Engagement Themes
    c. Community Health Implementation Plan
12. Participant Polling on Identified Health and Social Priorities
13. Discussion and Dialogue
    a. Application of Hospitals' Screening for Non-Medical Social Needs
    b. Impact of COVID on Identified Priorities
    c. Future format of community benefit public meetings

Summary of the Public Meeting Discussion

Denver Health and Hospital Authority partnered with Children's Hospital to conduct our Community Benefit public forums. We used a PowerPoint presentation to guide our discussion following the outline provided above. In order to facilitate a discussion in the webinar format, we prompted participants' feedback with survey questions, the results of which are provided here:

- 90% of online polling participants in the webinar (n=19/21) agreed Denver Health's Implementation Plan including: 1. Enhancing behavioral health and substance use services, 2. Improving child health and well-being, and 3. Enhancing economic opportunity in Denver through Denver Health's Anchor Institution, reflect community priorities.
- 85% of participants (n=6/7 [only asked in the second webinar]), noted that COVID made some existing priorities more urgent, but did not change them.
- 89% of online polling participants (n=17/19) preferred hospitals offer joint meetings to engage the community in reporting forums, rather than conducting separate meetings. This confirmed the Denver Health/Children's Hospital partnership approach we used in these these meetings.

We also used polling to understand community members' expectations of hospitals as hospitals begin moving more "up-stream" to address root causes of poor health, like economic opportunity and food insecurity. When participants were asked specifically about social needs screening in hospitals, the 20 poll participants endorsed the following reasons for hospitals to screen:

- 20% believed identified social needs should be incorporated into medical care plans,
- 20% believed the information should be used to connect patients to community resources,
- 10% thought the data could be used to identify top community concerns and guide the development of community partnerships and resources, and
- 50% believed that social needs screening should be used for all of the above reasons.

These results help us strategize about how to screen and how to incorporate the results.

2020 IRS Form 990 Schedule H

Provided as a Separate Document