DENVER HEALTH™
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FOR LIFE'S JOURNEY

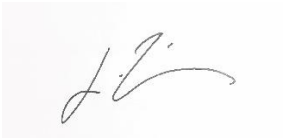
September 13, 2024

Ms. Nancy Dolson
Director, Special Financing Division Colorado Department of Health Care Policy and Financing
1570 Grant St.
Denver, CO 80203-1818

Dear Ms. Dolson,

Please see the enclosed Hospital Community Benefit Accountability Report from Denver Health and Hospital Authority. We are happy to discuss and address any feedback or questions from the Department.

Thank you,



Lorena Zimmer

Chief Impact Officer

Denver Health and Hospital Authority

2024 Hospital Community Benefit Accountability Annual Report

Executive Summary

Since its founding in 1860, Denver Health has been committed to the health and well-being of the Denver community, consistently responding to the city's most pressing health needs. In compliance with House Bill 1320, we conducted our first Community Health Needs Assessment (CHNA) in 2020, which has established a framework for the ongoing reporting of our community benefits and targeted actions. This report includes our financial contributions, an evaluation of our 2021-2023 implementation plan, our 2023 CHNA, a summary of our annual public meeting, and our 2024-2026 Implementation Plan.

Community Benefits Overview (2021-2023)

In our first reporting period under the Community Benefit requirements outlined in House Bill 1320, we included the substantial financial and programmatic contributions to the community, focusing on three priority areas identified in our 2020 CHNA: Behavioral Health Initiatives, Child Health & Well-Being, and Anchor Institution Economic Initiatives.

Financial Reporting

From 2021 to 2023, Denver Health contributed a net community benefit totaling $360,650,301 with significant annual contributions:

- **2021:** $74,388,535
- **2022:** $125,127,423
- **2023:** $161,134,343

The significant increase in community benefit dollars between 2021 and 2022 is primarily attributed to newly including subsidized health services to Medicare patients starting in 2022. The increase between 2022 and 2023 is related to subsidized services cost increases over that time. Our detailed financial reporting is included in the required Excel format, as well as in our Form 990 Schedule H located in the last section of this report.

Initiative Reporting

Behavioral Health Initiatives

Based on the Community Health Needs Assessment that recognized the critical importance of behavioral health, as highlighted by city and state initiatives like "Road to Wellness," we prioritized the following efforts:

- **STAR Program:** Denver Health played a pivotal role in launching the Support Team Assistance Response (STAR) program, which provides paramedic support. An independent evaluation by the Urban Institute found STAR to be an effective alternative response for individuals in crisis.

- **Center for Addiction Medicine:** This center was established to coordinate and enhance addiction services across Denver Health, fostering connections with community resources for ongoing recovery support.
- **STEP Program:** The Substance Abuse Treatment Education and Prevention (STEP) program reached 1,845 students in Denver Public Schools, delivering essential addiction services.
- **Behavioral Health Training and Education:** We trained 981 individuals as certified addiction counselors and launched online modules focused on trauma-informed care.

Child Health & Well-Being

Our implementation plan has led to significant achievements in child health:

- **Health-Related Social Needs Screening:** We completed screenings for health-related social needs with 36,867 children in outpatient settings, and inpatient screening rates rose from 0% to 84% of all admitted patients.
- **Collaboration:** Denver Health funded and participated in the Metro Denver Partnership for Health, working collaboratively to enhance behavioral health and support the development of a social health information exchange to connect community organizations and healthcare providers.
- **Benefit Co-Enrollment:** Our integrated Co-Enrollment program served 5,706 families, facilitating WIC enrollment during primary care visits, primarily benefiting communities of color (88%).

Anchor Institution Economic Initiatives

To address economic barriers to health, we focused on:

- **Housing Solutions:**
    - In 2022, we leased land to the Colorado Village Collaborative to provide temporary shelter for 60 individuals.
    - In collaboration with the Denver Housing Authority, 110 affordable senior housing units were developed, with Denver Health leasing back fourteen units to provide transitional housing.
    - A lease agreement with the Colorado Coalition for the Homeless allowed us to offer 15 medical respite beds, serving approximately 169 encounters for medically complex patients who were unhoused.
    - We implemented a workflow linking community members to the Statewide Supportive Housing Expansion (SWSHE) program.
- **Workforce/Economic Development:**
    - We trained 171 participants in our high school and college programs, resulting in 24 individuals being hired by Denver Health.
    - The Denver Health Workforce Development Center (WFDC) opened in 2022, developing 15 career pathways within the organization.
    - We promoted equitable purchasing by partnering with ShopBIPOC, an online marketplace that exclusively supports BIPOC small business owners.

- We also participated in the Good Food Purchasing Program with the City and County of Denver.

2023 CHNA and 2024-2026 Implementation Plan

Alongside the quantitative data used to identify community needs, we appreciate the valuable input from community members and local organizations during our 2023 CHNA process. This effort resulted in identifying three key priorities:

- Access to Care
- Behavioral Health (Mental Health and Substance Use)
- Housing and Homelessness

The current report includes our 2023 CHNA and outlines our implementation plan for 2024-2026.

2023 Community Benefit Annual Public Meeting

Denver Health held two online public meetings on June 26, 2024 to review our accomplishments and gather community feedback. These forums were promoted through emails to approximately 180 individuals, advertisements in multiple newspapers, and online announcements, resulting in the participation of 17 individuals outside of Denver Health and Hospital Authority employees. Readers interested in how Denver Health is incorporating feedback from this annual public meeting can find that information in the related Excel reporting template provided by the state.

Conclusion

Denver Health is proud to present this report, showcasing our commitment to addressing community health needs and outlining our future plans for continued community support. We appreciate the collaboration of the community in our mutual efforts to enhance the health and well-being of our residents.

Table of Contents

Summary and Evaluation of Denver Health's 2021-2023 Implementation Plan

Denver Health and Hospital Authority is pleased to report significant progress related to three community priorities identified in our 2020 Community Health Needs Assessment, which underpins our 2021-2023 Implementation Plan. These focus areas are: 1) behavioral health, 2) child health and well-being, and 3) advancing economic initiatives through the Anchor Institution.

Behavioral Health Initiatives

From 2021 to 2023, Denver Health expanded and enhanced behavioral health services and education throughout the community. Four specific areas are highlighted below, and additional behavioral health services are provided in the Appendix.

Support Team Assistance Response (STAR)
A key DH initiative was the Support Team Assistance Response (STAR) program, funded by the Caring for Denver Foundation and the City of Denver, and managed by the Denver Department of Public Health and Environment. STAR pairs medics from Denver Health with mental health professionals from WellPower to assist individuals facing mental health crises, poverty, homelessness, and substance abuse.

The Urban Institute evaluation of the STAR Program[1] notes the program was launched in 2020 as a pilot in downtown Denver, and that STAR has significantly expanded to include 10 mental health clinicians, 8 medics, and 5 operational vans that operate daily from 6 a.m. to 10 p.m. A partnership with Servicios de La Raza provides essential follow-up services. STAR teams are dispatched via Denver's 911 system for low-risk calls, prioritizing de-escalation and resource connection. As of fall 2022, these teams had real-time access to a computer-aided dispatch system.

The evaluation also notes that community partners value the de-escalation options provided by STAR. Staff highlighted their flexibility in addressing situations, allowing police to focus on other areas of public safety. The program has also raised awareness of mental health resources in Denver and is considered vital for addressing diverse community needs. Stakeholders advocate for expanding STAR's operations, particularly for more vans and 24/7 service.

Recommendations for further improving the program included: 1) creating systemic connections for better service referrals and access, particularly for housing assessments; 2) enhancing communication about case manager roles to imporve follow-up support; and 3) fostering more collaboration among Co-

[1] Urban Institute. (2023). *Understanding Denver's STAR program*. https://www.urban.org/sites/default/files/2023-08/Understanding%20Denver%E2%80%99s%20STAR%20Program.pdf

Responder clinicians. Future evaluations will shift to quantitative metrics, focusing on service outputs, implementation effectiveness, and overall impact on client well-being.

Center for Addiction Medicine (CAM)
The Center for Addiction Medicine (CAM) at Denver Health prioritizes holistic and compassionate care for substance use disorders. CAM's mission aligns with Denver Health's commitment to excellence in clinical services, research, and education, ensuring comprehensive support tailored to individual patient needs.

CAM employs a "hub-and-spoke" model to integrate opioid treatment services, facilitating seamless access across various facilities. This model supports a "no wrong door" policy, ensuring individuals seeking help are quickly connected to appropriate treatment. The governance structure involves representatives from executive leadership and various departments, fostering collaboration and strategic oversight.

Between 2021 and 2023, CAM made notable advancements in community awareness, educational outreach, and treatment services for substance use disorders. In 2021, CAM generated 36 media stories reaching 124 million people and engaged over 1,600 individuals through online overdose awareness campaigns. CAM supported the professional development of eight learners and secured $8.8 million in grants for 24 active projects. Its effectiveness is evident in opioid use disorder treatment, with 93% of patients inducted into treatment and 46% linked to ongoing care.

In 2022, CAM expanded its services in response to the fentanyl crisis by introducing methadone inductions in the emergency department, resulting in 137 successful inductions. The Treatment on Demand program expanded to include patients with Alcohol Use Disorder and Stimulant Use Disorder, serving 570 unique patients. Educational initiatives included over 92 hours of training for more than 400 participants.

In 2023, CAM achieved further milestones with 40 news items reaching over 770 million people and engaging more than 7,000 community members through online initiatives. With $14.4 million in grants for 20 active projects, CAM presented research at four conferences, gaining significant recognition. Patient care outcomes improved, with a 69% retention rate and a 42% linkage rate for patients seeking services. The continuum of care expanded, including referrals to Sobriety House and Hazelbrook Recovery Services. Denver Health partnered with New Genesis for short-term supportive housing and has integrated community voice and peer support through monthly Community Advisory Meetings since October 2021.

Substance Abuse Treatment Education and Prevention Program (STEP)
The Substance Abuse Treatment Education and Prevention (STEP) Program provides therapeutic support for young adults struggling with substance abuse, emphasizing acceptance and understanding. Utilizing a strength-based approach, therapists meet clients where they are and help them achieve personal goals in a safe, stigma-free environment.

Services include evidence-based practices like acceptance and commitment therapy and motivational interviewing, along with voluntary urine drug screens and cash incentives for progress in sobriety. Psychiatric consultation and medication management are also available.

Between 2021 and 2023, 1,845 students received STEP services through staff positioned in various Denver Public Schools, making these services accessible to all DPS students. Graduates can continue their therapy at the main Denver Health campus.

Behavioral Health Training and Education
The Behavioral Health Services Counselor Training Center at Denver Health offers classes to fulfill certification requirements for both Colorado and national counseling credentials, as well as continuing education for professional development. Courses are based on competencies established by the Colorado Office of Behavioral Health, enhancing counselors' abilities to provide culturally competent treatment. From 2021 to 2023, Denver Health proudly trained 981 individuals as certified addiction counselors, expanding addiction support services in the Denver community.

Child Health and Well-Being Initiative

Child health is a cornerstone of community health, laying the foundation for a healthy future population. Ensuring that children receive proper nutrition, healthcare, and early education not only enhances their individual development but also yields broader societal benefits, promotes equity, and reduces long-term healthcare costs and economic burdens on families and local systems. In this context, Denver Health has identified child health and well-being as our second community benefit priority.

To enhance equity, it is crucial that children have access to the resources necessary for healthy living. By 2021, we initiated efforts to address health-related social needs at Denver Health. Over the past three years, we significantly increased social needs screenings among children, later extending this practice to adults in outpatient settings and all patients in inpatient care. During this implementation period, we completed health-related social needs screenings for 36,867 children in outpatient settings, while inpatient screening rates soared from 0% to 84% of all admitted patients.

However, screening alone is insufficient. It is essential for our systems to effectively link community members with the resources they require. To this end, Denver Health has invested in several initiatives aimed at connecting individuals to vital services. We have adopted FindHelp, a closed-loop referral platform that is increasingly integrated into our clinical workflows. Additionally, we collaborated with FindHelp to create a QR code included in discharge and after-visit paperwork, enabling patients to access a comprehensive resource inventory. Our staff has also worked with FindHelp to establish partnerships with specific community organizations, demonstrating the effectiveness of the closed-loop referral model.

Simultaneously, Denver Health has actively supported the complementary work of the Metro Denver Partnership for Health (MDPH), of which we are a due-paying member. MDPH is a collaborative initiative, backed by the Colorado Health Institute, that unites public health organizations, healthcare providers, and community stakeholders to improve health outcomes across the Denver metropolitan area. A key focus has been on building community relationships in anticipation of Colorado's Social Health Information Exchange (SHIE), which will facilitate secure sharing of social health data among various organizations. This will enhance care coordination and address social determinants of health, ultimately aiming to improve health outcomes and promote overall well-being for Colorado residents. Through our operational integration of FindHelp and our strategic partnership with MDPH, we are well-positioned to strengthen community linkages to essential resources, supported by innovative technology.

Finally, recognizing that food insecurity was the top social health need identified through our screenings, we established processes to enroll patients in WIC services. The Women, Infants, and Children (WIC) program is a federally funded initiative that provides nutritional support, education, and resources to low-income pregnant women, new mothers, and young children. By promoting healthy eating and access to nutritious foods, WIC aims to improve maternal and child health outcomes, foster healthy development, and reduce the risk of diet-related health issues. Our integrated Co-Enrollment program served a total of 5,706 families, primarily from communities of color (88%), by facilitating WIC enrollment during primary care visits. Although we also aimed to enroll patients in SNAP benefits, this effort faced challenges during the COVID-19 pandemic due to limited staff availability for remote enrollment coordination. A list of additional food initiatives and partnerships is provided in the Appendix.

Enhancing Economic Opportunity through the Anchor Institution Initiative

Denver Health is committed to addressing economic challenges to good health, particularly through our third priority: enhancing economic opportunity via the Anchor Institution Initiative. This initiative aims to create pathways to economic stability and improve health outcomes for the community.

As part of this initiative, we opened the Denver Health Workforce Development Center and advanced equitable contracting and procurement by promoting ShopBIPOC to all our purchasers. Additionally, we provided training to 171 participants in our high school and college programs, resulting in 24 individuals being hired by Denver Health. Our commitment also extends to addressing the issue of unaffordable housing in Denver through four key community partnerships.

The first partnership is with Colorado Village Collaborative (CVC), where an unused portion of Denver Health's property was leased to establish a Safe Outdoor Space. This site offers supported transitional outdoor spaces for up to 50 individuals previously experiencing homelessness, with a particular focus on serving American Indian and Native American populations.

The second partnership is with the Denver Housing Authority, which constructed 110 housing units on a property acquired from Denver Health. These units are designated for low-income seniors and individuals with disabilities, with one floor (14 units) leased back to Denver Health. This arrangement expands options for not discharging individuals experiencing homelessness back to the streets. However, delays in opening the building have arisen due to cracked windows caused by cold weather and the historical designation of the property, complicating the procurement of appropriate replacements.

Our third partnership involves the Colorado Coalition for the Homeless (CCH), where Denver Health signed a lease for medical respite or recuperative care beds. This arrangement allows unhoused patients who are too ill or frail to recover on the streets a safe place to recuperate after hospital discharge. Patients at this site receive nurse visits, meals, and assistance in connecting with additional services, including follow-up care.

Finally, we partnered with the Statewide Supportive Housing Expansion (SWSHE) program, involving collaborators from Health Care Policy and Financing, CCH, and the Colorado Department of Local Affairs. In this partnership, Denver Health identified nine medically complex patients lacking housing and provided their names to HCPF for eligibility determination regarding housing vouchers under the SWSHE

program. Nearly all individuals were found eligible, allowing CCH housing navigators to engage with patients in the hospital and introduce them to housing opportunities. This pilot program has established a precedent for discharging patients to stable housing.

Through these initiatives and partnerships, Denver Health is dedicated to enhancing economic opportunity, ultimately contributing to improved health outcomes and greater stability for our community.

The accomplishments over the last three years have shown the dedication of Denver Health to address the needs expressed by the community, and we are deeply grateful for the partnerships and hard work of everyone who has made this possible.

The following sections of this document are included to meet the requirements of HB 19-1320, featuring a summary of our 2022 Community Benefit annual public meeting. For readers interested in how Denver Health is incorporating feedback from that meeting, please see the related Excel reporting template provided by the state. Additionally, the most recent Community Health Needs Assessment and Implementation Plan are included, followed by the Form 990 Schedule H. The Excel reporting template has also been submitted as part of Denver Health's reporting.

Appendix: List of Food Programs & Partnerships, as well as Behavioral Health Programs at Denver Health

Food Programs at Denver Health

- Tasting with Tots - Family education and give classes at the gardens
- Eastside has a food bank 1 time per week.
- Pena clinic - Community Supported Agriculture boxes
- Westside – Grocery pick-up project

Food Partnerships with:

- Food Bank of the Rockies - Food Box Weekly delivery
- Denver Food Rescue – Veggie RX program and food distribution
- Hunger Free Colorado - Help with SNAP enrollment
- Project Angel Heart - Through our Medical Plan
- Good Food Purchasing Program - Through our cafeteria
- WIC Enrollment through our Public Health Institute
- Vuela for Health - Nutrition education and monitoring for patients with uncontrolled diabetes
- Re:Vision – Produce RX program. Families receive weekly pick-up at DH of fresh fruits and vegetables. And partnering on applying for grants to partner for off-site garden opportunities. Pena clinic
- Jewish Family Services – Mobile Food Pantry - Delivers food via truck delivery to Pena clinic.
- Ruby Hill – Denver Urban Garden

Website: Behavioral & Mental Health Services

AMH (Adult Mental Health)

The Adult Outpatient Mental Health team includes psychiatrists, psychologists, master's level therapists and prescribers, and care coordinators. Individual psychotherapy, group psychotherapy, couple's therapy, medication management, and case management are offered for a wide range of psychiatric disorders (including trauma-related disorders) for patients age 18 and up.

Website: Adult Mental Health Services (AMH)

STEP (Substance Abuse Treatment, Education and Prevention)

A substance abuse treatment, education and prevention program that provides outpatient, psychiatric and substance abuse treatment to adolescents ages 12-21.

Website: STEP

STEP In-Home (Substance Abuse Treatment, Education and Prevention In-Home)

In-Home Services for substance abuse treatment, education and prevention program that provides outpatient, psychiatric and substance abuse treatment to adolescents ages 12-21.

Neuropsychological Testing Services

Our neuropsychologists provide evaluations for adult and geriatric inpatients and outpatients. We provide cognitive and psychological evaluations for most neurological or medical conditions. We do not provide evaluations for autism, learning disability, intellectual disability, or most psychiatric diagnoses (absent of a relevant medical diagnosis).

Website: Neuropsych

DHARC (Denver Health Addiction Recovery Center)

Addiction Recover Center provides outpatient treatment for opioid and non-opioid substance use disorders and concurrent behavioral health conditions.

Prescription buprenorphine (Suboxone, Sublocade) and naltrexone (Vivitrol) treatment are available to patients with opioid use disorder.

Naltrexone and other medications are also available to patients with non-opioid substance use disorders.

Counseling is encouraged for all clients and psychiatric consultation is also available.

Website: DHARC

OMAT (Outpatient Medication Assisted Treatment)

Opioid addiction treatment at Denver Health provides opioid agonist therapy utilizing methadone and buprenorphine (Suboxone) for patients meeting specific criteria for admission.

Counseling is required for all clients and psychiatric consultation is also available.

Website: OMAT

MOMAT (Mobile OMAT)

Mobile opioid addiction treatment at Denver Health provides opioid agonist therapy utilizing methadone and Suboxone (buprenorphine) for patients meeting specific criteria for admission at various Denver Health outpatient clinics.

WFS (Women and Family Services)

This program is designed specifically to help pregnant women, parenting women and families who need substance abuse treatment. Each patient that comes to the program is treated with respect and offered a safe environment in which to heal.

Website: Women and Family Services (WFS)

TOD (Treatment on Demand)

Treatment on Demand program focuses on persons with a DSM-V Opioid Use Disorder (OUD) and other use disorders presenting within the ED and hospital units.

SUN (Substance Use Navigation)

Community based program focusing on outreach, harm reduction and treatment support for persons with opioid, methamphetamine and alcohol use disorders.

ATOP (CO Access Transformative Outreach Program)

A multidisciplinary community-based program working with folks with primary substance use disorder. Supports comprehensive patient-centered service plans through case management to include physical health, mental health, employment/productive activity, social support, and housing support.

Mobile Crisis Services

Mobile Crisis Services is a 24/7 service that provides mental health support to residents of the city and county of Denver and to Mental Health Center of Denver consumers during and after a crisis. Contact Mobile Crisis Services at 1-844-493-8255.

Mobile Crisis Services include: 24/7 psychiatric emergency services for residents of the city and county of Denver by licensed staff, including telephone screening and in-person mobile emergency assessment.

Psychiatric consultation for Mental Health Center of Denver consumers.

Crisis consultation with community agencies and other care providers.

Information and referral services to individuals and other community programs.

Website: Mobile Crisis

THRIVE Care Team

TCT is a peer-based team that works to improve treatment engagement among high-risk patient populations with behavioral health conditions by providing linkages and warm hand-offs to whole-person care. Through referrals from outreach teams, Peer Support Specialists support patients through shared lived experience and connection to vital resources, following them for an average of eight weeks to support treatment entry.

Patient Access Team

Registration teams of at least 2 supporting BHS clinics located in Pavilion G, Pavilion L, and Pavilion K during clinic hours. Scheduling/rescheduling/cancelling appointments for established and new patients. Triaging community calls/walk-ins (where applicable) for self-referred patients. Supporting Clinical teams via Epic In-Basket. Verifying patient's demographic information, insurance information, payment collection, including patient consents and Medicare questionnaire when applicable during a patient check-in. Navigating incoming calls and connecting patients to the appropriate area.

Substance Treatment Educators

A triage team of Behavioral Health Educators with substance treatment specialties supporting the navigation of substance treatment options and connecting to care, either internally with Denver Health substance treatment programs, or with external options around Denver metro area.

Anyone can call (individuals, patients, friends/family members, providers, external professionals, etc.)

Substance Treatment Resource Inventory: CAM OneNote (dhha.org)

Website: Substance Treatment Educators

CMH (Child Mental Health)

The Child/Adolescent Outpatient Mental Health program at Denver Health helps children between the ages of 6-17 years on a wide variety of behavioral and emotional disorders, ranging from adjustment issues to major mental illnesses.

Website: Child Mental Health (CMH)

FORGE (Family-Oriented Resilience, Growth, and Empowerment)

Children and caregivers seen through FORGE have been impacted by direct experience with familial substance use and associated high risk conditions.

Website: FORGE

PEAS (Providing Early Access and Support)

PEAS provides a range of infant and early childhood mental health services for families of children ages birth-5, including parenting support, Parent-Child Interaction Therapy (PCIT) and trauma treatment.

Denver CARES

Denver Community Addiction Rehabilitation and Evaluation Services (CARES) provides short-term and residential treatment for individuals with substance use disorders. Denver CARES has provided a safe and humane withdrawal management for individuals suffering from substance use disorders in the City and County of Denver for nearly five decades.

Denver Sheriff Department Jail Medical Service

Denver Health Employees are contracted by the Denver Sheriff's Department to provide on-site medical, nursing, behavioral health and dental services for the patient population of the Denver County Jail and the Downtown Detention Center.

Adult Psychiatric Inpatient Unit

The Adult Inpatient Behavioral Health unit at Denver Health has 42 beds and serves adult patients experiencing mental health issues requiring hospitalization or those having difficulty meeting basic living needs due to a combination of mental, physical, or substance use problems.

Adolescent Behavioral Health Inpatient Unit

The Adolescent Behavioral Health Inpatient Unit at Denver Health is a 21-bed facility for patients ages 12-17 years to address significant emotional issues, behavioral health struggles, and substance use concerns.

Psychiatry and Addiction Consult Liaison

The Psychiatry and Addiction Consultation-Liaison service at Denver Health provides comprehensive evaluation and treatment for patients with comorbid behavioral health and medical disorders.

Psychiatric Emergency Services

Psychiatric Emergency Services (PES) is a 10-room, 24/7 service that provides emergent and individualized evaluation, crisis stabilization and treatment for patients presenting with psychiatric and/or substance-related emergencies.

Correctional Care Medical Facility

The Correctional Care Medical Facility is an Inpatient and Outpatient facility with 20 beds. It serves correctional care patients needing acute medical care requiring hospitalization or outpatient specialty clinic support.

List of Individuals and Organizations Invited to the Public Meeting

Organization	Name	Type of Agency
American Friends Service Committee	Gabriela Flora	Advocacy Organization
Asian-Pacific Development Center	Harry Budisidharta, ED	Advocacy Organization
Center for African American Health	Diedre Johnson, ED	Advocacy Organization
Center for Health Progress	Joe Sammen	Advocacy Organization
Center for Law and Poverty	Claire Levy, ED	Advocacy Organization
Civic Canopy	Bill Fulton	Advocacy Organization
Colorado Alliance for Health Equity and Practice (CAHEP)	Alok Sorwal	Advocacy Organization
Colorado Children's Campaign	Kelly Causey, Pres/CEO	Advocacy Organization
Colorado Community Health Network	Annette Kowal	Advocacy Organization
Colorado Consumer Health Initiative	Isabel Cruz	Advocacy Organization
Colorado Cross-Disability Coalition	Julie Reiskin, Executive Director	Advocacy Organization
Colorado Health Network	Darrell Vigil	Advocacy Organization
Colorado Organization for Latina Opportunity & Reproductive Rights (COLOR)	Dusti Gurule, ED	Advocacy Organization
Consulate of Peru	Roland Denegri Aguirre, Consul General	Advocacy Organization
CreaResults	Fernando Pineda-Reyes	Advocacy Organization
Familes Forward Rescource Center	Shawn Taylor, Healthy Start Program Director	Advocacy Organization
One Colorado	Daniel Ramos	Advocacy Organization
Servicios De La Raza	Rudy Gonzales, ED	Advocacy Organization
Together Colorado	MIKE KROMREY, ED	Advocacy Organization
Area Agency on Aging for Colorado's Region 14	Veronica Maes	Area Agency on Aging
Area Agency on Aging of Northwest Colorado	Heather Jones	Area Agency on Aging
Denver Regional Council of Governments	Dr. Florine P. Raitano, Dir. Partnerships & Innovation	Area Agency on Aging
Denver Regional Council of Governments- Area on Aging	AJ Diamtopolous	Area Agency on Aging
Asian Chamber	Peg Moore	Chamber of Commerce
Hispanic Chamber	Mike Ferrufino	Chamber of Commerce
Metro Chamber	Katie Doyen	Chamber of Commerce
Councilman of Littleton, CO, District 3	Phil Cernanec	City Government
Denver City Council	Leon Mason	City Government

Denver City Council	Amanda Sandoval	City Government
Denver City Council	Debbie" Ortega	City Government
Denver City Council	Robin Kniech	City Government
Denver City Council	Stacie Gilmore	City Government
Denver City Council	Christopher Herndon	City Government
Denver City Council	Jolon Clark	City Government
Denver City Council	Kendra Black	City Government
Denver City Council	Jamie Torres	City Government
Denver City Council	Kevin Flynn	City Government
Denver City Council	Amanda P. Sandoval	City Government
Denver City Council	Paul Kashmann	City Government
Denver Fire Department	Desmond Fulton	City Government
Denver Human Rights and Comm. Partnerships	Derek Okubo	City Government
Denver Parks and Recreation	Happy Haynes	City Government
Denver Police Department	Paul Pazen	City Government
Denver Police Department	Ron Thomas	City Government
Denver Public Library	Erika Martinez	City Government
Denver Sheriff	Elias Diggins	City Government
Mayor's Office Children's and Family	Erin Brown	City Government
Mayor's Office Denver	Alan Salazar, Chief of Staff	City Government
Elections Division	Celia Reyes-Martinez	Civic Participation
Rocky Mountain Crisis Partners	Erik Jacobsen	Colorado Crisis Service Providers
DHHA HEAT Program	Austin Collins	Community Based Organizaiton
2040 Partners for Health	Griselda Pena-Jackson	Community Based Organization
Colorado Latino Leadership And Research Organizaion Inc. (CLLARO)	Mike Cortes	Community Based Organization
Denver Health/ Sun Valley Kitchen	Dr. Sofia Chavez	Community Based Organization
Extreme Community Makeover	Angela Bomgaars	Community Based Organization
Housekeys Action Network Denver	Terese Howard	Community Based Organization
LifeSpan Local	Melisa Jaenisch	Community Based Organization
Mother Wise	Guilia Chioetto	Community Based Organization
Playworks	Andrea Woolley, ED	Community Based Organization
Clinica Tepeyac	Jim Garcia, Pres/CEO	Community Health Center
Colorado Coalition for the Homeless	Carla Mickelson	Community Health Center

Colorado Coaltion for the Homeless	Ed Farrell- have other names/contacts	Community Health Center
Denver Health and Hospital Authority	Fr. Joseph Dang	Community Health Center
Denver Health FQHC	Simon Hambidge	Community Health Center
Denver Indian Health and Family Services	Adrianne Maddux, CEO	Community Health Center
Inner City Health Center	Kraig Burlson, Pres/CEO	Community Health Center
Salud Clinic	Maisha Fields, Aurora Community Program Director	Community Health Center
STRIDE Community Health Center	Allison Draayer	Community Health Center
STRIDE Community Health Center	Susan Todd , Director of External Affairs and Community Partnerships	Community Health Center
Denver Department of Human Services	Jay Morein	Department of Human Serivces
Adams County Education Consortium	Andrea Trjuillo	Education
Anschutz Medical Campus	Regina D. Richards, PhD, MSW, Associate Vice Chancellor of Diversity Equity Inclusion	Education
CCD	Michelle Kohler	Education
Center for Work Education Employment (CWEE)	Kate Schreiber	Education
College Track	Ethan Kirkwood	Education
Colorado Commission on Higher Education	Tennelle Swan	Education
Denver Preschool Program	Elsa Holguin	Education
Denver Preschool Program	Christine Sakoulas	Education
Denver Preschool Program	Gerri Howard	Education
Denver Public Schools	Jeff Barratt, ED	Education
Community College of Denver	Marielena DeSanctis	Education
Denver College Nursing	Cathy Maxwell	Education
Metro State University, Denver	Janine Davidson	Education
University of Colorado, Denver	Dorothy Horrell	Education
University of Colorado, Denver	Kenneth Durgans	Education
University of Denver	Chancellor Chopp	Education
Denver Public Art	Rudi Cerri	Education, Art
Caring for Colorado Foundation	Chris Wiant MD	Foundation
Daniels Fund	Linda Childears, Pres/CEO	Foundation
Delta Dental Foundation	Allison Cusick, ED	Foundation
Latino Community Foundation of Colorado	Carlos Martinez, ED	Foundation
Rose Community Foundation	Lindy Eichenbaum Lent, Pres/CEO	Foundation

Colorado Trust	Morris Price	Foundation
Foundation for Sustainable Urban Communities	Djuana Harvell	Foundation
Aurora Health Alliance	Mandy Ashley, JD, MHA	Health Alliance
Mile High Health Alliance	Dede de Percin, ED	Health Alliance
North Colorado Health Alliance	Mark Wallace	Health Alliance
OVBP Project Consultant	Heather Logan	Health Alliance
Denver Health Medical Plan	Dawn Robinson	Health Insurance
Benefits in Action	Jane Barnes	Health Related Social Needs
Blueprint to End Hunger	Sandra Hoyt Stenmark M.D, Clinical Professor of Pediatrics	Health Related Social Needs
Catholic Charities	Kalynn	Health Related Social Needs
CreaResults	Jack Becker	Health Related Social Needs
CreaResults	Susana Arreola	Health Related Social Needs
Denver Inner City Parish	Larry Martinez, ED	Health Related Social Needs
Department of Housing Stability (HOST)	Chris Conner	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Alex Davin, Clinical Coordinator	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Kevin Lang, QA Manager	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Kimberly Early, General Manager	Health Related Social Needs
P2P Recovery	Michael Sanchez	Health Related Social Needs
Workforce Development	Ken Arellano	Health Related Social Needs
Department of Housing Stability	Lana Dalton	Health Related Social Needs, City Government
Centura Health	Monica Buhlig, Group Director of Community Health, Denver Metro Group	Hospital
Children's Hospital Colorado	Julie Beaubian	Hospital
Director of Community Benefit	Peterson, Keith <Keith.Peterson@uchealth.org>;	Hospital
Intermountain Health	Gaye Woods, System Director Community Benefit	Hospital
Kaiser Permanente	Lynnette M. Namba	Hospital
Denver Human Services	Don Mares	Human Services
Denver Human Services	Mimi Scheuermann	Human Services
Retired Physician and Community Member	Mark Levine	Individual Community Member
Endura	Marjorie “Elizabeth” Arora, Liaison	LTSS

PASCO (Personal Assistance Services of Colorado)	Maribel Sandoval, Community Outreach	LTSS
Sava	Mike Dailey, Liaison	LTSS
St. Paul/Colavria	Kristin Adante, Liaison	LTSS
Vivage	Susan Delgado, Liaison	LTSS
Colorado Access	Rob Bremer	Managed Services Organization
Aurora Mental Health Center	Kathie Snell, Chief Strategy and Operations Officer	Mental Health
Mental Health Center of Denver	Carl Clark	Mental Health
Mental Health Center of Denver	Wes Williams	Mental Health
Signal Behavioral Health	Troy Bowman, Community Engagement Coordinator	Mental Health
Athmar Neighborhood		Neighborhood Association
Athmar Neighborhood		Neighborhood Association
Baker Historic Neighborhood	Luchia Brown	Neighborhood Association
Broadway Merchants		Neighborhood Association
Broadway Merchants Assn	Marty Levine	Neighborhood Association
CHUN	Travis Leiker	Neighborhood Association
Congress Park Neighbors, Inc.	Tom Conis	Neighborhood Association
Curtis Park	Jeff Baker	Neighborhood Association
Federal Blvd Corridor Improvement Partnership	Marshall Vanderberg	Neighborhood Association
Golden Triangle		Neighborhood Association
Golden Triangle Creative District	Kristy Bassuener	Neighborhood Association
INC	Jane Potts	Neighborhood Association
Jefferson Park United Neighbors	Michael Guiietz	Neighborhood Association
La Alma Lincoln Park	Christine Sprague	Neighborhood Association
Lower Downtown Neighborhood Association (LoDoNA)		Neighborhood Association
MayFair Neighbors	Merritt Pullam	Neighborhood Association
Montbello 2020	Anne White	Neighborhood Association
Montebello 20-20	Ann White	Neighborhood Association
Ruby Hill		Neighborhood Association
Sloan's Lake Neighborhhood Assn	Jane Parker-Ambrose	Neighborhood Association
Stapleton United Neighbors	Bryan Penny	Neighborhood Association
SW Coalition	Kassandra Ornelas	Neighborhood Association
Villa Park RNO	JoAnn Phillips	Neighborhood Association
West Highland RNO	Trevor Greco	Neighborhood Association
Westwood Residents Assn	Michelle Schoen	Neighborhood Association
Colorado Perinatal Care Quality Collaborative	Brace Gibson	Non Governmental Organization
CDPHE	Bob McDonald	Public Health

Colorado Department of Public Health & Environment	Isabel Dickson	Public Health
Department of Public Health and Environment	Michele Shimomura	Public Health
Nurse Family Partnership	Benny Sammuels, COO	Public Health
San Juan Basin Public Health	Liane Jollon	Public Health
Denver Health and Hospital Authority RIM	Betsy Ruckard	Refugee Services
Spring Institute	Paula Schriefer (Pres/CEO)	Refugee Services
Colorado Access	Kelly Marshall, Director of Community & External Relations	Regional Accountable Entity
Colorado Access	Leah Warner	Regional Accountable Entity
Colorado Community Health Alliance	Cara Hebert	Regional Accountable Entity
Julia Mecklenburg, MSW	Community Engagement Liaison	Regional Accountable Entity
Denver Housing Authority	Annie Hancock	Social Determinants of Health
Denver Rescue Mission	Brad Meuli, Pres/CEO	Social Determinants of Health
Gang Rescue and Support Project (GRASP)	Johnnie Williams	Social Determinants of Health
Hunger Free Colorado	Emily Hunter, Outreach Senior Manager	Social Determinants of Health
St. Frances Center	Tom Luehrs, ED	Social Determinants of Health
Univerity of Colorado, Anschutz	Gabriela Jacobo	Social Determinants of Health
Colorado Department of Local Affairs	Kristin Toombs	State Government
Colorado Governor's Office	Andrew Phelps, Governor's Special Advisor on Housing and Homelessness	State Government
Department of Human Services	Camille Harding	State Government
Division of Insurance within the Department of Regulatory Agencies	Kyla Hoskins	State Government
Division of Insurance within the Department of Regulatory Agencies	Kyle Brown	State Government
Office of Saving People Money on Health Care	Isabelle Nathanson	State Government
Office of Saving People Money on Health Care	Caitlin Westerson	State Government
The Department of Health Care Policy & Financing	hcpf_hospitalcommunity@state.co.us	State Government
The Department of Health Care Policy & Financing	Cynthia Miley	State Government

The Department of Health Care Policy & Financing	Nancy Dolson	State Government
The Department of Health Care Policy & Financing	Adela Flores-Brennan	State Government
The Department of Health Care Policy & Financing	Matt Haynes	State Government
Colorado Community Managed Care Network	Jason Greer	Technology Provider
Comcast	Shirley Terry, BSN, RN	Utility Provider
Comcast	Alison Busse	Utility Provider
XCEL Energy	Tyler Smith	Utility Provider

List of Public Meeting Attendees and Organizations Represented

This year we used Google Forms to manage registrations, offering both Spanish and Sign Language interpretation. We recorded the following 17 participants from organizations outside Denver Health and Hospital Authority. The participants included representatives of community based organizations, HCPF, Office of Denver City Council, and and health care. We used a PowerPoint presentation to guide our discussion following the outline provided below.

First Name	Last Name	Organization
Julia	Mecklenburg	Colorado Access
Lily	Woytek	Colorado School of Public Health
Avel	Sandoval	Colorado Youth for a Change
Dylan	Serdenia	Colorado Youth for a Change
Ashlee	Grace	Department of Health Care Policy & Financing
Julianna	Malchman	DRCOG Area Agency on Aging
Stacy	Thoutt	HealthONE/HCA
Katie	Koblenz	Intermountain Health
Lynnette	Namba	Kaiser Permanente
Ann	White	Montbello 2020, RNO
Megan	Ives	Office of Denver City Council
Andrea	Woolley	Playworks
Nic	Soucy	Project Angel Heart
Gabriela	Jacobo	Resident Leadership Council / CU DEI Community Engagement
Laura	Kinder	Spark the Change Colorado
Jill	Levine	UCHealth
Keith	Peterson	UCHealth

Denver Health and Hospital Authority Community Benefit and Hospital Transformation Program Meeting Agenda

June 26, 2024 (1:00-2:00 pm)
June 26, 2024 (6:00-7:00 pm)

Presenters:

Read Pierce - Chief Quality and Safety Officer

Lorena Zimmer – Chief Impact Officer

Stephanie Phibbs – Hospital Transformation Program Coordinator

Jeremy Springston - Director of Reimbursement

Agenda

1. Welcome and Meeting logistics
    a. Language justice - Accessing Simultaneous Spanish Interpretation
    b. Zoom webinar format/features
2. Denver Health - Who We Are
3. Community Benefit Updates
    a. Investment
    b. 2021-2023 Summary
    c. 2024-2026 Community Health Assessment Priorities and Implementation Plan
4. Hospital Transformation Program (HTP) Updates
5. Final Community Feedback

Summary of Public Meeting Discussion

Denver Health and Hospital Authority held forums to review both Community Benefit and Hospital Transformation Program updates with the community. 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 questions, requesting responses in the zoom chat feature. The questions specific to Community Benefits were:

- What feedback do you have for Denver Health regarding their community benefit work 2021-2023?

- What input do you have about the community benefit priorities for 2024-2026?

The community benefit priorities identified for 2024-2025 were consistent with input provided the previous year by annual meeting participants, including requests Denver Health address housing, behavioral health and access to care. Participants in the 2024 annual meeting again noted how these priorities are consistent with work they are doing, or priorities they have identified. Some of their noted input includes:

- Healthcare organizations, especially hospitals noted how our community benefit priorities overlap with many of their priorities and plans for working together were discussed in brief, with follow-up including further discussions about collaborations through Metro Denver Partnership for Health.

- One person expressed surprise at the extent of DH Community Benefits activities.

- One participant noted especially the need for more health care access in the Montbello Neighborhood and Government Relations was in touch with that participant.

- One participant wanted to have information about Denver Health's School Based Health Centers and that information was provided.

- One Organization invited Denver Health to outreach to them to discuss how we can partner to support patients in accessing care and that outreach was completed.

Denver Health 2023 Community Health Needs Assessment

Denver Health Community Health Needs Assessment 2023

Prepared by Laura Podewils and Stephanie Phibbs, September 2023

Letter from the Chief Executive Officer

Executive Summary

Purpose

As part of the Affordable Care Act (ACA) signed in 2010, non-profit hospitals in the United States are required to conduct Community Health Needs Assessments (CHNA) every three years and then create implementation plans to address prioritized health needs.[1] Because Denver Health and Hospital Authority (Denver Health; DH) is a governmental entity, DH was not subject to this ACA requirement. However, in 2019 Colorado passed House Bill 1320 that aimed to increase community benefit transparency and accountability among Colorado hospitals.[2,3] This legislation expanded the requirements of a CHNA and implementation plan every three years to include Denver Health Medical Center (DH) and the University of Colorado Hospital, in addition to non-profit hospitals. Under this legislation, hospitals are also required to provide annual financial and activity reports and hold an annual public meeting to gain input on implementation plan activities.

In accordance with House Bill 1320, Denver Health produced its first CHNA in 2020 and has been reporting progress on addressing prioritized needs annually. In 2020, three priority areas were identified in DH's CHNA: 1) enhancing behavioral health and substance use services, 2) improving child health and well-being, and 3) enhancing economic opportunity in Denver through DH's Anchor Institution initiative. Since that time, the needs of our communities have been greatly impacted by the COVID-19 pandemic, which has included major shifts in our social structure, increased recognition of the role of structural racism and health disparities, and immense challenges to our mental well-being. This latest 2023 DH CHNA provides an updated portrait of community needs and will be used to organize and focus DH's community benefit efforts for the next three years (2024-2026).

Methods

This CHNA is informed by both opinions and perspectives collected directly from individual community members and individuals who represent various Denver-area constituencies, and secondary data from local, state, and national sources. The internal Denver Health Community Benefit Advisory Council applied the Colorado Health Assessment and Planning System Prioritization Scoring Tool, considering factors of health condition burden, health disparities, organizational priorities, evidence-based strategies for addressing needs, and staff and financial resources, to identify the top three priorities for the current CHNA.

Priority Health Needs

Community members independently identified the several health priorities. After review and scoring by the Denver Health Community Benefit Advisory Council and Approval by the Denver Health and Hospital Authority Board on September 21, 2023, the three priority areas of focus for the current CHNA are:

- Access to Care
- Behavioral Health (Mental Health and Substance Misuse)
- Housing and Homelessness

Next Steps

Over the next six months the Denver Health Community Benefit Advisory Council will work with internal and community stakeholders to develop our Community Benefit Implementation Plan that will address these priority areas, including key metrics for measurement.

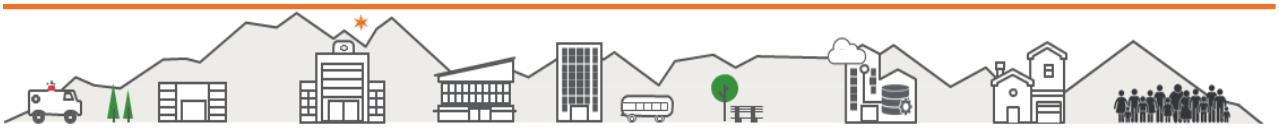
Introduction and Background of Denver Health

Denver Health (DH) is a fully integrated academic safety-net health care system serving the city and county of Denver. DH is a Level-1 Trauma Center with a 525-bed hospital. It has 11 community-based Federally-Qualified Health Centers (FQHCs) in neighborhoods throughout Denver, 3 mobile units, 3 urgent care centers, 19 Denver School-Based Health clinics, LGTBQ+ Health Services, and a Center for Addiction Medicine with outpatient behavioral health services and an emergency and residential detoxification facility. In addition, DH provides care for persons in the Denver correctional and jail facilities. DH uses an integrated electronic health record (EHR), Epic, to support performance improvement for patient care as a Learning Health System. In addition, DH manages a health maintenance organization, the 911 medical response system for the City and County of Denver, the Rocky Mountain Poison and Drug Center, and a Public Health Institute.

The DH system is nationally recognized for its model of care delivery to underserved, indigent, and minority patients and for its growth and financial stability despite a patient population with low rates of health insurance. DH serves approximately 33% of Denver's adult and child residents and has a patient population that is approximately 50% Latino, 15% African American, and 30% white. In 2022 the system saw over 200,000 individuals in over 930,000 outpatient visits and 40,000 inpatient admissions. The payor mix in 2022 included 49.2% Medicaid, 20% Medicare, 7% Charity Care, 4% self-pay, and the remaining 19.8% from the Denver Health Medical Plan or private payor. 21% of Denver Health patients are uninsured compared to just 10% for other Colorado hospitals. DH has provided a total of $466 million dollars in uncompensated care between 2017-2022.

DH's integrated system provides opportunities to influence community well-being coupled with community engagement, a core organizational competency as a Learning Health System. DH's commitment to community well-being is reinforced by its role as an Anchor Institution. This emerging identity is exemplified by partnership with community agencies and patients to address social determinants of health. As an Anchor Institution, DH works with a broad range of community partners: Denver Public Schools (DPS), Denver Housing Authority, Colorado Coalition for the Homeless, Mental Health Center of Denver, neighborhood associations, social service agencies, and community-based organizations that serve vulnerable populations. As a major area employer in Denver County: 40% of the full-time DH workforce is from racial/ethnic minority communities.

DH Integrated System Components



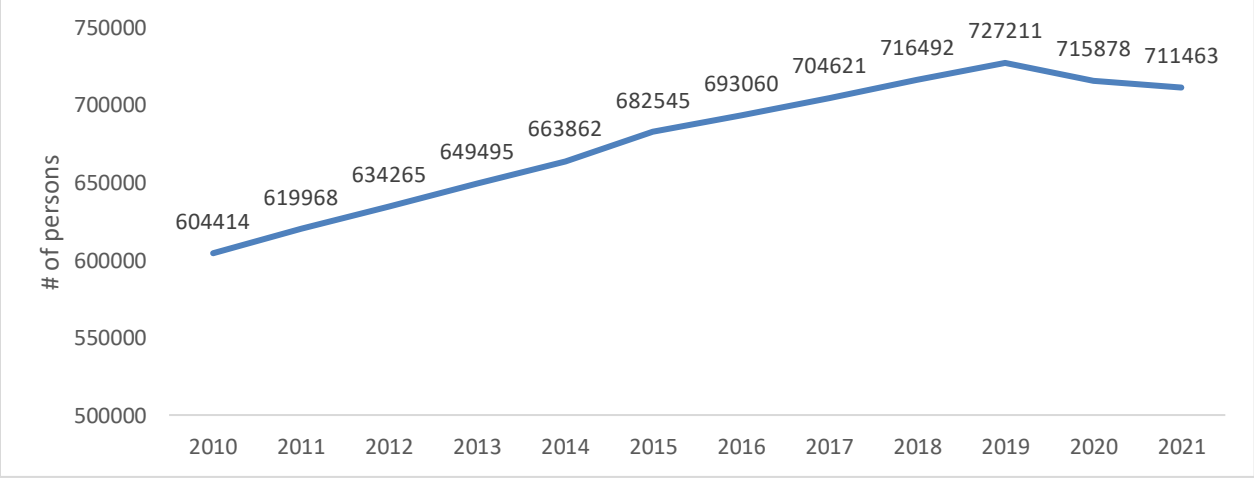
Emergency Response	Trauma Care	Inpatient Care	Outpatient Care	Research & Education	Public Health	Data Systems	Community Partners
911 response, ambulance, paramedic detox services	urgent, emergency, trauma care	medical/ surgical, intensive care, behavioral health, addiction services	primary, dental, specialty, behavioral health, addiction, correctional care	learning health system, academic medical center with university partnerships	health promotion, education, advocacy, surveillance, disaster health	Epic EHR, integrated community-health data, distributed data networks, claims data	community advisory panel, community engagement committee of the board of directors

Community Served: City and County of Denver

Population Profile

The current population in the City and County of Denver includes an estimated 711,463 individuals, representing an 18% increase (107,049 individuals) since 2010, and a slight decrease in population size over the past few years.[4]

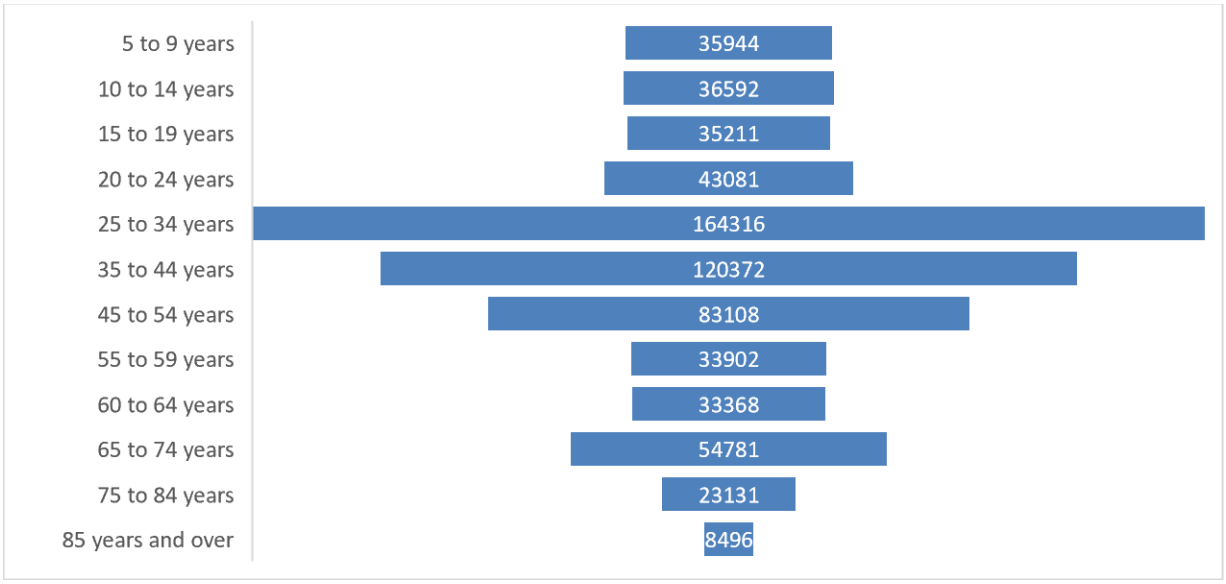
US Census population estimates, City and County of Denver, 2010-2021.



Source: US Census 1- and 5-year estimates for the City and County of Denver. https://data.census.gov/

Individuals aged 25-34 (23.1%) and 35-44 (16.9%) years represent the largest proportions of the Denver population; 11.2% of the population is aged 65 years of age or older, and 20.6% are less than 20 years of age. The population is almost evenly divided between males (50.3%, n=358,282) and females (49.6%, n=353,181). In 2022, 7.6% of the Denver population identified as gay, lesbian, or bisexual.[5]

US Census population estimates for Denver City and County, 2021 by age category.

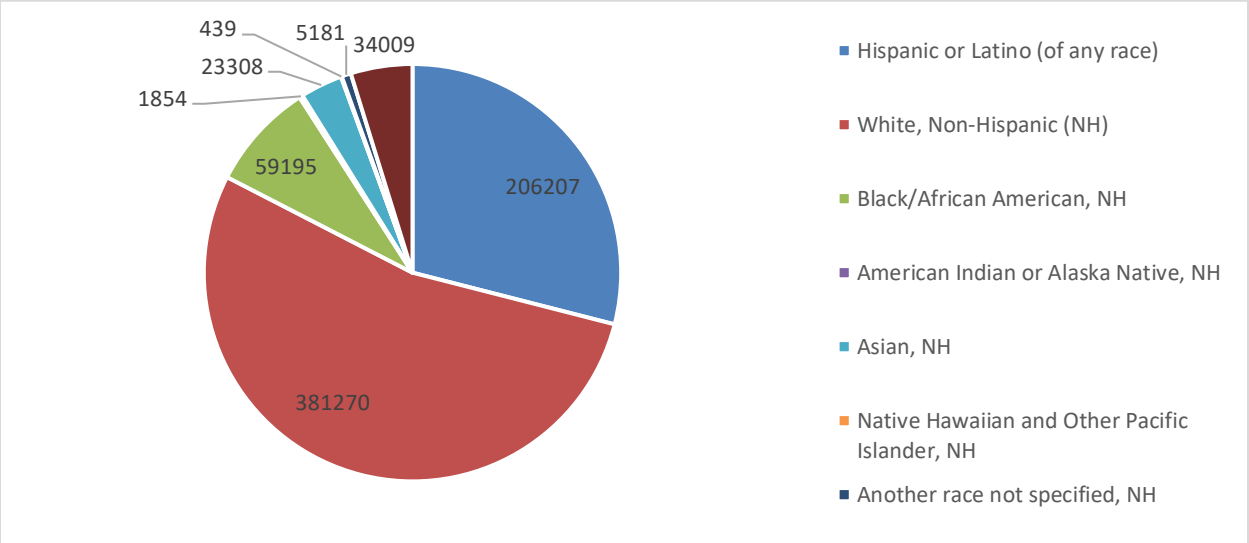


Source: US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

Race, Ethnicity, Language, and Country of Birth

Denver's population is made up of individuals belonging to a diverse number of racial and ethnic identities: over half of the population identifies as non-Hispanic (NH) White (53.6%; n=381,270), 29% identify as Hispanic or Latino (n=206,207), 8.3% identify as Black or African American (n=59,195), and 4.8% (n=34,009) identify as belonging to 2 or more different races. Within the Hispanic and Latino population (n=206,207), 21.9% (n=155,551) identify as Mexican, 0.6% identify as Puerto Rican (n=4,593), 0.3% identify as Cuban (n=2,353), and 6.1% identify as other Hispanic or Latino (n=43,710).

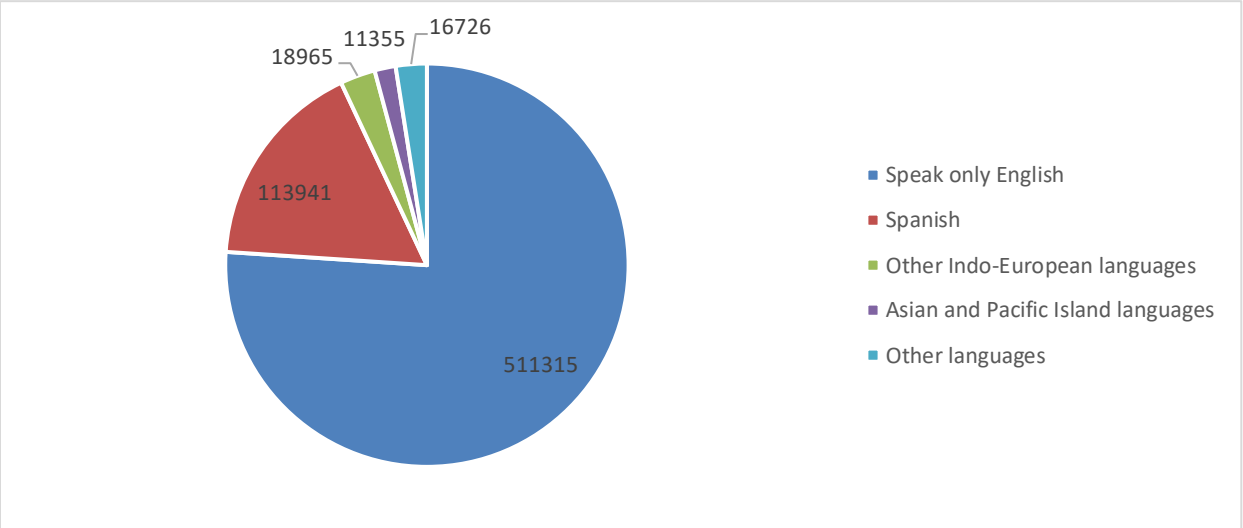
Racial and Ethnic Background of Denver Population, 2021



NH=non-Hispanic. Source: US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

The majority (76.1%) of Denver residents aged 5 and over speak English only (n=511,315). The second most common language spoken is Spanish (n=113,941; 16.9%); an additional 2.8% (n=18,965) speak other Indo-European languages, 1.7% (n=11,355) Asian and Pacific Island languages, and 2.5% (n=16,726) speak other languages.

Primary languages spoken by Denver residents, 2021.



Source: US Census 2021 1-year population estimates, City and County of Denver, Language Spoken at Home. https://data.census.gov/

Most of Denver residents were born in the United States (85.8%, n=610,343), though over half of US-born Denver residents were born in a state outside of Colorado (53.6%, n=326,900). Of US-born residents in Denver born outside of Colorado, 34.4% (n=112,492) were from the Midwest, 25.1% (n=82,079) were from the South, 24.0% (n=78,425) were from other Western states, and 16.5% (n=53,904) were from the Northeast. Of the 101,120 Denver residents born outside of the United States, 46,492 (45.9%) were naturalized US citizens, and 54,628 (54.0%) had not yet achieved citizenship. Of the non-US born Denver residents, 54.8% (n=55,433) were from Latin America, 38.2% (n=38.592) were from other countries in North America, 19.3% (n=19.560) were from Asia, 13.0% (n=13,186) were from Africa, 9.8% (n=9,869) were from Europe, and 0.6% (n=620) were from other countries in the Oceania region.

Education, Employment, and Income

Over half (53.5%) of Denver residents aged 25 or older (n=521,474) have at least some college (n=107,392, 20.6%) or a Bachelor's degree (n=171,505, 32.9%). Yet, 9.1% (n=47,535) have less than a high school degree and for 15.3% (n=79,700), a high school degree is the highest level of education. A quarter of Denver residents aged 16 or older (n=592,643) are currently unemployed (25.8% unemployed, n=152,982) and 74.2% (n=439,661) are currently employed either full- or part-time. An estimated 11.6% of Denver residents are living at or below the federal poverty level, slightly higher than the average for Colorado (9.6%) and lower than the national average (12.6%).

CHNA Methods

Primary Data Collection

Primary data collection was also conducted, providing community perspectives on top health concerns in the Denver community. Three different strategies were employed, including a publicly advertised meeting, a survey distributed to hundreds of community contacts and internal advisory board members,

and through a facilitated conversation with members attending a monthly Denver Health Community Advisory Meeting (See Appendices A-C for more details). More specifically:

- Denver Health's annual community benefit public meeting was advertised in three newspapers and distributed to nearly 200 community contacts in the community. Participants in that meeting were asked to identify the top health concerns of their community.
- Surveys for community and community organizational leaders and individual community members were distributed to Denver Health community contacts and to two different Denver Health community advisory groups, including Denver Health's Patient, Family and Advisory Committee and the Office of Research Community Advisory Panel.
- A facilitated conversation, based on the above survey, was also conducted within the DH Center for Addiction Medicine Community Advisory Meeting.

Secondary Data Collection

This report aimed to provide detailed sociodemographic and health statistics for the Denver County population. When possible, data for Denver County was presented in comparison to data for the state of Colorado and the United States.

Various national, state, and local resources were leveraged to summarize the most up to date data for key health indicators and domains, including:

- United States Census American Community Survey[4]
- Colorado Department of Public Health and Environment (CDPHE)[5]
- County Health Rankings & Roadmaps[7]
- Centers for Disease Control and Prevention (CDC) PLACES[8]
- Centers for Disease Control and Prevention (CDC)[9]

Identification and Prioritization of Denver Community Health Needs

Identification and prioritization of needs was conducted through a systematic process that considered primary and secondary data, and organizational expertise and review by a dedicated Denver Health Community Benefit Advisory Committee. The DH Committee Benefit Advisory Committee is made up of executive and clinical leaders across the Denver Health system, representing inpatient and ambulatory care, specialty care, government affairs, health equity, quality improvement, and research (Appendix D). The Committee is responsible for determining priority areas and developing a 3-year Community Benefit Implementation Plan and supporting annual reporting. The Implementation Plan will include process and outcome metrics. The Colorado Health Assessment and Planning System Prioritization Scoring Tool[6] was adapted to guide the Denver Health Community Benefit Advisory Committee prioritization of community health needs. The adapted tool involved scoring each health concern area on a scale of 1-3 (1 no, 2 somewhat, 3 yes) for each of the following criteria:

1. **Significance to public health**: whether the issue has a large health impact, and whether the burden in Denver is greater than state or national estimates
2. **Health disparities:** whether disparities exist by racial, ethnic, sexual orientation, gender, or other identities

3. **Evidence-based strategies available to impact the issue:** if there are local evidence-based strategies that have the ability to effectively impact the issue or concern
4. **Community support:** whether there is community support including political will to create change
5. **Capacity to address the issue:** whether the issue is aligned with core service areas or capacity, whether sufficient staff and expertise are available or obtainable
6. **Prior priority**: whether the issue was addressed in the previous Community Benefit Implementation Plan (Behavioral Health, Maternal/Child Health, Economic Opportunity)
7. **Funding:** whether there is sufficient funding or community partnerships to address the issue

Results: Primary Data

A total of 31 community partner members and 36 individual members of the community provided input on identifying the most important health needs in Denver. Community partners included representatives from local and state government, community and service organizations, health and mental health services, advocacy groups, and the education sector. Individual community participants included both DH patients and persons from the larger Denver community and represented geographic areas across metro Denver. Comprehensive data on community forum and survey respondents and results are available in Appendices A-C.

The table below provides a summary of the different health priorities identified by the different primary data collection methods, showing housing, access to care and mental health as most consistently identified across the different data collection methods.

	Public Meeting	Community Survey CBO	Community Survey Individual	Facilitated Survey CAM CAM
Housing	x	x	x	x
Access to care	x	x	x	
Community Connectedness	x	x		
Social support	x			
Mental Health		x	x	x
SUD		x		x

Healthcare Costs/Insurance			x	
Diabetes			x	

The survey and focus group participants were also asked what areas they thought Denver Health could impact and the following rankings resulted (1 = highest and 5 = lowest priory). All groups thought Denver Health could impact access to care, and different groups thought DH could impact each of the different areas to varying degrees.

	Community Survey – CBO	Community Survey - Individual	Facilitated Survey-CAM CAM
Housing			1
Access to care	1	1	2
Community Connectedness	4	2	
Social support			
Mental Health	2		3
SUD	5		
Healthcare Costs/Insurance	3	5	
Diabetes		3	
Adolescent Health		4	

Results: Secondary Data

Summary of 2023 Community Priorities Ascertained through Secondary Data Collection

Data comparing health behaviors and health conditions among residents in Denver County to other counties in Colorado[7] and the United States[7,8] were used to identify areas with greatest opportunity for improvement. Specific metrics that were of greater concern (i.e., greater burden or lower positive health behavior) in Denver compared to other Colorado counties and/or national statistics were identified, and included:

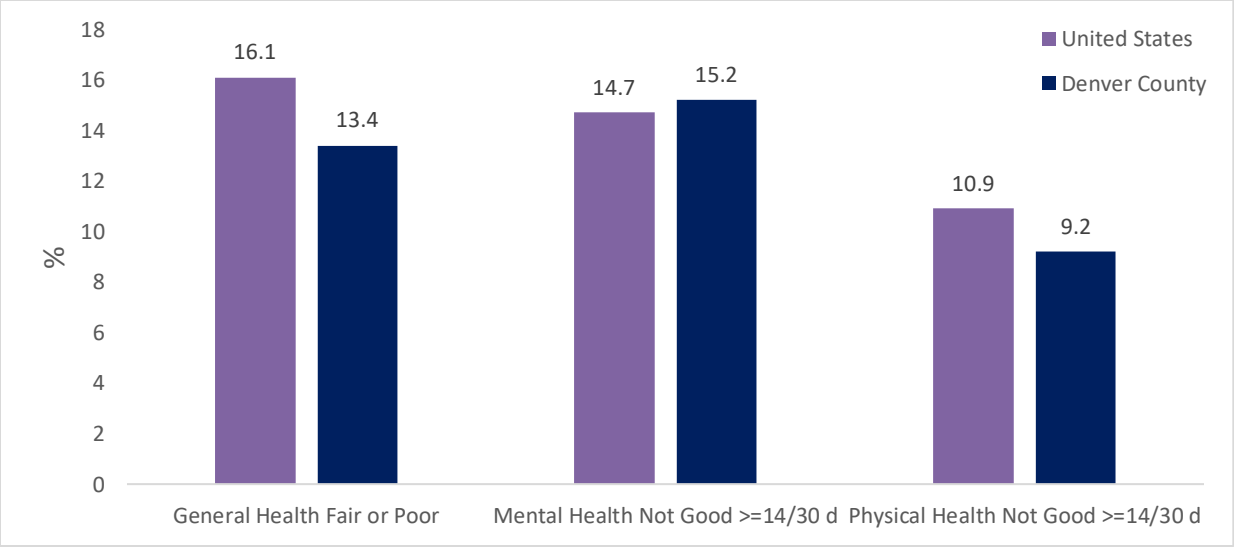
- Access to Care/Health Insurance[7,8]
- Air Pollution[7]
- Diabetes[7]
- Firearm Fatalities, Suicide, Homicides[7]
- Food Insecurity[7]
- Housing Instability/Homelessness[7]
- Low Birthweight Babies[7]
- Mental Health (poor mental health days)[7,8] (depression)[8]
- Preventive Care[8]
- Sexually Transmitted Infections, including HIV prevalence[7]
- Substance Misuse (smoking, drinking)[4,5] (drug overdose deaths)[7]
- Teen Births[7]

Overall Denver County Health Rankings

County Health Rankings for the United States consider health outcomes of longevity and quality of life, health behaviors, clinical care, social and economic factors, and physical environment.[7] In 2022, Denver County ranked 23rd highest in terms of overall health among the 59 counties in Colorado.

Compared to the United States, Denver County residents rate their overall and physical health more favorably but have a higher proportion of residents experiencing >=14 of the previous 30 days where their mental health status was not good.[8]

Prevalence (%) of population reporting unfavorable general, mental, or physical health, United States and Denver County, 2021.



Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

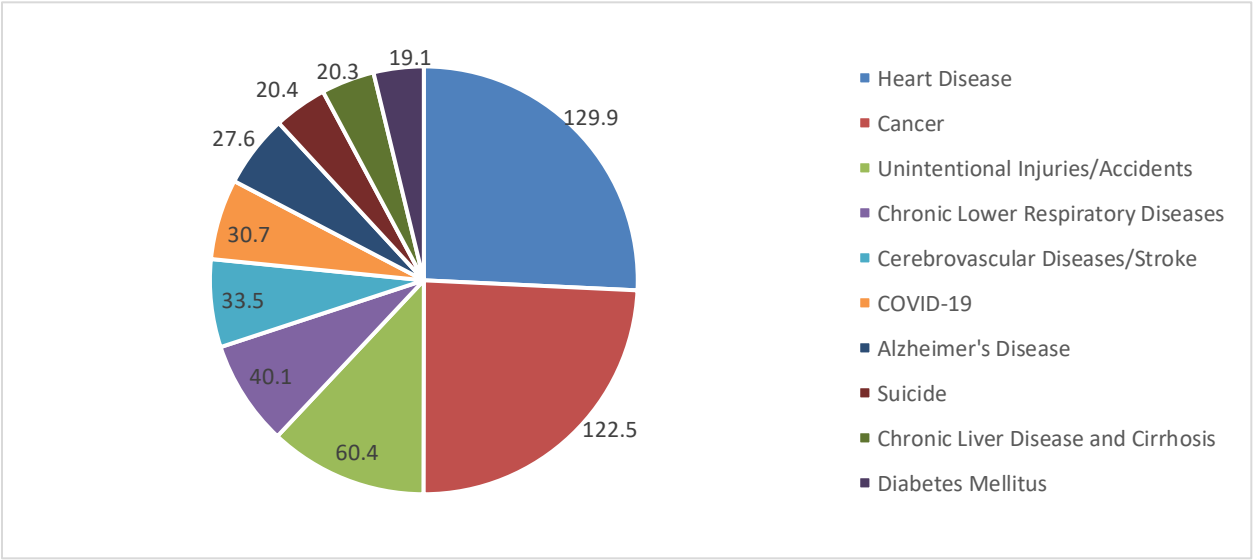
Vital Statistics – Births and Deaths

In 2022, there were 5,279 deaths among Denver residents (mortality rate 703.6/100,000 persons), representing 11.3% of all deaths in Colorado.[5] The mortality rate in Denver is higher than the overall state mortality rate (672.7/100,000). There were also 8,042 live births during the same year, representing 12.9% of the births in the state.

Leading Causes of Death

Cardiovascular heart disease (129.9/100,000 persons) and cancer (122.5/100,000 persons) are the top 2 leading causes of death in Denver County, followed by unintentional injuries (60.4/100,000 persons), chronic lower respiratory diseases (40.1/100,000) and cerebrovascular diseases/stroke (33.5/100,000).[2]

Leading Causes of Death, Denver County, 2022. Numbers represent rates per 100,000 population.

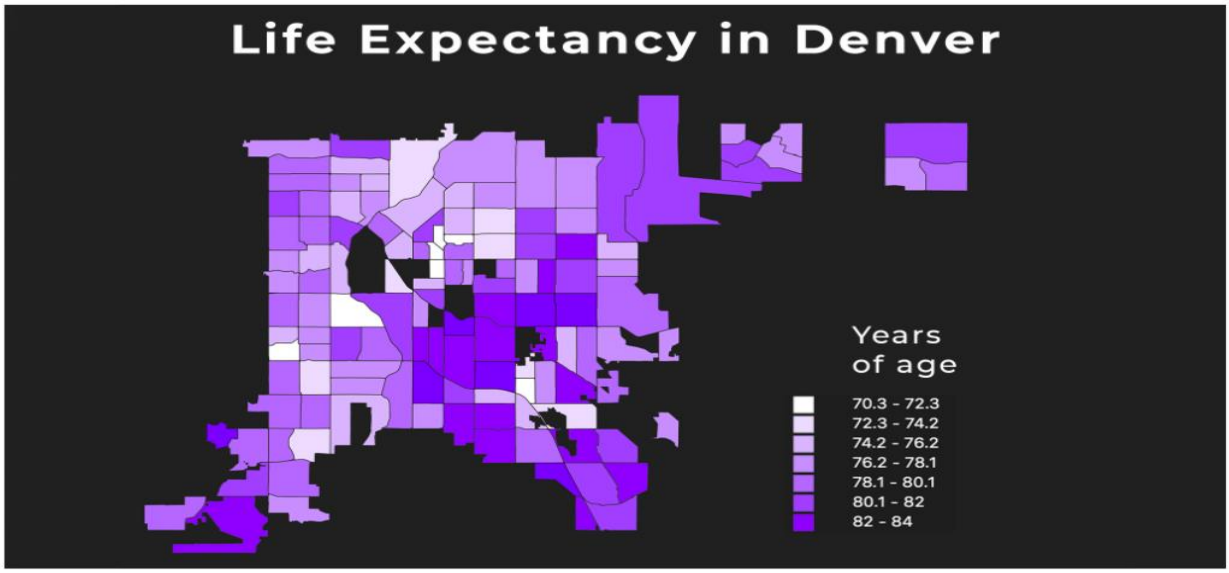


Source: Colorado Public Health and Environment Mortality Data. Denver County, 2022. [CoHID | Department of Public Health & Environment (colorado.gov)]

Life Expectancy

Overall, Colorado has the 12th longest life expectancy of the United States, estimated at 78.3 years in 2020.[9] Life expectancy in Denver County, Colorado differs by 13 years depending on the neighborhood (range 72.8-85.9).[5] Geographical variability in the historical and current systemic racism, built environment, access to healthy food, air pollution, living conditions, and overall resources all contribute to differences in health status and longevity.

Map of Life Expectancy in Denver County, 2021.

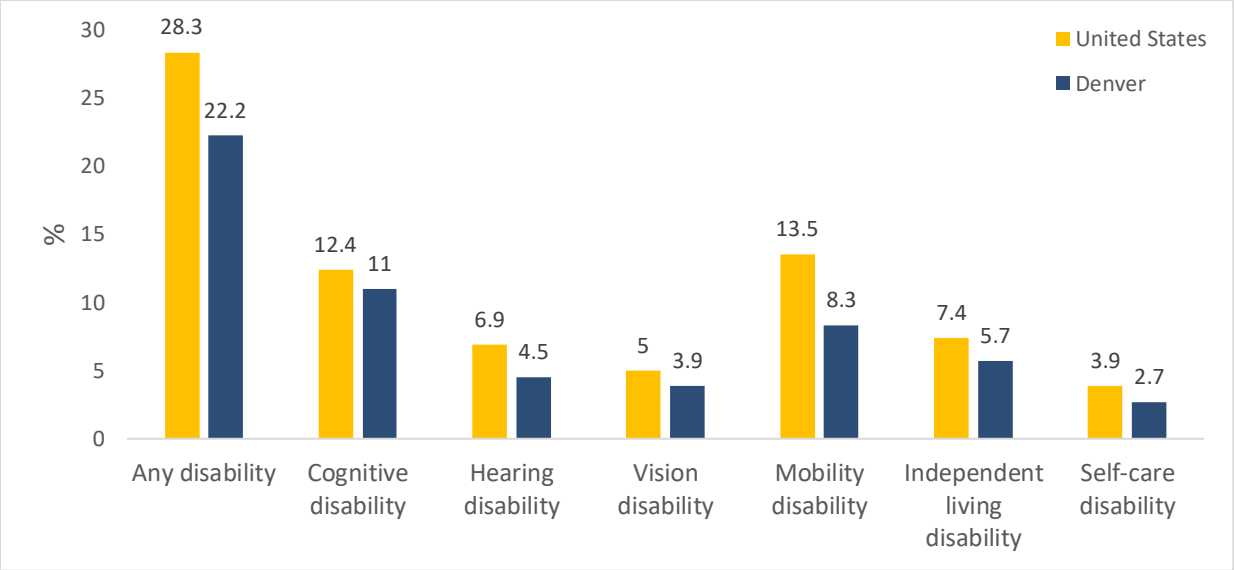


Data Source: Colorado Department of Public Health and Environment

Disability

In addition, an estimated 22.2% of Denver residents have one or more disabilities, which is lower than national estimates across all types of disabilities.[8] Disabilities can include challenges with cognition, hearing, vision, physical mobility, independent living, and self-care.

Proportion of the population >=18 years with a disability, United States and Denver County, 2021

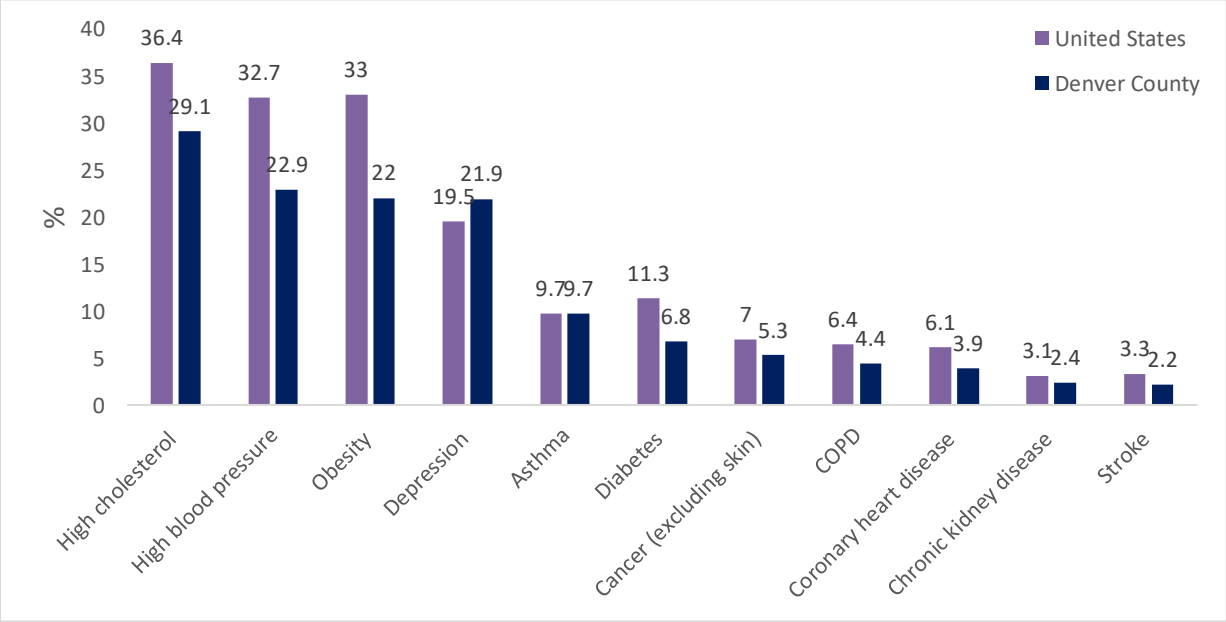


Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

Key Chronic and Mental Health Conditions

Generally, adult Denver residents have less burden of key chronic health conditions than the overall US population, including lower rates of high blood pressure, obesity, diabetes, heart disease, and stroke.[8] However, residents of Denver report higher rates of depression, affecting 21.9% of adults and similar rates of asthma (9.7%) than estimates for the nation.

Prevalence (%) of adults >=18 years of age with key chronic conditions, United States and Denver County, 2021.

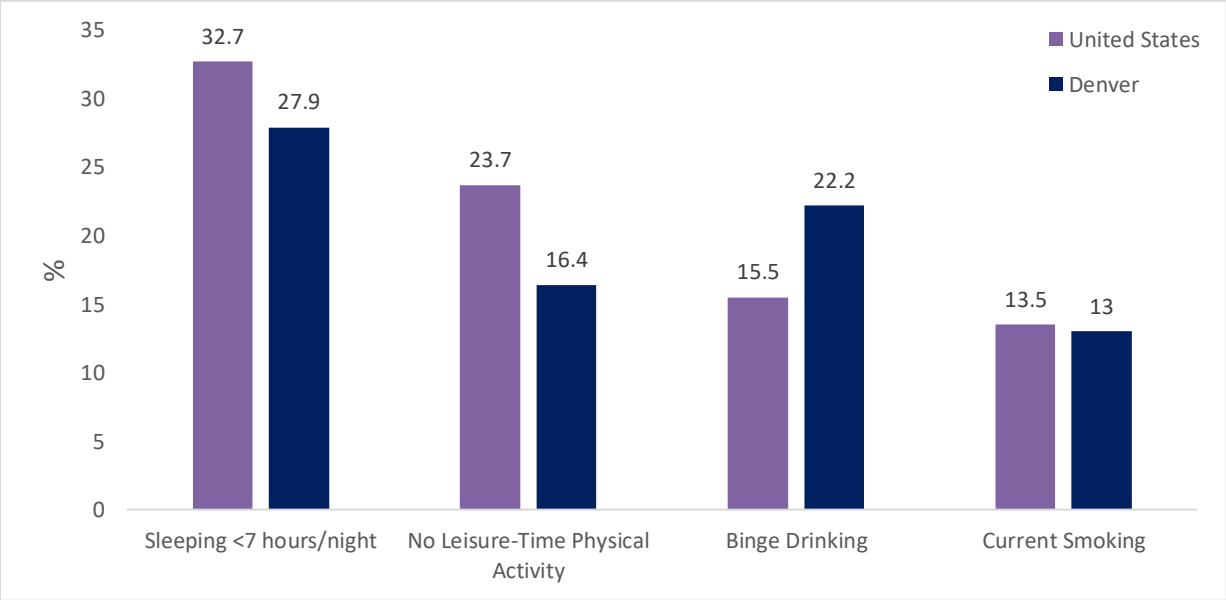


Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

Health Risk Behaviors

Compared to the United States, Denver residents have better sleep health and engage in more physical activity but have similar rates of smoking and a higher rates of binge drinking.[8]

Prevalence (%) of health risk behaviors among adults >=18 years of age, United States and Denver County, 2021.



Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

Maternal Health

Estimates of maternal mortality rank Colorado as having one of the lowest rates in the nation, yet there is variability in methodology for obtaining data on maternal deaths across states.[5] The statewide rates however are increasing in recent years, at 54.7 pregnancy-related deaths/100,000 live births for the period 2016-2020, partially attributed to an increase in overall drug overdoses. Colorado is among the top 10 highest states with the greatest proportion of live births with low birthweight in the nation.[9] The top factors impacting pregnancy-related deaths are suicide, drug overdose, and obstetric complications. Teen birth rates have been steadily decreasing nationally for the past 2 decades; however, the most current 7-year average (2014-2020) rate of teen pregnancies in Denver of 25/1,000 teenagers aged 15-19 is higher than both rates in Colorado (16/1,000) and the United States (19/1,000).[7] There is also a higher proportion of live births with low birthweight (<2,500 grams) in Denver (9%; approximately 1 in 11 births) and Colorado (9%) than the average for the United States (8%).[7]

Behavioral Health: Mental Health and Substance Misuse

One of the greatest impacts of the COVID-19 pandemic is the increased burden on mental health and increased use of substances among our communities. From 2019 to 2021, Colorado experienced a large increase in the proportion of individuals who reported their mental health was poor, from 15.3 to 23.7%.[10] In Denver, between 2019 and 2020, the proportion of people reporting >=8 days of poor

mental health in the previous 30 days increased from 17% to 26.9%. Colorado ranks among the 5 highest states with a compiled score for overall drug use and addiction, which considers drug use prevalence, law enforcement, drug health issues, and rehabilitation.[11,12] An estimated 20% of Colorado residents use illicit drugs. Drug overdoses are also high in Colorado, with 1,799 lives lost to overdose in the state, and 370 of those in Denver, in 2022.[5] Fortunately, more Denver residents are accessing mental health or substance use services in recent years, increasing from 19.1% in 2019 to 20.9% in 2021. Reasons for not accessing mental health services include discomfort in talking about mental health needs and cost.

Violence and Injury

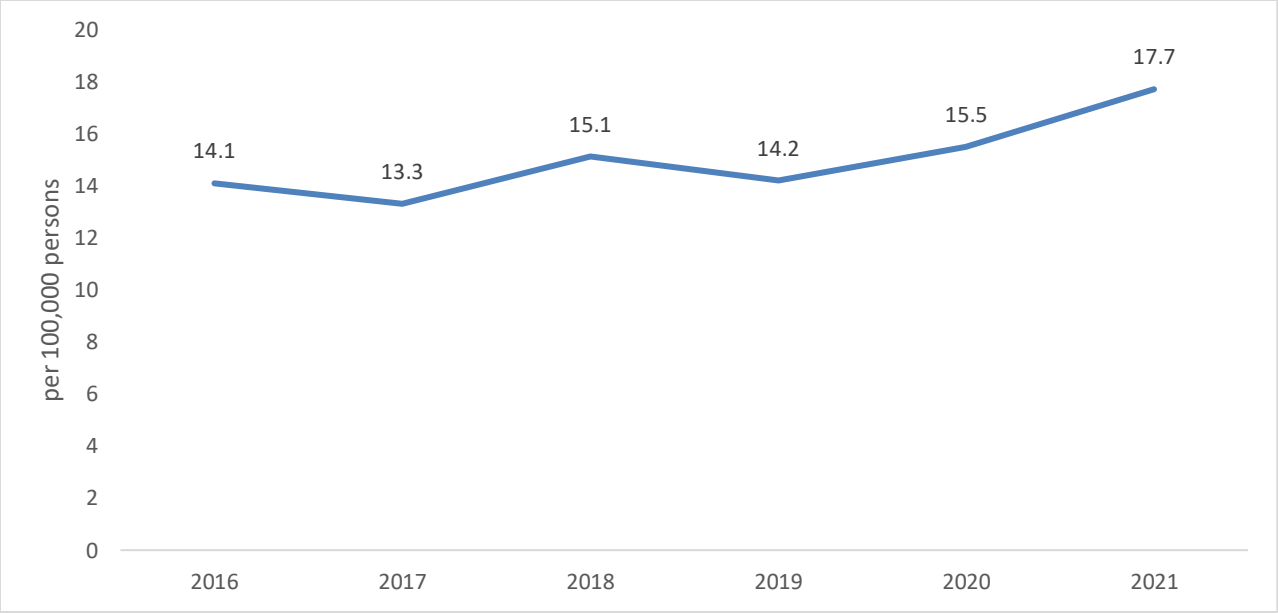
Injuries are classified into 3 key categories: preventable (accidental), intentional, and undetermined intent. Most injury-related deaths are preventable (72%), but intentional injuries often incur mental and emotional health problems beyond the victim - for family members, friends, and communities.

Poisoning is the leading cause of preventable injury-related deaths in the United States, followed by motor vehicle crashes and falls.[14] In 2020, preventable injuries were responsible for 200,955 deaths in the U.S. In Colorado, the deaths rates for poisoning are 30.4/100,000, for motor vehicle crashes 18.6/100,000, and 18.6/100,000 for falls: these are consistent with rates for the nation.

Intentional injuries include intentional self-harm (suicide), assault (homicide), legal intervention, and operations of war. In 2020, intentional injuries accounted for 71,348 total deaths (26.5% total injury-related deaths) nationally, and suicide was the leading cause (45,979, 64.4%). In 2022, there were 1,987 (22.0/100,000) suicides in Colorado, 155 (21.8/100,000) of which were among Denver residents.[5] Despite increases in mental health needs due to the pandemic, suicide rates have remained consistent in Denver and the state in recent years.

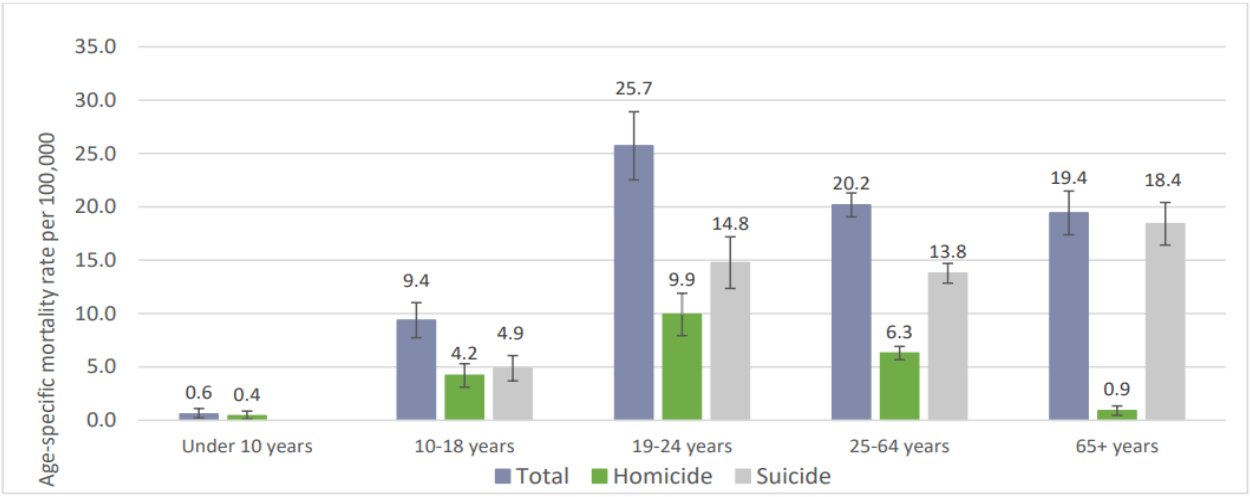
Rates of firearm deaths (unintentional and intentional) in Colorado have been steadily increasing since 2016, and significantly increased between 2020 (n=918 deaths) and 2021 (n=1,059).[5]

Age-adjusted firearm death rates, Colorado 2016-2021.



Overall and homicide-related firearm deaths in Colorado were highest for residents 19-24 years of age; persons aged 65 years and older had the highest rates of firearm-associated suicide.[5] Homicide claimed the lives of 414 Colorado residents in 2022; 83 of these were in Denver County.

Age-specific firearm injury mortality rates, Colorado residents, 2020-2021.



Category is not displayed if based on fewer than three events.
Source: Vital Statistics Program, Colorado Department of Public Health and Environment. Error bars represent the lower and upper limits of the 95% confidence interval of the age-adjusted rate.

Healthcare Insurance and Access

In 2021, an estimated 12.4% of adults 18-64 years of age in Denver were lacking health insurance, similar to estimates for Colorado (12.0%) and higher than the national estimate of 10.8%.[8] Colorado had the second highest state rate of health insurance premium increase in the nation in 2023, creating additional barriers to healthcare access.[15] The number of primary care providers for every one person in Denver (Primary Care Provider Ratio) is 1:730, indicating more availability of providers than the state overall (1:1,200) and nationally (1:1,301).[7] However, only 63.1% of Denver adult residents 18-64 years of

age visit a provider for a routine check-up annually, 10.5% lower than national estimates (73.6%).[8] Coloradans that identify as Black, Indigenous, or Persons of Color face disproportionate barriers to care than persons who identify as White, non-Hispanic, with a greater proportion not able to make a primary care appointment when needed (15-26% higher).[10] Barriers differentially experienced by these populations include transportation, needing to work, and childcare needs. Racial discrimination also plays a role in accessing care: the rate of Black/African American and Hispanic Coloradans cite avoiding healthcare due to unfair treatment is twice that reported by White, non-Hispanic residents (4.4-5.4% vs. 2.3% in 2021). Dentists are more scarce in Denver than state-wide, with a Dental Provider Ratio of 1:1,240 compared to 1:1,180 for Colorado, but higher than ratios for the United States (1:1,380).[7] Approximately two-thirds of Denver residents (64.7%) and Americans (64.8%) visit their dental provider annually.[8] There is a greater concentration of mental health providers in Denver (1:140) than in the state (1:230) and the nation (1:340).[7]

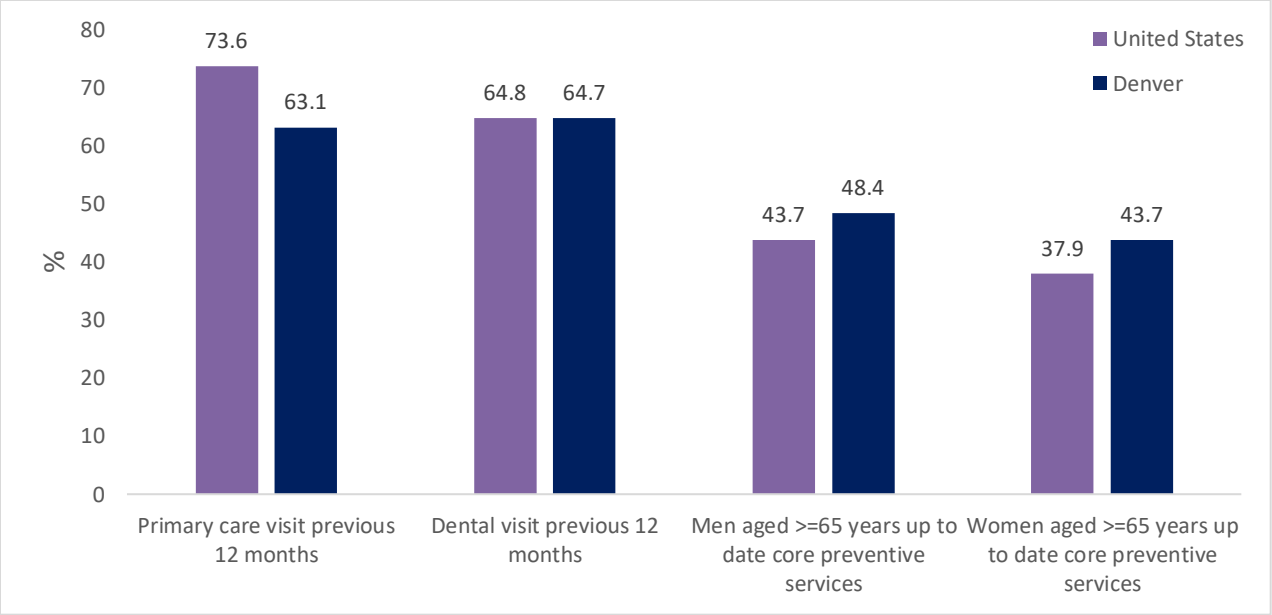
Telehealth

The advent of the COVID-19 pandemic facilitated rapid adoption of telehealth as a mainstream modality for care delivery in the United States. In 2021, over 3.8 million service encounters were provided through telehealth in Colorado (1,263/1,000 persons).[16] Rates of telehealth utilization are higher in Denver County (613,774 healthcare service visits; 1,622/1,000 persons) than across the state. While telehealth holds promise for addressing some of the barriers associated with healthcare access, state and national data illustrate differing telehealth utilization across racial and ethnic groups. Most persons utilizing telehealth services in Colorado identify as White, non-Hispanic (43% of those utilizing telehealth), with only 18% of telehealth utilizers identifying as Hispanic, and 6% identifying as Black/African American. The most common reason for seeking telehealth services across all racial and ethnic groups was mental health.

Preventive Care

In Denver, a lower proportion of adults (>=18 years) had an annual visit with their primary care provider and a similar annual rate of dental visits as the United States average in 2021.[8] However, the proportion of male and female older adult (>=65) residents that are up to date for core preventive care measures (flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past 2 years (women)) is greater in Denver than national estimates.

Prevalence of adults engaging in care and meeting core prevention guidelines, United States and Denver County, 2021.



Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

In addition to healthcare insurance, the circumstances in which people live, work, and play, often referred to as social determinants of health, or health-related social needs, impact healthcare access and overall health.

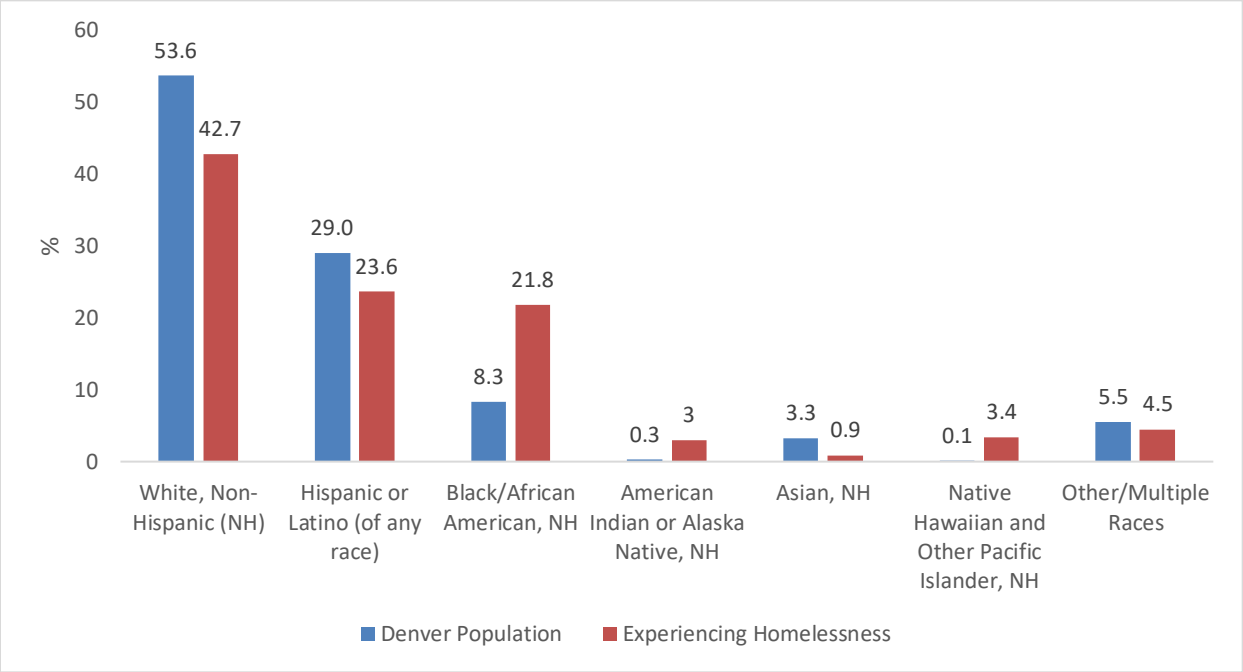
Community Connectiveness/Social Support

The Centers for Disease Control and Prevention (CDC) refers to social connectiveness as a sense of belonging among individuals or groups, and a recognized social determinant of health.[9] There is evidence to support higher levels of social connectiveness on well-being and health outcomes, yet there are currently no standardized approaches to measurement and minimal data on our national, state, and local populations. Limited research has shown promise of strategies including psychological therapy, group exercise programs, peer support, companion communications through telephone or other outreach, yet there remains a need to establish evidence-based approaches.

Homelessness

In 2022, there were an estimated 582,462 (rate 18/10,000) individuals experiencing homelessness in the United States.[17] During the same year, an estimated 10,397 individuals (rate 17.9/10,000) were experiencing homelessness in Colorado, a 5.6% increase since 2020. Between 2006 and 2021, the proportion of Colorado residents experiencing chronic homelessness and relying on shelters grew more than any other state (266%).[17] Two-thirds of persons experiencing homelessness in Colorado are in the 7-county Metro Denver region, estimated at 6,888 individuals in 2022 (12.8% increase compared to 2020).[18] 4,798 of these individuals were in Denver County; 1,308 (27.3%) of whom were unsheltered. Initial estimates for Denver County in 2023 show a continued increase in persons in need, at 5,818 individuals. In Denver County, homelessness disproportionately impacts persons who identify as black, indigenous, and persons of color.

Proportion of Denver County population and persons experiencing homelessness in Denver County, 2021-2022 by race and ethnicity.



Data are from the 2021 1-year estimates for Denver County and the Point-in-Time estimate conducted in January 2022. Sources: Metro Denver Housing Initiative Point in Time Counts, 2022. http://www.mdhi.org US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

Food Insecurity

Food insecurity is another major barrier for the communities of Colorado and Denver. An estimated 1 in 3 (33%) Coloradans and Denver residents in 2021 were experiencing food insecurity, triple the rate in 2019.[7]

Results: Identified Health Priorities

The following health concerns, based on primary and secondary data, were reviewed by the Denver Health Community Benefit Advisory Committee: access to care, community connectedness/social support, mental health, substance use disorders, health care costs/insurance, and diabetes. Community members thought DH was overall positioned to address all of these needs. After review and scoring by the Denver Health Community Benefit Advisory Council, the three priority areas of focus for the current CHNA and three-year Community Benefit Implementation Plan were identified as:

1. Access to Care
2. Behavioral Health (Mental Health and Substance Misuse)
3. Housing and Homelessness

These focus areas were approved by the Denver Health and Hospital Authority Board on September 21, 2023.

Areas not Addressed

While the Committee did not include issues such as community connectedness/social support as a final priority area, they included discussion around the intersection of community connectedness within the identified priorities, including access and continuity of care, mental health and substance misuse, and housing stability. In addition, the Community Benefit Implementation Plan will include review of current efforts and evidence-based strategies such as peer support in facilitating improved health. Adolescent health was also not included in the final priorities due to the nature of the priority areas including individuals across the lifespan, which includes adolescents. The Committee also recognized diabetes as the only singular disease condition included in topics identified by community members and intends to consider the impact of efforts focused on improving healthcare access and facilitating resources for health-related social needs (including housing stability) on individuals with chronic disease conditions.

Conclusions

The 3 health priorities identified in the current CHNA include:

- Access to Care,
- Behavioral Health (including Mental Health and Substance Misuse), and
- Housing and Homelessness.

These priorities were identified based on input from community partners, individuals in the community, and secondary data; prioritization considered burden, the presence of health disparities, existing evidence-based strategies, and the ability of Denver Health to address the issue. These priorities align with local[19] and state[20] strategic health areas of focus, and the key considerations in addressing priorities including community engagement and equity. These priorities are consistent with existing work, work we have planned, and new ventures with community partners. Working to address these priorities is meaningful work that we trust will improve the health of our Denver community.

Acknowledgements

We would like to thank our community partners and community members who have voiced their perspectives and engaged with Denver Health over the years to continuously reflect and improve upon our approaches and strategies to support and optimize the health of our greater Denver community. We are appreciative of the organizational leaders and individuals who took time to complete our survey or engage in discussions to identify top health concerns in Denver. The written content and input through facilitated dialogue will be used to inform details of our Community Benefit Implementation Plan. We appreciate the time and investment of our internal Denver Health Community Benefit Advisory Board (see Appendix D for members). Finally, we would like to express our gratitude to the many additional staff members across Denver Health who have provided support and guidance through this effort, including navigating data sources, connecting with community groups, and aligning with organizational efforts. We specifically would like to thank Abbie Steiner, Stephanie Nunez, Steve Federico, and Sarah Belstock.

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Appendices

Appendix A: Denver Health Community Benefit Annual Public Meeting

Appendix B: Denver Health Community Benefit Public Survey

Appendix C: Facilitate Denver Health Community Benefit Public Survey Conversation

Appendix D: Members of the Denver Health Community Benefit Advisory Council

Appendix A: Denver Health Community Benefit Annual Public Meeting

Methods

Denver Health and Hospital Authority held two online forums on June 12, 2023 one each within and outside business hours with both Spanish and American Sign Language simultaneous interpretation offered. These forums were advertised through an e-mail invitation that was sent to 180 community leaders, as well as public notices in the June 2 and 9 editions of Colorado Politics and in the June 2 editions of LaVoz and Westword.

The meeting followed an agenda including review and feedback regarding Community Benefit Implementation Plan Activities in 2022, and recommended Community Benefit priorities for the 2023 CHNA. Feedback was requested verbally and through the zoom chat feature. The questions prompting participant Community Benefit engagement included:

- What feedback do you have for Denver Health regarding their community benefit work?
- We are beginning a new community health needs assessment. What are the top three health concerns in your community?

Results

We recorded the following 12 participants from organizations outside Denver Health. The participants included representatives of health alliances, refugee services, advocacy organizations, and health care.

Name	Organization	Title / Position
Vicente Cardona	Mile High Health Alliance	Executive Director
Mandy Ashley	Aurora Health Alliance	Executive Director
Victoria Nava-Watson	Denver Public Library System	Community Engagement Manager
Alexandra Soto	Spring Institute	Program Manager
Kerin May	Spring Institute	Interpretation Coordinator I
Deborah Ward-White	Families Forward Resource Center	Family Advocate
Gerald O. Caldwell	Families Forward Colorado	Family Advocate
Erin Ostlie-Madden	Center for Health Progress	Member

Gillian Brautigam	Center for Health Progress	Member
Carly Weisenberg	Center for Health Progress	Senior Health Care Organizer
Joe Sammen	Center for Health Progress	Co-Executive Director
Carla Mickelson	Colorado Coalition for the Homeless	Community Health Nurse Manager

Participants in the public meeting were very grateful to Denver Health and noted that we were doing work that supports the community. They stressed the importance of partnership and recommended the following areas for focus:

- Affordable and safe housing
- Community connectedness (including connecting patients to organizations that do grassroots organizing work)
- Social support (especially for patients who have a hospital/jail/street trajectory maybe due to cognitive and memory issues)
- Access to care, including:
    a. Primary care after ED visits
    b. Effective prenatal care for young African American mothers
    c. Higher levels of care for patients who are unable to be successful at nursing homes due to SUD, behavior issues, needing housing and community based services
    d. Substance use disorder services
    e. Care provided outside traditional health care settings
        i. Helping the Black community get proper medical care (e.g., blood pressure checks and diabetes care); using outreach, transportation options, utilizing mobile vans or barber shops
- Fatherhood (recognizing this is very special and that now is time to change what a father is- a great provider, but also a nurturing man- we need to nurture our children).

Appendix B: Denver Health Community Benefit Public Survey

Methods

A brief survey was created to further solicit input from community-based organizations, community members, and patients and members of existing Denver Health Community Advisory Committees to identify community health priorities.

This survey was distributed to contacts including:

- A list of 180 community organization and local government leaders who were invited to the annual DH community benefit presentation, and people they passed the survey to via direct email distribution lists, newsletters, and social media
- The Denver Health Patient and Family Advisory Committee, a committee
- The Denver Health Office of Research Community Advisory Panel

The survey solicited responses to two primary questions with response options based on priorities identified in the Community Benefit Public Meeting and known community health domains.
The primary questions were:

- What are the TOP 3 health concerns in your community?
- What 3 areas do you think Denver Health can most impact?

The survey also included open-ended responses for specification on why the issues selected are important, how Denver Health could best impact the issue or concern, and for suggestions of additional community partners that would be useful in addressing priorities.

Participants were also asked to describe themselves based on various demographic questions and type of organizational affiliation for respondents from community-based organizations.

Results

Participants: Community Based Organizations

Characteristics of Community Partners who Responded to the Community Benefit Public Survey (n=19).

	n (%)
Type of Organization	
Advocacy	1 (5.3)
City/State Government	6 (31.6)
Community Based Organization	6 (31.6)
Education	1 (5.3)
Health-Related Social Needs/Social Services	2 (10.5)
Mental Healthcare	3 (15.8)
Age	
18-24	1 (5.3)
25-34	2 (10.5)
35-44	6 (31.6)
45-54	6 (31.6)

55-64	3 (15.8)
65 or older	1 (5.3)
Gender	
Female	15 (78.9)
Male	3 (15.8)
Non-Binary	1 (5.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	11 (57.9)
Non-Hispanic	6 (31.6)
Prefer Not to Answer	2 (10.5)
Race	
White	9 (47.4)
Black or African American	1 (5.3)
American Indian or Alaska Native	1 (5.3)
Asian	3 (15.8)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	3 (15.8)
Prefer Not to Answer	1 (5.3)

Participants: Community Members

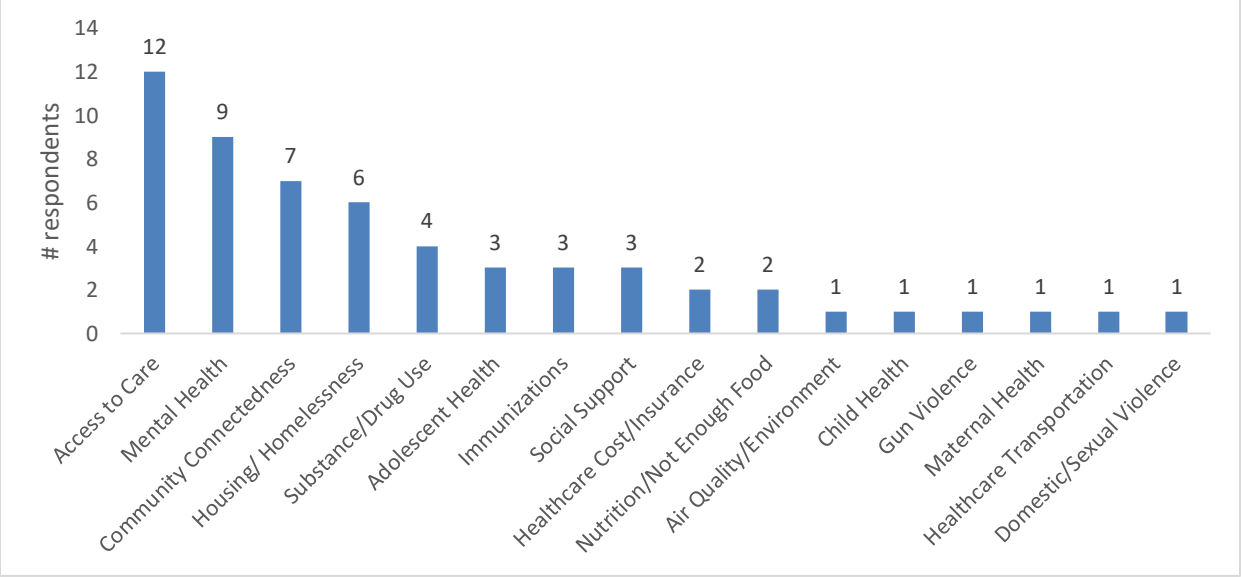
Characteristics of Individual Community Members who Responded to the Community Benefit Public Survey (n=15).

	n (%)
Age	
18-34	0 (0.0)
35-44	5 (33.3)
45-54	3 (20.0)
>=55	5 (33.3)
Prefer Not to Answer	2 (13.3)
Gender	
Female	9 (60.0)
Male	4 (26.7)
Non-Binary	0 (0.0)
Prefer Not to Answer	2 (13.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	3 (20.0)
Non-Hispanic	9 (60.0)
Prefer Not to Answer	3 (20.0)
Race	
White	7 (46.7)
Black or African American	3 (20.0)
American Indian or Alaska Native	1 (6.7)
Asian	0 (0.0)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	4 (26.7)
Prefer Not to Answer	0 (0.0)

Zip Code of Residence	
80004	1 (6.7)
80011	1 (6.7)
80014	1 (6.7)
80134	1 (6.7)
80204	1 (6.7)
80205	2 (13.3)
80211	1 (6.7)
80220	1 (6.7)
80223	1 (6.7)
80226	1 (6.7)
80231	1 (6.7)
80239	1 (6.7)
Prefer Not to Answer	2 (13.3)

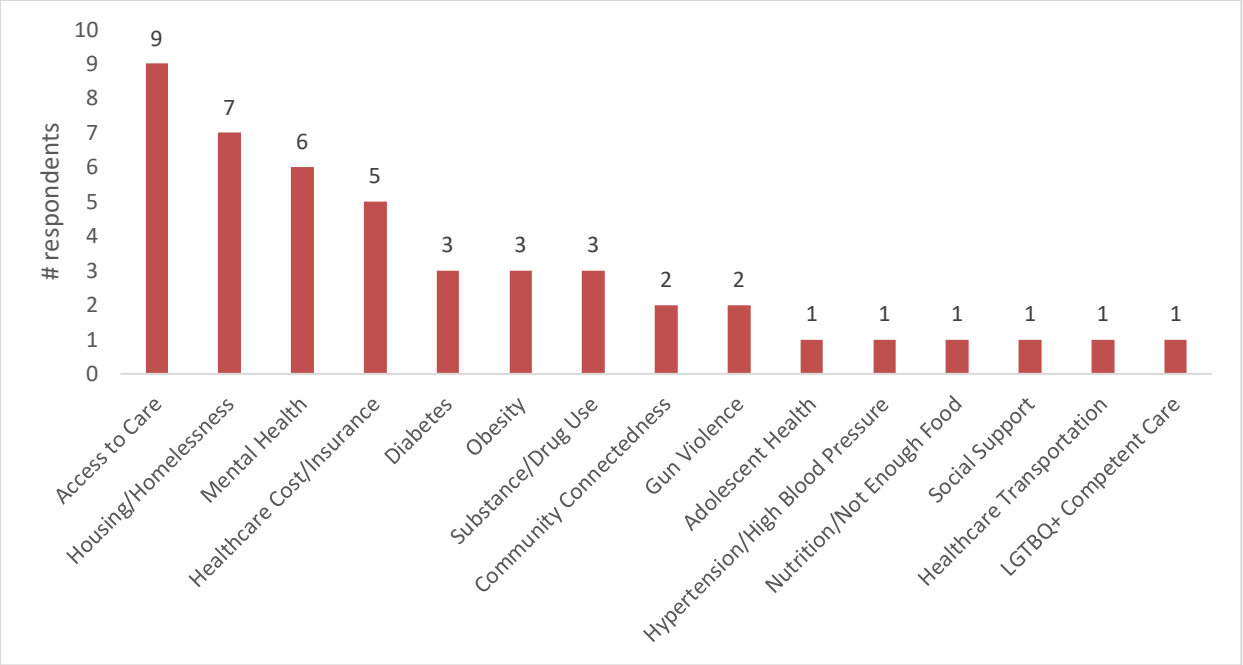
Top 3 Health Priorities – Community Based Organizations (for the Communities you Serve or Represent)

Counts of Health Priorities Identified by Community Based Organization Respondents (n=19). Each respondent was asked to select 3 priority areas.



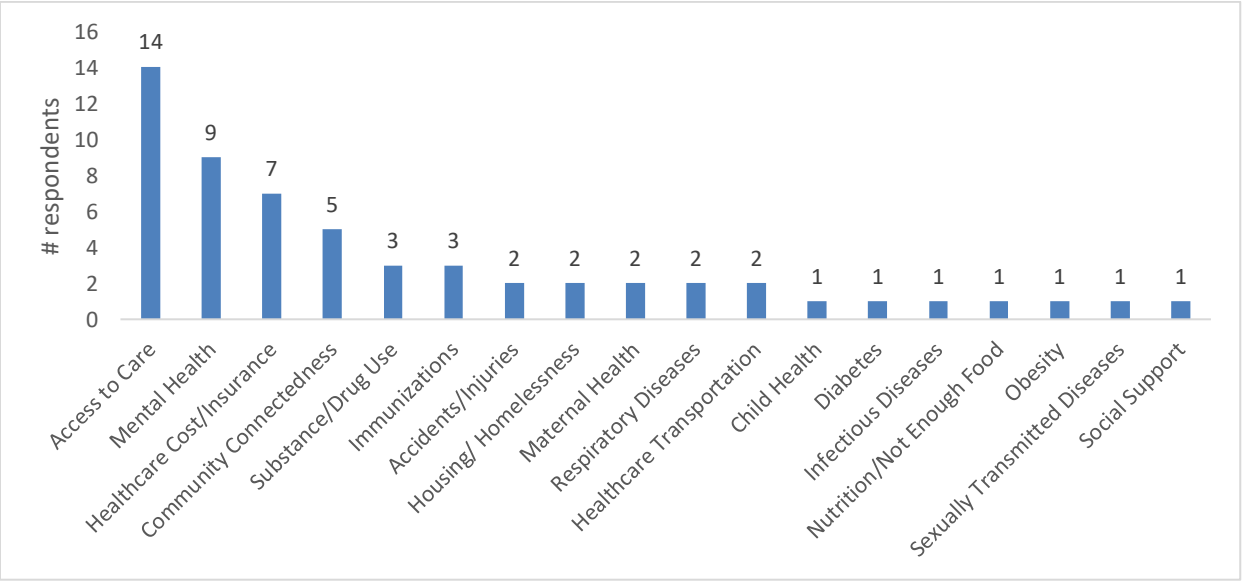
Top 3 Health Priorities – Community Members

Counts of Health Priorities Identified by Community Members (n=15). Each respondent was asked to select 3 priority areas.



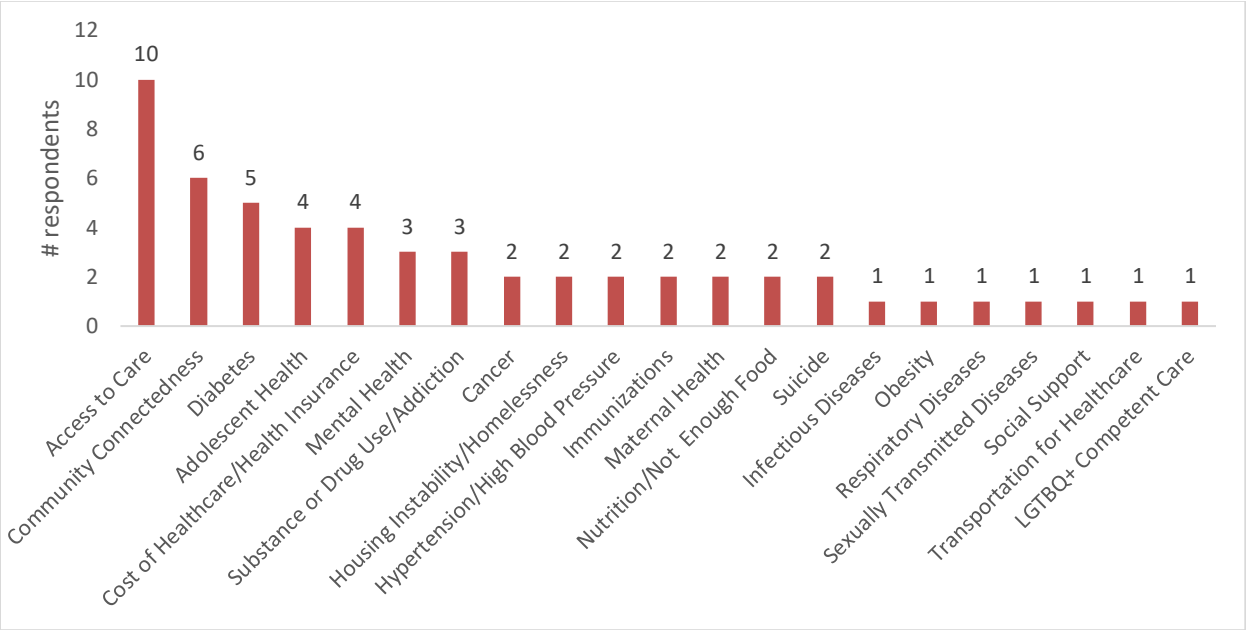
Top 3 Health Topics that Denver Health Could Most Impact – Community Based Organizations (for the Communities you Serve or Represent)

Counts of Health Topics that Denver Health Could Most Impact, Identified by Community Based Organization Respondents (n=19). Each respondent was asked to select 3 health topic areas.



Top 3 Health Topics that Denver Health Could Most Impact – Community Members

Counts of Health Topics that Denver Health Could Most Impact, Identified by Community Member Respondents (n=15). Each respondent was asked to select 3 health topic areas.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Diabetes
Adolescent Health
Cost of Healthcare/Health Insurance
Mental Health
Substance or Drug Use/Addiction
Cancer
Housing Instability/Homelessness
Hypertension/High Blood Pressure
Immunizations
Maternal Health
Nutrition/Not Enough Food
Suicide
Infectious Diseases
Obesity
Respiratory Diseases
Sexually Transmitted Diseases
Social Support
Transportation for Healthcare
LGTBQ+ Competent Care

Recommended Organizations for DH to Partner with to Improve Health Priorities

Participants also recommended organizations with which Denver Health could partner to improve community health:

- 9 to 5
- Asian Chamber of Commerce
- Asian Pacific Development Center
- Behavioral Health Administration
- Catholic Charities Colorado
- Center for African American Health
- Chanda Center for Health Advocacy
- City and County of Denver
- Clothes for Kids
- Colorado Access
- Colorado Asian Pacific United
- Colorado Coalition for the Homeless
- Colorado Department of Human Services
- Colorado Health Facilities Authority
- Denver Asian American Pacific Islander Commission
- Denver Colorado Cross-Disability Coalition
- Denver Rescue Mission
- Dress for Success Denver
- El Grupo Vida
- Family Voices
- Food Bank of the Rockies
- Gathering Place
- Health Systems: HealthONE, Intermountain, University of Colorado, Fort Logan
- Healthcare Policy and Finance (HCPF)
- Metro Caring
- Mexican Consulate
- One Colorado
- Salvation Army
- Servicios de La Raza
- Thriving Families
- Village Exchange
- Well Power
- Youth Seen

Appendix C: Facilitated Denver Health Community Benefit Public Survey Conversation

Methods

On August 18, 2023 a focus group was conducted among participants attending the Denver Health Center for Addiction Medicine monthly Community Advisory Meeting to discuss community health priorities. The purpose of this group is to engage patients and other community members with lived experience with substance use and recovery in shaping programs, patient care initiatives, and research related to mental health and substance use care at Denver Health. The monthly meetings are an open roster of individuals who express interest in participation without a requirement for continued engagement; however, many of the participants are regular monthly attendees. The number of attendees monthly ranges from 15-25.

The focus group was guided based on the primary questions of the Community Benefit Public Survey, querying around the top 3 health priorities for the community and the top 3 health concerns that Denver Health could most impact. The discussion provided additional details on reasons for concern and actionable suggestions.

Results

Participants

Characteristics of Individuals who Participated in the Focus Group Discussion of Community Health Priorities During the August 2023 Center for Addiction Medicine Community Advisory Meeting (n=21).

	n (%)
Age	
18-34	2 (13.3)
35-44	2 (13.3)
45-54	10 (66.7)
>=55	6 (40.0)
Prefer Not to Answer	1 (6.7)
Gender	
Female	3 (14.3)
Male	15 (71.4)
Non-Binary	0 (0.0)
Prefer Not to Answer	3 (14.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	5 (23.8)
Non-Hispanic	12 (57.1)
Prefer Not to Answer	4 (19.0)
Race	
White	8 (38.1)
Black or African American	2 (9.5)
American Indian or Alaska Native	2 (9.5)

Asian	1 (6.7)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	0 (0.0)
Prefer Not to Answer	8 (38.1)

Top 3 Health Priorities – Community Members Attending the CAM Community Advisory Meeting

- **Housing Instability/Homelessness**
- **Mental Health**
- **Substance/Drug Use**

Top 3 Health Areas Denver Health Could Most Impact - Community Members Attending the CAM Community Advisory Meeting

- **Access to Care**
- **Housing Instability/Homelessness**
- **Mental Health**

Appendix D: Members of the Denver Health Community Benefit Advisory Council

Name	Title/Position
Brooke Bender, MPH	Administrative Director, Center for Addiction Medicine (CAM)
Ann Boyer MD, MPH	Chief Medical Information Officer
Ray Estacio, MD	Medical Director of Quality Improvement and Research, Ambulatory Care Services
Amy Friedman, MA, CPXP	Chief Experience Officer
Rocio Pereira, MD	Director, Office of Health Equity Chief of Endocrinology
Stephanie Phibbs, PhD, MPH	Associate Scientist, Research
Read Pierce, MD	Chief Quality Officer
Laura Podewils, MS, PhD	Associate Director, Learning Health Systems and Evaluation
Stephanie Syner, MSW	Project Manager II and Community Relations Coordinator
Allyson Wedley, MA	Project Specialist, Center for Equity, Diversity, and Opportunity
Lorena Zimmer	Chief Impact Officer, Center for Equity, Diversity, and Opportunity

Denver Health 2024-2026 Implementation Plan

Denver Health and Hospital Authority 2024-2026 Community Benefit Implementation Plan

Table of Contents

INTRODUCTION

Since 1860, Denver Health has provided health and healing to the Denver community, consistently identifying and addressing the city's most pressing health needs. The work to address these challenges is something we do more fully with strong and deep community connections. This Denver Health 2024-2026 Implementation Plan reflects our connections with the community, to jointly address health needs prioritized in our 2023 Community Health Needs Assessment. Below are our updated vision, mission, values and foundation that guide our initiatives.

Our Vision

To be the most trusted health care provider in Colorado.

Our Mission

Provide all in our community with access to the highest-quality and equitable health care regardless of their ability to pay.
Educate the next generation of health care professionals serving our community.
Engage in research and community partnerships to better deliver the health care needs of our patients.

Our Values

Respect
Belonging
Transparency
Accountability

Our Foundation

Diversity
Equity
Inclusion
Belonging

COMMUNITY HEALTH NEEDS

2023-2025 Community Health Needs Assessment (CHNA)

The Community Health Needs Assessment published by Denver Health in 2023 was informed by both opinions and perspectives collected directly from individual community members and individuals who represent various Denver-area constituencies, as well as secondary data from local, state, and national sources. Together, this process helped identify numerous critical needs in the Denver community.

Prioritizing and Selecting Areas of Focus

After receiving community input from a broad range of individuals and partner organizations, Denver Health set out a process to identify areas of focus for Denver Health's Implementation Plan. the Denver Health Community Benefit Advisory Council applied the Colorado Health Assessment and Planning System Prioritization Scoring Tool, considering factors of health condition burden, health disparities, organizational priorities, evidence-based strategies for addressing needs, and staff and financial resources, to identify the top three priorities for the 2023-2025 CHNA.

Priority Health Needs

Community members independently identified the several health priorities. After review and scoring by the Denver Health Community Benefit Advisory Council and Approval by the Denver Health and Hospital Authority Board on September 21, 2023, the three priority areas of focus for the current CHNA are:

- Access to Care
- Behavioral Health (Mental Health and Substance Misuse)
- Housing and Homelessness

IMPLEMENTATION PLAN

Denver Health's 2024-2026 Implementation plan addresses the health priorities from our most recent Community Health Needs Assessment (CHNA). This Implementation Plan includes input from our Patient Family and Advisory Council and was approved on March 20, 2024 by the Denver Health Community Benefit Advisory Council, a group of executives and other leaders of the organization. This plan will be monitored for annual reporting on our efforts to address priority areas in accordance with House Bill 1320.

Priority 1: Enhance Community Access to Care

Our 2023 Community Health Needs Assessment re-emphasized Denver's need for enhanced access to health care services. Addressing this need is consistent with Denver Health's mission to "provide all in our community with access to highest-quality and equitable health care regardless of ability to pay," and Denver Health addresses this need through our implementation plan initiatives impacting health care access to high-quality equitable care. Because of Denver Health's commitment to make health care accessible, Denver Health ended 2023 with $140 million in uncompensated care for patients who are uninsured or under-insured. Beyond financial access Denver Health also increases access to care by:

- Extensive medical and behavioral telehealth, including a partnership with Denver Housing Authority, where senior adults living in low-income housing receive education on digital literacy and access to technology for virtual healthcare appointments with DH providers. Denver Health
- E-consults, significantly increase access to specialty care
- Transportation assistance to patients in need, including funding DH secured through grants and private funders through the Denver Health Foundation to provide Regional Transportation District (RTD) bus tickets and Lyft ride-share vouchers
- Outpatient care navigators that support patients in addressing social needs and accessing care.

To make care more equitable, Denver Health is committed to having a workforce with a racial/ethnic composition that mirrors the general community. In 2023, Denver Health hired a Chief Diversity, Equity, Inclusion, and Belonging Officer who works within Human Resources both to recruit and promote a diverse workforce and train the existing workforce so there is a stronger feeling of inclusion and belonging for the patients who receive care at Denver Health. This effort, combined with partnerships with community organizations to support health for individuals across the state, helps fulfill Denver Health's vision of being the most trusted health care provider in Colorado. Denver Health's Community Benefit Implementation Plan initiatives related to enhancing community access to care are outlined below in Table 1.

Table 1: Access to Care Initiatives

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Provide patients with access to care regardless of ability to pay	Payment of uncompensated care	Patients are afforded health care that would otherwise be unavailable	Dollars in uncompensated care	Health Care Policy & Financing	Budgeted dollars

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Provide e-consults for specialty care	Various Denver Health specialty providers conduct e-consults to help reduce appointment demand	Improved specialty care access	Numbers of e-consults provided	Stout St. Clinic	Staff time
Provide access to virtual care	Provide virtual primary and specialty care services.	Improved health care access	Number of people served	Denver Housing Authority (DHA)	Staff time, equipment
Transportation to services when needed	Obtain and distribute transportation vouchers, coordinate Medicaid transport, and arrange ride share for patients in need	Improved appointment attendance	Number of transportation trips provided	RTD, Lyft	Budgeted dollars, grants, state resources
Initiatives from the Chief Diversity, Equity, Inclusion, and Belonging Officer and Chief Patient Experience Officer	Enhance recruitment, training to serve the ethnically/ racially diverse population of Denver	Improved patient experience	Patient experience scores; ethnic/racial composition of the DH workforce	Community Based Organizations	Staff time
Metro Denver Partnership for Health (MDPH) participation	Ongoing collaboration with Metro-region public health and health care partners to address priority needs	Collaborative approaches to working with public health and he	Coordinated approaches to addressing community health needs	Seven-county Denver metro collaboration including local public health agencies (LPHAs), health systems, and Regional Accountable Entities	Staff time

Priority 2: Enhance Behavioral Health Services

Behavioral health, including substance misuse and mental health conditions, have been consistently identified as key issues affecting members of our community. Denver Health is the largest provider of behavioral health care and continues to prioritize increasing behavioral health services as part of its community benefit implementation plan.

Denver Health offers integrated behavioral health within our school-based health centers and community based primary health clinics. Denver Health has both adolescent and adult inpatient psychiatric wings and has also created a first in the country youth withdrawal management facility. Specific to youth violence, hen youth and adults access the emergency department for violence-related injuries, a time of heightened readiness-to-change, At-Risk Intervention and Mentoring (AIM)s available to patients to help mentor them in breaking the cycle of violence. AIM is Denver's only hospital-based violence intervention program (HVIP) that uses best practices from the National Network of Hospital-based Violence Intervention Programs (NNHVIP), trauma-informed care and a public health approach that utilizes data and research to interrupt the cycle of violence among Denver's at-risk youth and young adults.

The Center for Addiction Medicine (CAM), established in 2019, 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 several cross-sector workgroups and is a pivotal resource in the execution of this priority. The behavioral health initiatives within our Community Benefit implementation plan are outlined in Table 2 below.

Table 2: Denver Health Behavioral Health Initiatives

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Integrated Behavioral Health	Social workers are integrated into our community and school-based primary care facilities	Increased access to convenient behavioral health care services	Number of people served	Denver Health Federally Qualified Health Centers, including our community and school-based clinics.	Staff time
Substance Use Navigation (SUN) Program	*Employ substance use navigators to support community members in their recovery from substance use disorder*	Improve rates of recovery services engagement	Number of peers and navigators engaged or hired Number of people served.	City and County of Denver Contract	

At-Risk Intervention and Mentoring Program (AIM)	Collaborate with community partners to access and mentor youth and adults involved with violence at a time when there is heightened readiness to change, i.e., when patients are in the Emergency Department with violence-related injuries	Intervening to interrupt cycles of violence in families and communities	Number of people who receive intervention	Gang Rescue and Support Project (GRASP)	Staff time
Center for Addiction Medicine Academy	Technical assistance and support to help implement comprehensive, trauma-informed treatment for substance use disorders (SUD).	An Educated and informed workforce and community to treat substance use disorder	Number of people trained	Health and Community partners in Colorado and the surrounding region, supporting Iowa, Kansas, Missouri, Nebraska, Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.	Staff time
CAM Technical Resource and Information Line (TRAIL)	Provide 1) a line for community members/family with substance misuse that are ready to engage in treatment, and 2) an e-consult service for Denver Health healthcare professionals who need help screening and linking their patients with SUD to care.	Expanded access and utilization of behavioral health services	Number of treatment resources in the resource inventory Number of calls to CAM TRAIL by providers and other community members Number of hospital partners	Planning to collaborate city-wide with community resources addressing substance use disorder	Staff time
Access Transformative Outreach Program (ATOP)	Provide intensive case management with a	Reduce use of health care services	Number of patients served	Colorado Access	Staff time

	multidisciplinary team for Colorado Access members with severe substance use disorders (18 visits in 6 months)				
Transforming Health by Reducing Inequities for the Vulnerable (THRIVE)	Inter-agency collaboration and coordination to address social needs of at-risk youth, people who are justice involved and/or experiencing homelessness	Reducing hospital and ED readmissions, self-harm and jail bookings	Number of staff trained in care coordination; Number of FTE hired for patient care; Number of patients supported	Multiple city agencies, e.g., Public Safety, Public Health and Environment, Housing Stability, as well as Colorado Access, Caring for Denver	Staff time
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	Staff time
Family Oriented Resilience Growth and Empowerment (FORGE program)	Train future clinicians in trauma-informed non-stigmatizing care Cultivate strong community relationships to reduce stigma and other barriers to care Advance health system research with these historically marginalized families	Prevent and provide early intervention for children impacted by parental substance misuse, parental incarceration, housing instability, and intimate partner violence	Number of clinicians trained Number of community education programs provided Number of families served	Community organizations interested in hosting educational sessions	Staff time
CAM Continuum of Care Evaluation	Measure the effectiveness of health system protocols and interventions on engaging and	Intervention effectiveness is known and systems for monitoring can be used for	Percentage of different populations engaged and retained in care	Denver Health departments	Staff time

	retaining patients in SUD treatment	ongoing quality improvement			
Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth)	Develop and evaluate a comprehensive linkage and engagement and retention in treatment program for patients with methamphetamine use disorder	Establishing the effectiveness of the Beat Meth intervention	30 and 90-day treatment retention rates Health and health services outcomes	Denver Cares	Staff time
Transforming Health by Reducing Inequities for the Vulnerable - Jail to Community Overdose Intervention (THRIVE-JOI)	Care navigation and peer recovery specialists link people who have been incarcerated and have Substance Use Disorders (SUD) to medical, SUD, and other BH care and social supports	Effective linkage, retention in care, recovery, and connections to social needs, supporting overall well-being, health and social needs	Number of people served	Denver Sheriff's Department, Second Chance Center	Staff time
Utilizing Peers for Linkage, Innovation, and to Foster Thriving (UPLIFT), a Peer Support Hub and model of care	Establishing a peer support hub and supporting non-clinical approaches to enhance recovery	Level of cohesion among peer providers Clients are more engaged and retained in care	Peers feeling supported to provide care Numbers of people engaged in non-clinical support approaches	Colorado Health Foundation	Staff time
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Provide screening for patients in the Emergency Room	Improved access to behavioral health care	Number of people screened	Denver Health ED	Staff time
Increase research on healthcare connections with behavioral health patients	Engage patients in research to increase behavioral health care follow-up post discharge.	Improve knowledge and care for patients	Number of research studies happening.	City and county of Denver, Various DH departments	Staff time
Increase access to methadone through a mobile unit available in more locations.	Locate MoMAT unit in at least 2 locations	Improve access to methadone for patients recovering from substance misuse.	Number of people that access the MoMAT unit	Other Denver Health clincis	Staff time

Priority 3: Partnering to Enhance Access to Housing Resources

The Denver Health Community Health Needs Assessment highlighted the paramount importance of addressing homelessness in Denver. With a large percentage of our patients experiencing homelessness, we are dedicated to partnering to provide more immediate housing resources to our patients experiencing homelessness. We plan to continually improve available resources by researching the impact of homelessness on health and health care, and then by using that information to partner appropriately to link patients to housing as efficiently as possible. Below in Table 3 Denver Health's initiatives to address homelessness are detailed.

Table 3: Initiatives to Address Housing Needs and Unsheltered Homelessness

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Provide Transitional Housing to Denver Health patients	Lease 14 units at 655 Broadway to provide short-term bridge housing	Decrease time to connections to housing.	Number of patients housed in a 655 Broadway unit	Denver Housing Authority	Leased units
Maintain Recuperative Care Lease to Support Unhoused Patients Discharged from Denver Health	Lease 20 recuperative care beds each month	Provide access to recuperative care for patients	Number of patients discharged to Recuperative Care Beds	Colorado Coalition for the Homeless	Leased Beds
Advocate for Additional Housing Options for Unhoused People who Access Denver Health	Meeting city and state partners to identify additional opportunities to implement door-to-door transitions from Denver Health to Housing	Increase awareness of the types of housing needed by people with high health or complex needs.	Number of additional beds or units, e.g., respite, housing, treatment beds available to Denver Health patients	Colorado Department of Local Affairs, Denver City's Mayor's office, Colorado Coalition for the Homeless, Health Care Policy & Financing	Staff time
Advance Research on Homelessness and Health Care and the Impact of Housing Interventions	Point in time counts of unhoused people in the hospital; participate in evaluations of hospital-housing interventions	Provide data to support conversations and advocacy related to linking hospitals to housing	Papers written or presentations provided	Colorado Coalition for the Homeless, other local and state partners	Staff time

CONCLUSION

Denver Health Community Benefit Implementation Plan for 2024-2026 underlines our community to working for and with the communities we serve. This plan provides details of the different ways we will be working over the next three years to improve community health.

This plan will be refined and updated at least annually based on community input and internal updates, all the time working toward our vision of being the most trusted health care provider in Colorado.

2023 IRS Form 990 Schedule H

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Denver Health and Hospital Authority

Employer identification number
84 1343242

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	✓	
b	If "Yes," was it a written policy?	1b	✓	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other 40 %	3a	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	✓	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✓	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✓
6a	Did the organization prepare a community benefit report during the tax year?	6a	✓	
b	If "Yes," did the organization make it available to the public?	6b	✓	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	**(a)** Number of activities or programs (optional)	**(b)** Persons served (optional)	**(c)** Total community benefit expense	**(d)** Direct offsetting revenue	**(e)** Net community benefit expense	**(f)** Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			77,744,027	35,269,676	42,474,351	3.00%
b	Medicaid (from Worksheet 3, column a)			536,534,672	507,319,647	29,215,025	2.06%
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total.** Financial Assistance and Means-Tested Government Programs			614,278,699	542,589,323	71,689,376	5.06%
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			17,561,830	5,967,124	11,594,706	0.82%
f	Health professions education (from Worksheet 5)			37,983,783	13,965,120	24,018,663	1.70%
g	Subsidized health services (from Worksheet 6)			219,987,682	166,156,086	53,831,596	3.80%
h	Research (from Worksheet 7)						
i	Cash and in-kind contributions for community benefit (from Worksheet 8)						
j	**Total.** Other Benefits			275,533,295	186,088,330	89,444,965	6.32%
k	**Total.** Add lines 7d and 7j			889,811,994	728,677,653	161,134,341	11.38%

Part II **Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			105,505	0	105,505	0.01%
9	Other						
10	**Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 137,602,652		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 2,737,159		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 34,712,227		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 33,617,922		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 1,094,305		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☑ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Denver Health Medical Center 777 Bannock Street, Denver, CO 80204-4507 https://denverhealth.org State License Number: 010444	✓								Licensed Hospital, General Medical & Surgical Hospital, Teaching Hospital, 34-Hour ER and Research Facility	
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: Denver Health and Hospital Authority

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 23			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		✓
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		✓
7	Did the hospital facility make its CHNA report widely available to the public?	7	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): https://www.denverhealth.org/-/media/files/about/2023-dhha-community-h			
b	☐ Other website (list url):			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓	
a	If "Yes," (list url): https://www.denverhealth.org/-/media/files/about/denver-health-and-hospital-2024-implementatio			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Denver Health and Hospital Authority

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✓	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 40 % and FPG family income limit for eligibility for discounted care of 250 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✓	
15	Explained the method for applying for financial assistance?	15	✓	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of their application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✓	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): https://www.denverhealth.org/patients-visitors/billing-			
b	☐ The FAP application form was widely available on a website (list url):			
c	☑ A plain language summary of the FAP was widely available on a website (list url): https://www.denverhea			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: Denver Health and Hospital Authority

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☐ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		✓
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☐ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	✓	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: Denver Health and Hospital Authority

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	**23**		✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	**24**		✓

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, Line 22. This question is not applicable to Denver Health and Hospital Authority. Hospital organizations must meet the requirements imposed by Section 501(r) in order to be treated as an organization described in Section 501(c)(3). DHHA is not a Section 501(c)(3) organization.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 39

Name and address	Type of facility (describe)
1 Please see the attached list of Other Health Care Facilities	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Denver Health and Hospital Authority
Part V. Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Facility Name	Street Address	City	State	Zip Code	Type of Facility
Paramedic Division	777 Bannock St	Denver	CO	80204-4507	Ambulance
Wellington E. Webb Center for Primary Care	301 W. 6th Ave	Denver	CO	80204-4507	Federally Qualified Health Center
Denver CARES	1155 Cherokee St	Denver	CO	80204-3632	Detoxification and Drug and Alcohol Rehabilitation
Federico F. Pena Southwest Family Health Center and Urgent Care	1339 S Federal Blvd	Denver	CO	80219-4235	Federally Qualified Health Center
Sam Sandos Westside Family Health Center	1100 Federal Blvd	Denver	CO	80204-3219	Federally Qualified Health Center
Eastside Family Health Center	501 28th St	Denver	CO	80205-3003	Federally Qualified Health Center
Lowry Family Health Center	1001 Yosemite St	Denver	CO	80230-6003	Federally Qualified Health Center
Adult Urgent Care Center	660 N Bannock St, Suite #1057	Denver	CO	80204-4506	Federally Qualified Health Center
Montbello Family Health Center	12600 Albrook Dr	Denver	CO	80239-4604	Federally Qualified Health Center
Winter Park Medical Center	145 Parsenn Road	Winter Park	CO	80482-4916	Community Clinic and Emergency Center
Westwood Family Health Center	4320 W Alaska Pl	Denver	CO	80219-2454	Federally Qualified Health Center
La Casa-Quigg Newton Family Health Center	4545 Navajo St	Denver	CO	80211-2440	Federally Qualified Health Center
Park Hill Family Health Center	4995 E 33rd Ave	Denver	CO	80207-1902	Federally Qualified Health Center
Sloan's Lake Primary Care Center	4007 W Colfax Ave	Denver	CO	80204-1404	Federally Qualified Health Center
Downtown Urgent Care	1545 California St	Denver	CO	80202-4214	Urgent Care Walk-In Clinic
North Campus	2960 N Speer Blvd	Denver	CO	80211-3795	School-Based Health Center
George Washington Campus	655 S Monaco Pkwy	Denver	CO	80224-1228	School-Based Health Center
Abraham Lincoln Campus	2285 S Federal Blvd	Denver	CO	80219-5433	School-Based Health Center
Bruce Randolph Campus	3955 Steele St	Denver	CO	80205-3613	School-Based Health Center
South High School	1700 E Louisiana Ave	Denver	CO	80210-1810	School-Based Health Center
Montbello Campus	5000 Crown Blvd	Denver	CO	80239-4329	School-Based Health Center
Martin Luther King, Jr. Early College Campus	19535 E 46th Ave	Denver	CO	80249-6637	School-Based Health Center
Place Bridge Academy	7125 Cherry Creek North Dr	Denver	CO	80224-2044	School-Based Health Center
Mobile Health Services	777 Bannock St	Denver	CO	80204-4507	Federally Qualified Health Center
East High School	1600 City Park Esplanade	Denver	CO	80206-1429	School-Based Health Center
Thomas Jefferson High School	3950 S. Holly St.	Denver	CO	80237	School-Based Health Center
Evie Dennis Campus	4800 Telluride St	Denver	CO	80249-6803	School-Based Health Center
John F. Kennedy High School	2855 S Lamar St	Denver	CO	80227-3809	School-Based Health Center
West Campus	951 Elati St	Denver	CO	80204-3939	School-Based Health Center
Kepner Campus	911 S Hazel Ct	Denver	CO	80219-3418	School-Based Health Center
Kunsmiller Creative Arts Academy	2250 S Quitman Way	Denver	CO	80219-5139	School-Based Health Center
Lake Campus	1820 Lowell Blvd	Denver	CO	80204-1549	School-Based Health Center
Rachel B. Noel Campus	5290 Kittredge St	Denver	CO	80239-5628	School-Based Health Center
Florence Crittenton Campus	55 S. Zuni St	Denver	CO	80223-1208	School-Based Health Center
Denver SAFE Center	405 S Platte River Dr	Denver	CO	80223-2069	Federally Qualified Health Center
Alpine Clinic	280 Zerex St	Fraser	CO	80442	Physical and Occupational Therapy
Primary Care Clinic at Wellpower	4455 E 12th Ave	Denver	CO	80220-2415	School-Based Health Center
Manual Campus	1700 E 28th Ave	Denver	CO	80205-4502	School-Based Health Center
Rose Andom Health Center	1330 Fox St	Denver	CO	80204-2602	Federally Qualified Health Center