July 15, 2025

Ms. Nancy Dolson
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue
Denver, CO 80203

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

2025 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 19-1320, we are required to complete a community health needs assessment every three years along with an annual community benefit implementation plan. Our Community Health Needs Assessment (CHNA), conducted in 2023, has established a framework for the ongoing reporting of our community benefits and targeted actions. This report documents Denver Health's activities related to these requirements, including our programmatic and financial contributions in 2024, a summary of our 2025 annual public meeting, our 2024-2026 implementation plan, and our 2023 CHNA. The completion of this work highlights Denver Health's commitment to our vision to be the most trusted health care provider in Colorado.

Initiative Reporting

2023 CHNA and 2024-2026 Implementation Plan

Denver Health's 2024-2026 implementation plan priorities were identified in the 2023 CHNA where quantitative data and valuable community input identified three key priorities:

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

The current report documents our annual progress in executing our 2024-2026 implementation plan, as well as our 2023 CHNA.

Financial Reporting

- **2024: $ 176,290,023**

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Summary of Public Benefit

Denver Health has made substantial progress in each of our three community priorities: Access to Care, Behavioral Health (Mental Health & Substance Use), and Housing and Homelessness. The progress made for each initiative is described in a brief narrative below along with additional services where Denver Health is proud to go above and beyond.

In 2024, Denver Health provided more than $145 Million in uncompensated care, ensuring patients could receive services regardless of their insurance or ability to pay. Virtual care saw a significant increase with more than 284,000 visits delivered across both primary and specialty care. To further remove barriers, Denver Health provided over 18,000 individual transportation tickets, and over 3,000 Lyft rides were coordinated for patients needing support getting to their appointments. Access also expanded through language services, with more than 827,000 non-English-preferred visits, and the training of 932 residents and fellows, with a focus on culturally responsive care. Additional initiatives include access to care through our 19 school-based health centers, mobile health units, health education classes, Family Connects, and the NurseLine.

Denver Health has also made significant strides in improving behavioral health and housing support. Programs like our Center for Addiction Medicine (CAM), At-Risk Intervention and Monitoring Program (AIM), and our Integrated Behavioral Health services reached thousands of patients through innovative models, peer support programs, and trauma-informed interventions. Efforts to connect patients to housing include bridge housing, recuperative care beds, and partnerships that link patients to permanent housing. Through research, training, and systems-level advocacy, Denver Health continues to integrate care where people live, work, and recover – prioritizing the whole-person needs of Denver's most vulnerable communities.

Priority Area: Access to Care

Goal: Ensure every Denver resident has equitable access to timely, affordable, and culturally responsive health care

Strategy	Activities	2024 Impact
Provide patients with access to care regardless of ability to pay	Payment of uncompensated care	$145,460,206 spent for uninsured, Medicaid, and Medicare services in 2024; this is a 3.85% increase from 2023
Provide e-consults for specialty care	Various Denver Health specialty providers conduct e-consults to help reduce appointment demand	6,422 e-consults provided in 2024; this is a .68% decrease from 2023 and likely due to a loss in dermatology appointments
Provide access to virtual care	Provide virtual primary and specialty care services	278,484 virtual visits provided in 2024; this is a 592% increase from 2023
Transportation to services	Obtain and distribute transportation vouchers, coordinate Medicaid transport, and arrange ride share for patients in need	18,440 transportation trips provided in 2024; this is a 6.9% increase from 2023 Denver Health Foundation sponsored Lyft program for underinsured patients. 3,021 rides were provided in 2024, this is an 81% increase from 2023
Workforce and Organizational Development	Enhance recruitment, training to serve the ethnically/racially diverse population of Denver	Out of our 8,396 total employee population, our staff consists of widely diverse individuals with 0.8% American Indian or Alaska Native, 5.2% Asian, 8% Black or African American, 17.3% Hispanic or Latino, 0.2% Native Hawaiian or Other Pacific Islander, 3.8%

		Two or more races, 55.4% White, and 9.3% preferring not to answer
Health professionals' education	A commitment to training the next generation of health care professionals	14 Medical Assistants trained and graduated in 2024 932 trainees in Residencies and Fellowships including EM, Toxicology, EMS, Podiatry, Dental, Pediatric Dental, and CU Physicians
Metro Denver Partnership for Health (MDPH) participation	Ongoing seven-county Denver Metro Collaboration including local public health agencies (LPHAs), health systems, and regional accountable entities to address common priorities, including reducing behavioral health stigma, and enhancing community capacity and engagement	17 community organizations were recruited and equipped to promote anti-stigma mental health messages within their communities 103,292 individuals were reached via mental health ambassadors promoting anti-stigma messaging in the Metro Denver region (July 2023-June 2024) 25 organizations, including MDPH member organizations and local community-based organizations convened over three forums to promote enhanced community engagement strategies
Language services	Improved language interpretation assistance and documents for patients that require language assistance	Language interpreters were present for 705,870 visits for patients that have a documented need in 2024; this is a 17.8% increase from 2023 Denver Health has 305 employees who are qualified bilingual staff.
Policy and Advocacy for legislation that benefits the community	Advocated for bills across the spectrum of care, from prevention to funding of research and even bills related to improving education and housing	181 bills advocated on by Denver Health 10 significant bills related to ensuring access to quality health care for all were passed in 2024

Other Initiatives:

Denver Health has a long history of spreading accessible care to Denver residents, making newer, easier ways and places available, particularly for low-income residents across the city. These are listed here in "Other" because they are partially able to be funded through a public payer, such as Medicaid or Medicare, but not many other hospitals provide this sort of access.

- Mobile Health Units – Denver Health has 4 mobile health units that operate across the city at different locations bringing primary care, mammography, and other services to sites, such as partner non-profits that community members might trust more than going to a clinic. They saw a total of 7,952 mobile visits in 2024, which is a 3145.7% increase from their establishment in 2020.
- SBHC – Denver Health operates 19 school-based health centers providing care to DPS students and their siblings, regardless of ability to pay.
- Special Population Clinics – Denver Health goes above and beyond in dedicated care services to many special populations. The Rose Andom Clinic should be highlighted. The Rose Andom clinic allows Denver Health to offer primary and women's care, as well as well-child visits on-site at the center where clients are already being connected to resources, particularly for domestic violence victims and their families.
- NurseLine – With funding from the City, Denver Health provides a 24-hour NurseLine to all residents of the city and county of Denver. This team can provide care advice and help connect patients to appropriate care.

Priority Area: Behavioral Health (Mental Health and Substance Use)

Goal: Expand and normalize access to mental health and substance use support in both clinical and community settings

Strategy	Activities	2024 Impact
Integrated Behavioral Health	Social workers are integrated into our community and school-based primary care facilities	56,591 visits were provided in 2024
Substance Use Navigation (SUN Program)	Employ substance use navigators to support community members in their recovery from substance use disorder	Responded to 1,831 patients with behavioral health needs in 2024. This includes referrals, patient engagements in care, and patient follow-ups
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	257 bedside interventions provided in 2024; this is a 14.7% increase from 2023 55 trauma-informed care trainings provided in 2024; this is a 25% increase from 2023 37 crisis interventions provided in 2024; this is a 2.7% increase from 2023
Center for Addiction Medicine Academy (CAM)	Technical assistance and support to help implement comprehensive, trauma-informed treatment for substance use disorders (SUD)	389 standardized courses provided in 2024; this is a 201% increase from 2023 2,193 training events offered in 2024; this is a 313% increase from 2023 Trauma Responsive Care Standardized Workshop offered throughout 2024
CAM Technical Resource and Information Line (TRAIL)	Provide a line for community members/family with substance misuse that are ready to engage in treatment and an e-consult service for Denver Health healthcare professionals who need help screening and linking their patients with SUD to care	728 total calls answered in 2024 from providers, patients, friends and family, and other; this is a 77% increase from 2023 Hospital Partners in 2024 that received Substance Treatment Line business cards and/or posters: Porter Hospital, Presbyterian/St. Luke's Medical Center, Rose Medical Center, Southmoor EUC (Emergency Urgent Care), renamed to: Advent Health ER & Urgent Care Southmoor, UCHealth Emergency at Green Valley Ranch Medical Center
Access Transformative Outreach Program (ATOP)	Provide intensive case management with a multidisciplinary team for Colorado Access members with severe substance use disorders	57 patients supported
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	800 staff trained in care coordination 12,000 patients supported 29 providers providing support across six clinical teams

Integrate Community Voice and Peer Support Through CAM	Focus groups with community advisory boards for CAM programming; bolster peer support	12 CAM Community Advisory Meetings held in 2024; this is an 8.3% increase from 2023 342 individuals with lived experiences who participated in the Community Advisory Meetings in 2024; this is a 4.6% increase from 2023
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, and advance health system research with these historically marginalized families	All our FORGE program providers are trained in trauma-informed non-stigmatizing care Completed 2,516 visits in 2024; this is a 5% increase from 2023 Provided 24 educational presentations to internal staff and 14 educational presentations to community
CAM Continuum of Care Evaluation	Measure the effectiveness of health system protocols and interventions to engage and retain patients in SUD treatment	Linkage from Treatment on Demand (ED) and Addiction Consult Liaison (Inpatient) Social Work Teams: 405 / 856 (47%) of social work referrals from the ED and Inpatient areas linked to outpatient care within 30 days of discharge Our hub and spoke model of care reached over 20,000 individuals with substance treatment services across our system for upwards of 70,000 substance-related visits in 2024 More than 50% of persons treated were between 25-44 years old, 53% were persons of color, 58% were insured with Medicaid, and 25% experienced homelessness
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	Of 622 potentially eligible patients, 192 enrolled in the study 85% were not stably housed, and half did not have access to a working phone 54% reported ever participating in a program to treat a substance use disorder. Intervention participants received an average of 3 care navigation sessions, with 52% receiving at least one session Common interventions included discussion of treatment options with 71% of participants, housing assistance (30%), medical care coordination (29%); 31 received study phones Preliminary analysis suggest intervention participants were twice as likely to link to treatment at 90 days
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	From October 2024 (inception of the program) to December 2024, 45 patients were linked to behavioral care and social supports

	other BH care and social supports	
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	328 patients supported in 2024; this is a 786% increase from 2023 1,714 encounters documented in 2024; this is a 401% increase from 2023
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Provide screening for patients in the Emergency Room	64,112 patients screened in the Emergency Room in 2024 1,101 received a brief intervention on the SBIRT Assist
Increase Access to Methadone Through a Mobile Unit Available in More Locations	Locate MoMAT unit in at least 2 locations	5,663 doses provided in 2024

Other Initiatives:

Behavioral health encompasses mental health and substance use treatment work. There are many places in our community where this has come up as a priority. Denver Health provides therapy and programs to patients of all ages who are struggling with mental health issues in both an inpatient and outpatient setting, but programs also exist to benefit persons needing interventions outside of the clinic setting.

- RESTORE – Resiliency, and Equity Through Support and Training for Organizational Renewal (RESTORE) Promotes and sustain the mental well-being of the workforce; support individual, collective and organizational resilience through timely and confidential peer-delivered emotional support and psychological first aid as well as deliver trauma and resilience-informed education and training. Since their launch in 2020 our RESTORE team has provided 500,000 moments of connections with staff with more than 16,500 peer support encounters in which our trained peer responders supported team members using psychological first aid and providing emotional support.
- Zero Suicide - This initiative promotes best practices in suicide prevention across Denver Health. The Zero Suicide team has trained over 600 DH staff and received national recognition for their work in developing a public health suicide surveillance system.
- Substance Treatment Line – Provides compassionate support and tailored solutions to people with substance use disorders as well as their loved ones. 303-952-8053
- STAR – Since its launch in 2020, our STAR program started as a single van with two staff supports per shift. It now boasts eight vehicles, plus a rotating staff of 16 Denver Health Paramedics and 16 clinicians from WellPower. From June 1, 2020 – June 3, 2025 their team has responded to 25,144 incidents.
- Research on Healthcare Connection with Behavioral Health patients – Denver Health participates in behavioral health research work to better engage patients to increase behavioral health care follow-up post discharge.

Priority Area: Housing and Homelessness

Goal: Address the intersection of housing insecurity and health by embedding services within housing solutions

Strategy	Activities	2024 Impact
Provide transitional housing to Denver Health patients	Lease 14 units at 655 Broadway to provide short-term bridge housing	28 patients supported with short-term bridge housing in 2024 Of that, 22 patients were connected to permanent housing via voucher, family reunification, and higher level of care
Maintain recuperative care lease to support unhoused patients discharged from Denver Health	Lease 20 recuperative care beds each month	289 patients discharged to recuperative care beds in 2024; this is a 58.7% increase from 2023
Advocate for additional housing options for unhoused people who access Denver Health	Meeting with city and state partners to identify additional opportunities to implement door-to-door transitions from Denver Health to housing	12 patients connected to housing through warm handoff to Denver Housing to Health/SIPPRA Program in 2024; this is a 9% increase from 2023 45 people supported through DOH vouchers since inception of the program in 2022
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. Use current Denver Health Homeless registry to conduct necessary research that advances care.	2 Publications in 2024 3 Presentations provided ~184 students have participated in the CU School of Medicine Housing Insecurity Curriculum ~50 students have participated in the CU School of Medicine Longitudinal Integrated Curriculum in Healthcare for the Homeless

Other Initiatives:

Although most people do not associate housing and homelessness as a priority for a hospital, Denver Health recognizes the community's input on prioritizing this area of work. Denver Health saw more than 16,000 patients identified as experiencing homelessness in 2024. As an organization committed to helping our patients improve their health outcomes, for this population it is clear, we need appropriate interventions both clinically and socially to assure that patients experiencing homelessness can continue healing outside the hospital.

- Advocacy – Denver Health took an active role in securing affordable housing for our patient population. We supported or monitored 4 bills related to housing.
- HMIS – Denver Health has recently begun connecting with the Homeless Management Information System to understand the resources available to our patients.
- HOPE (Housing Outreach, Partnerships and Engagement) – A team of professionals passionate about patients experiencing homelessness has come together to build on our partnerships and lessons learned to address system gaps and put patients on the most appropriate and effective pathway towards housing and health.

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 Organization
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
Families Forward Resource Center	Alliss Hardy	Community Based Organization
Families Forward Resource Center	Shawn Taylor	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	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
Baker Historic Neighborhood	Luchia Brown	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 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
MayFair Neighbors	Merritt Pullam	Neighborhood Association
Montebello 2020	Ann White	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
The Department of Public Health and Environment	Matthew Jackson	State Government
The Department of Human Services	Christopher Frenz	State Government
Colorado Commission on Higher Education	Megan McDermott	State Government
Office of Saving People Money on Health Care	Emily King	State Government
Division of Insurance, Department of Regulatory Agencies	Sara Bencic	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 and QR codes to manage registrations, offering Spanish interpretation at both scheduled meetings. We recorded the following 23 participants from organizations outside Denver Health and Hospital Authority. The participants included representatives of community-based organizations, HCPF, Office of Denver City Council, and other health care organizations. We used a PowerPoint presentation to guide our discussion following the outline provided below.

First Name	Last Name	Organization
12-1pm		
Alliss	**Hardy**	**Families Forward Resource Center**
Angelina	**Gurule**	**Denver City Council**
April	**Valdez Villa**	**Denver Health**
Ashlee	**Grace**	**HCPF**
Ashleigh	**Philips**	**CommonSpirit Health**
Bryce	**Rafferty**	**Colorado Cross-Disability Coalition**
Connie	**Givens**	**Unknown**
David	**Rangel**	**Shield Healthcare**
Deirdre	**Johnson**	**Center for African American Health**
Elise	**Waln**	**Boulder County Public Health**
Erik	**Ortiz**	**Denver Department of Public Health & Environment**
Gabe	**Martinez**	**Office of U.S. Senator Michael Bennet**
Gracie	**Davis**	**Community College of Denver**
Julie	**Knoeckel**	**Denver Health**
Kevin C	**Molloy**	**CommonSpirit St. Anthony North & Longmont United Hospitals**
Laura	**Don**	**Unknown**
Nancy	**Sharp**	**Denver Health**
Patricia	**Galetto**	**LPHI**
Peggy	**Jarrett**	**Intermountain Health**
Sayuri	**T**	**Unknown**

Shawn	**Taylor**	**Families Forward Resource Center**
Sophia	**Hennessy**	**Colorado Consumer Health Initiative**
Stephanie	**Bean**	**Community College of Denver**
Stephanie	**Roberts**	**Denver Health**
Stephanie	**Syner**	**Denver Health**
6-7pm		
Ann	**White**	**Montebello 2020**
Callie	**Preheim**	**Adams County Health Department**
Katie	**Ryan**	**Denver Health**
Perla	**Trevizo**	**Colorado Consumer Health Initiative**
Stephanie	**Syner**	**Denver Health**

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

June 16, 2025 (12:00-1:00 pm)
June 16, 2025 (6:00-7:00 pm)

12:00pm & 6:00pm **Welcome** *Chief Impact Officer, Lorena Zimmer* *Associate Research Scientist, HTP Program Coordinator, Stephanie Phibbs* *Director of Reimbursement, Jeremy Springston*	• Welcome to Denver Health • Agenda Summary
12:05 & 6:05 **Denver Health – Who We Are** *Chief Impact Officer, Lorena Zimmer*	• Denver Health At-A-Glance • Services • Operating Expenses • 2024 – 2026 Strategic Plan
12:10 & 6:10 **Community Benefit** *Chief Impact Officer, Lorena Zimmer*	• Community Benefit Investments 2024 • 2024 Summary • 2024 – 2026 Community Health Assessment Priorities and Implementation Plan • Discussion
12:30 & 6:30 **Hospital Transformation Program (HTP)** *Associate Research Scientist, HTP Program Coordinator, Stephanie Phibbs*	• Overview • Performance Measures • Review of Identified Health Needs and Interventions • Discussion
12:45 & 6:45 **Community Feedback** *Chief Impact Officer, Lorena Zimmer* *Associate Research Scientist, HTP Program Coordinator, Stephanie Phibbs* *Director of Reimbursement, Jeremy Springston*	• Discussion
12:55 & 6:55 **Community Survey** *Research Director, Rachel Everhart* *Research Project Manager, Jeanny Reither*	• Denver Community Health Services Needs Assessment
1:00 & 7:00	• Adjourn

Summary of 2024 Public Meeting Discussion

Denver Health held two public meetings on June 16, 2025, from 12-1pm and 6-7pm to review our accomplishments and gather community feedback. These forums were promoted through emails to approximately 200 individuals, advertisements in multiple newspapers, and online announcements, resulting in the participation of 23 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. We used a PowerPoint presentation to guide our discussion and offered the meeting both virtually and in person. To facilitate a discussion in the webinar format, we prompted participants' feedback with questions, requesting responses both in the chat and offered those to unmute and share their responses. The questions we used to prompt community conversation 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?
- What feedback do you have for Denver Health related to its Hospital Transformation Program?
- With lack of housing being significantly related to readmissions, what additional community partners are there that could help address this need?
- Are there any other community partners Denver Health should access to support inpatient transitions?

The meeting began with a welcome and introductions of presenters, followed by an overview of Denver Health's mission, scope of services, and current strategic priorities identified from the 2023 Community Health Needs Assessment. It provided a comprehensive picture of Denver Health's operations, highlighting that the institution is more than just a hospital. Attendees raised thoughtful questions about future funding uncertainties and shared opportunities for new partnerships. Suggestions and questions included:

- One participant shared a community partner, Access Gallery, that we had not mentioned and believes they would be a great partner for Denver Health. Contact was provided.
- One participant shared a community partner, DOJ Settlement Agreement, that had not been mentioned and believes they would be great for Denver Health to partner with. They provide resources and initiatives for people with physical disabilities. While not yet active, they are moving towards approval. Contact information was provided.
- One participant had the question, "What are we projecting the next fiscal year to look like given the uncertainty of the government?"
    a. Answer: At the federal level we need to figure out when the Big Beautiful Bill will happen. These changes will likely happen in early July, so we won't be able to forecast 2026 just yet. We have heard some things that they are looking to cut. If Medicaid cuts go from 90 days to 30 days, we will need to see the impacts on our Medicaid enrollment and having appropriate staff. For those trying to access healthcare outside of the regular Medicaid pool you need to think of the tax incentives that will impact our patients. Our DHMP does have some participants on the exchange.
- One participant had the question, "Why do you think there is a gap between the 2023-2024 uncompensated care? I.e. Why is there greater uncompensated care?
    a. Answer: With uncompensated care we are looking at primarily uninsured and underinsured patients, and so even for underinsured patients that have Medicaid, we get paid for those services but what we get paid doesn't cover the cost and so then our Medicaid rate increases from year to year. They are typically low, and our expenses are increasing at a much faster rate than that and so our uncompensated year trend is getting bigger every year.

b. Answer: The number of uninsured visits increased by about 30,000 from 2022 to 2023 and from 2023 to 2024. So, we see a lot of patients that have no payment source behind them. As Denver Health, if they come through the emergency room we will accept and treat them. For Denver residents, because of our mission, we make sure they also receive follow up care.
c. Answer: We lost people on Medicaid and increased uninsured and that happened between 2023 and 2024

- One participant had the question, "For patients, are they offered financial assistance? Do they mostly have to ask for it? And lastly, how does that process look like?
    d. Answer: Yes, every patient we are required to offer financial assistance. We have enrollment services staff at many of our locations to do on site financial analysis to see if patients are eligible. We proactively ask patients if they would like to be seen but if their status changes after they leave, we offer financial assistance.
    e. Answer: We can also offer to enroll them in Denver Health's sliding fee scale program.

Conclusion

- Denver Health is proud to present this report, that showcases our ongoing commitment to community-driven care, transparency, and collaboration. By aligning strategic initiatives with identified community needs, Denver Health continues to evolve as a responsive and trusted health system. The feedback and connections shared throughout the report will help guide future partnerships and programming, ensuring that the voices of patients, partners, and stakeholders remain central to the organization's mission.

Denver Health 2023 Community Health Needs Assessment

Dear Denver Community,

Since 1860, Denver Health has provided health and healing to the Denver community, consistently identifying and addressing the city's most pressing health needs. When we published our first Community Health Needs Assessment (CHNA) in 2020, we were in the middle of a pandemic and responding to calls for racial justice in the wake of protests related to George Floyd's murder. As a result of the COVID-19 crisis and deeper reckoning with inequality, our society is more aware of how social and political contexts shape health. The work to address these challenges has developed stronger and deeper community connections. We are most proud to see how much we can accomplish when we work together.

With all this shared history, Denver Health is especially grateful for the input we received from community members and local organizations for the 2023 Denver Health CHNA. Through this assessment process, we identified three priorities that we know will resonate with our readers because they address our community needs:

1. Access to care
2. Behavioral health (mental health and substance use)
3. Housing and homelessness

These priorities will guide our Community Benefit Implementation Plan's objectives, projects, metrics and partners. We are grateful for the existing and new partnerships that will be formed to make the difference we are committed to having in these areas. We know we are in this together and appreciate all of your engagement.

Sincerely,

Donna Lynne, DrPH
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

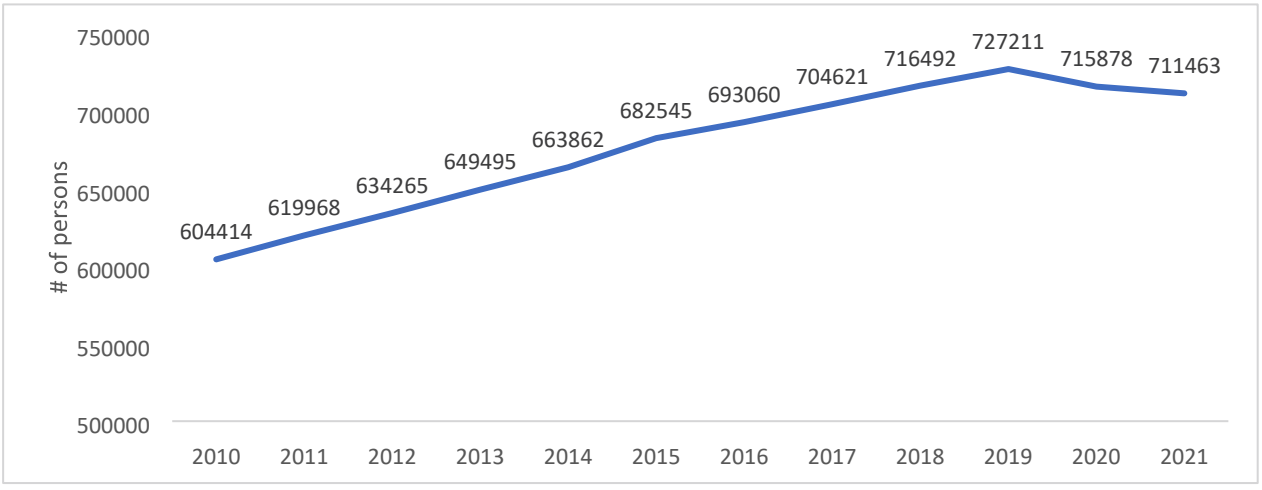
Community Served: City and County of Denver

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

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]

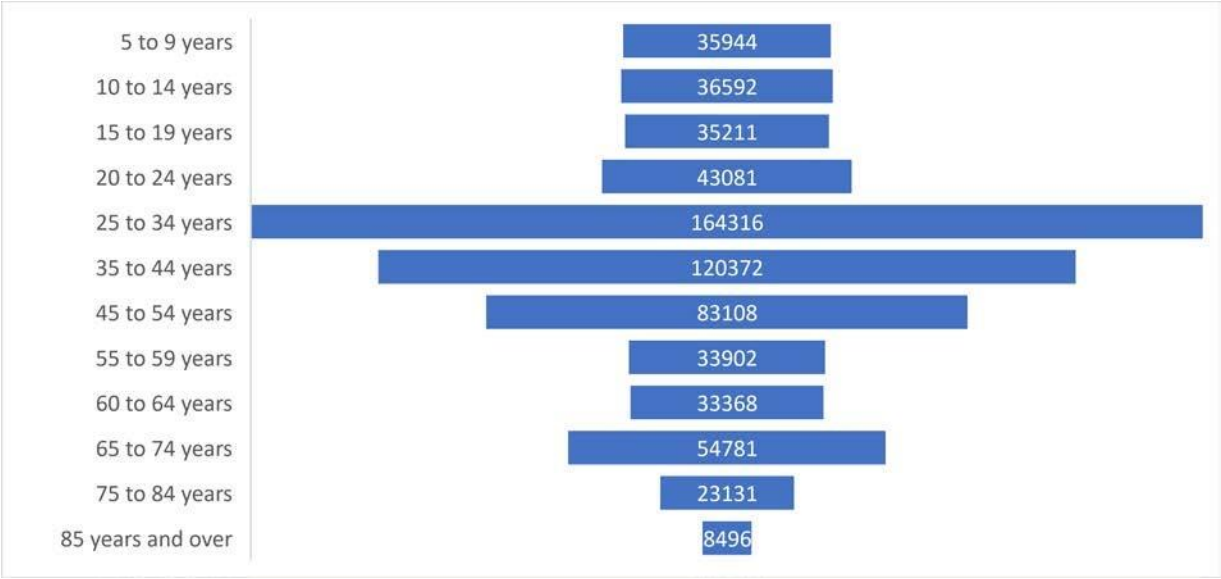
US Census population estimates, City and County of Denver, 2010-2021.



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.

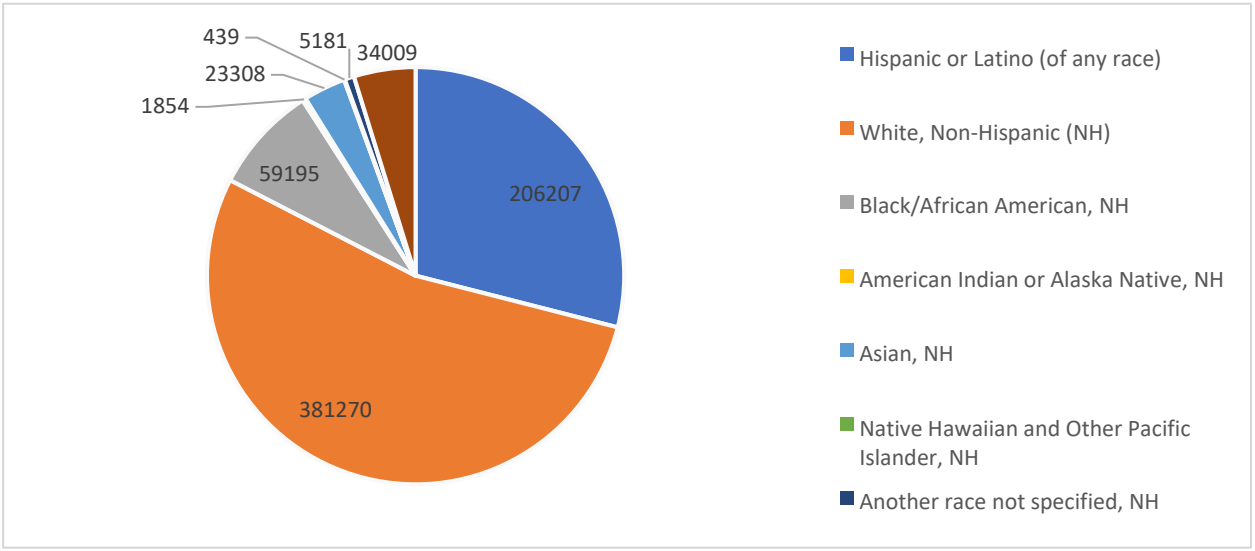


Source: US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

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

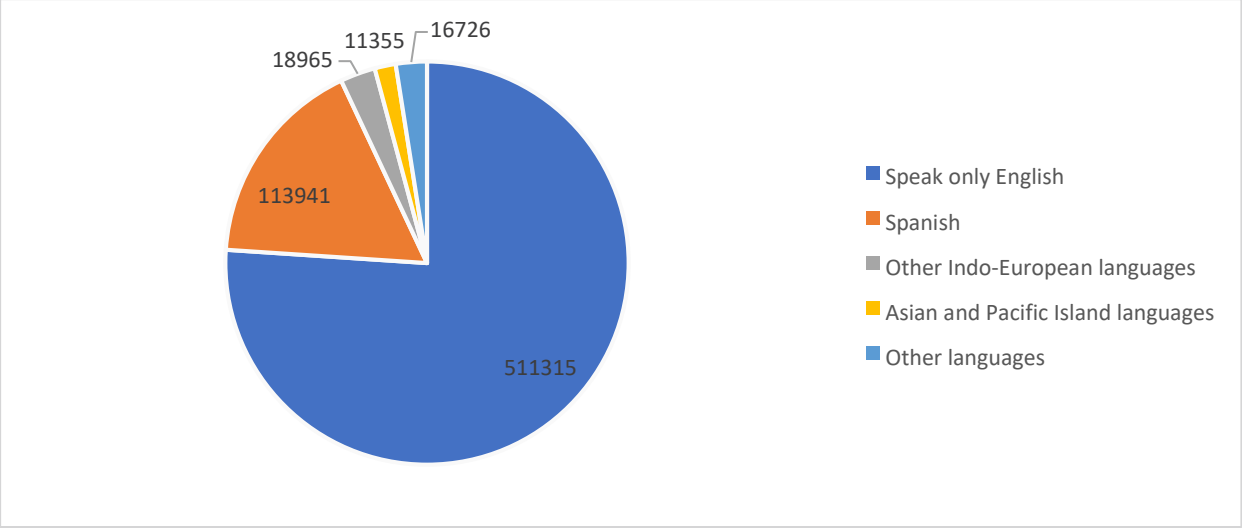


NH=non-Hispanic. Source: US Census 2021 1-year population estimates, City and County of Denver.

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 USborn 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:

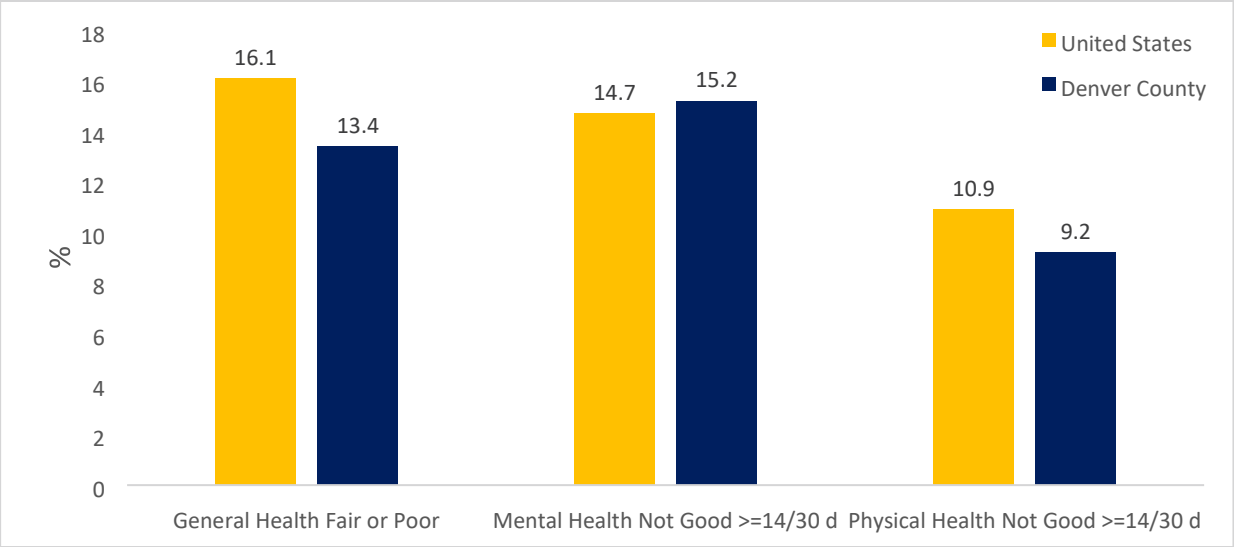
- Access to Care/Health Insurance[7,8]
- Air Pollution[7]
- Diabetes[7]
- Firearm Fatalities, Suicide, Homicides[7]
- Food Insecurity[7]
- Housing Instability/Homelessness[7]
- Low Birthweight Babies[7]
- Mental Health (poor mental health days)[7,8] (depression)[8]
- Preventive Care[8]
- Sexually Transmitted 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.



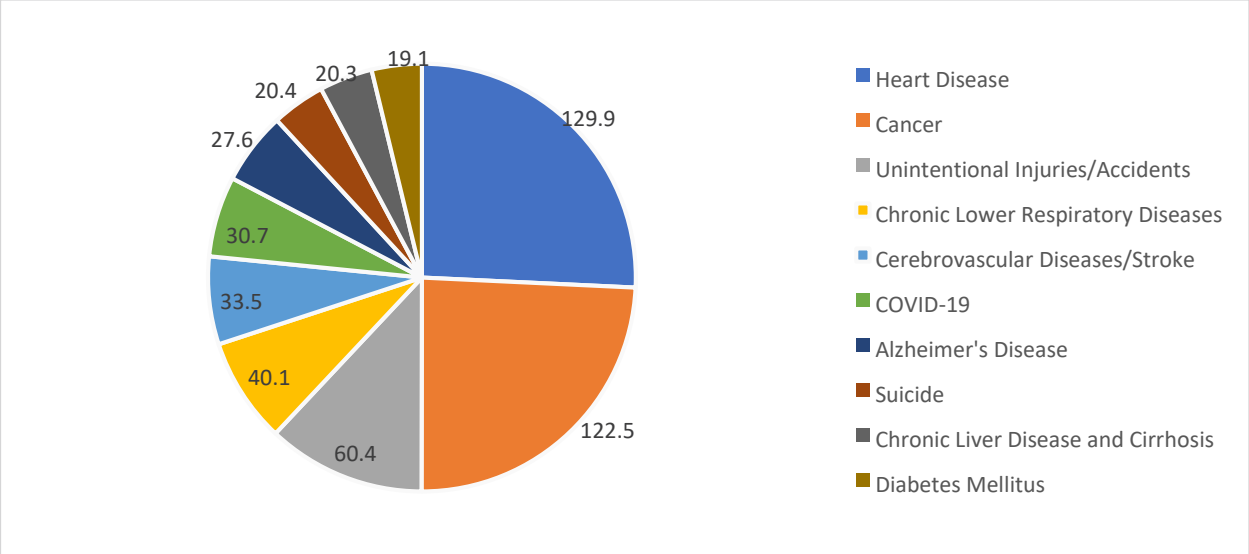
Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

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.**

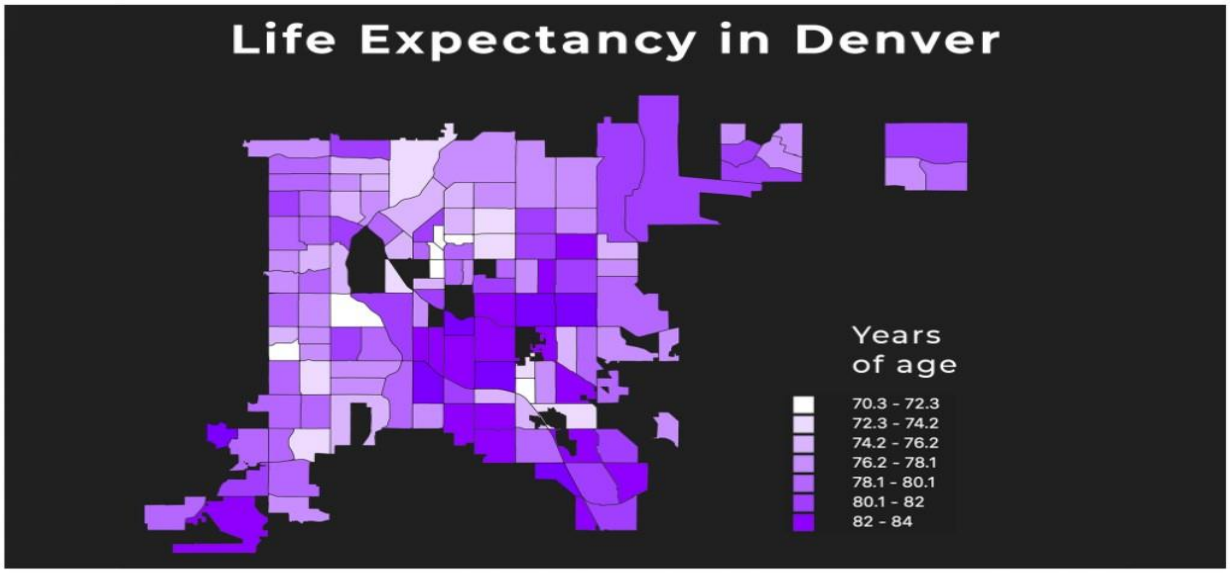


Source: Colorado Public Health and Environment Mortality Data. Denver County, 2022. CoHID | Department of Public Health & Environment (colorado.gov)

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.

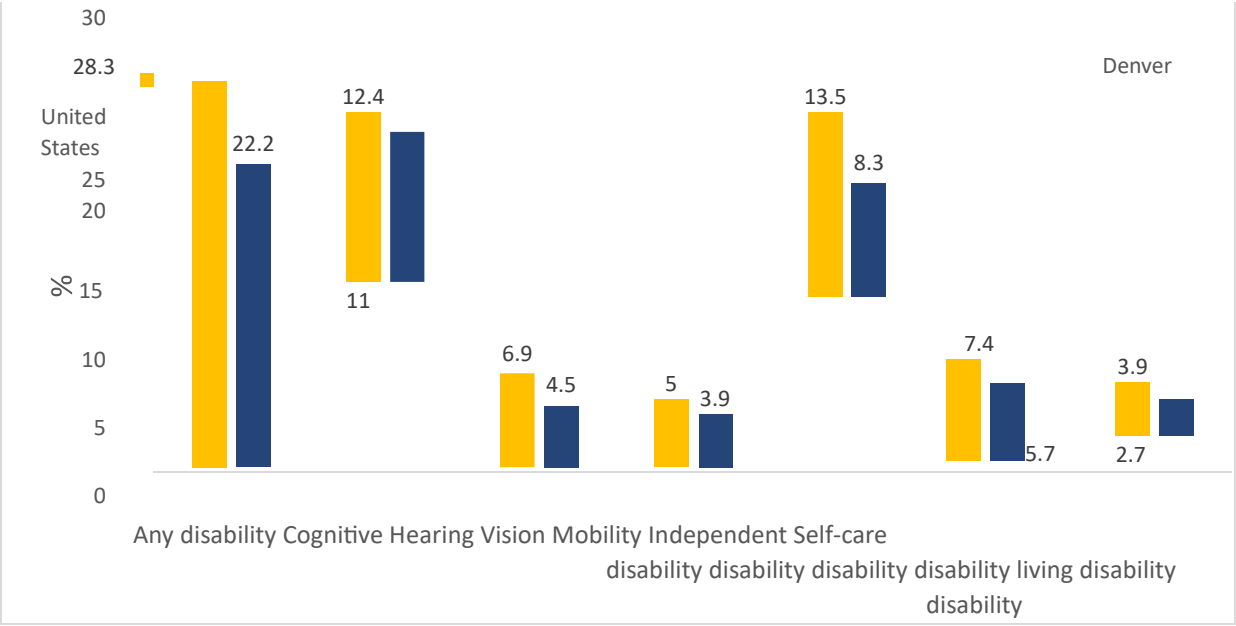


Data Source: Colorado Department of Public Health and Environment

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

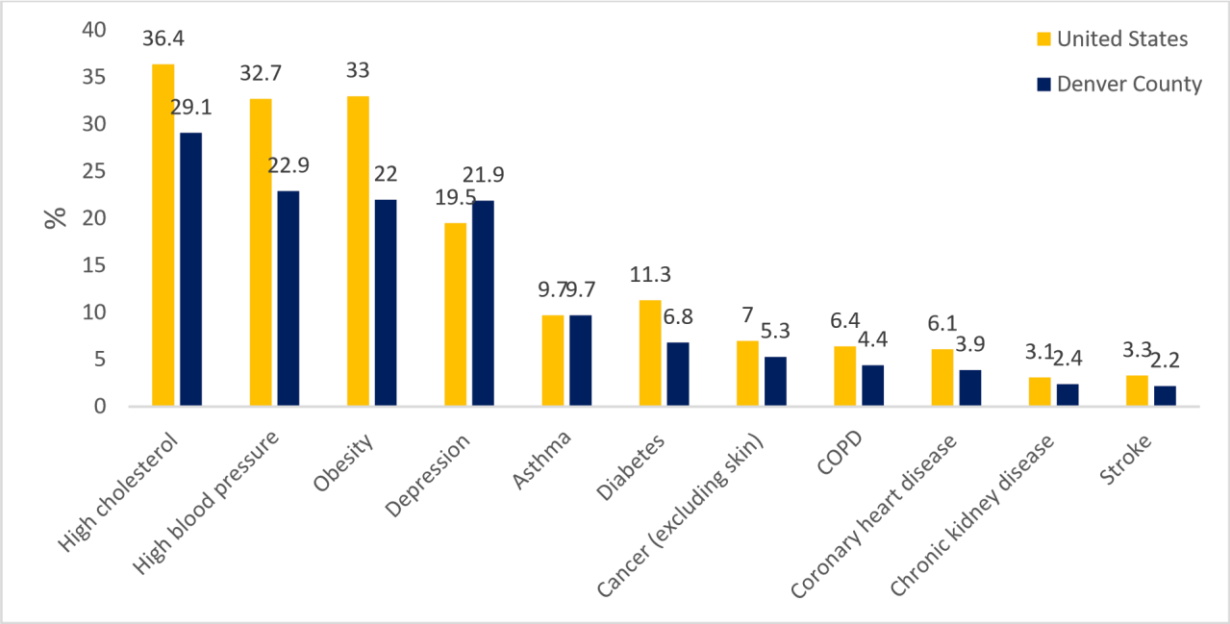


Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

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.

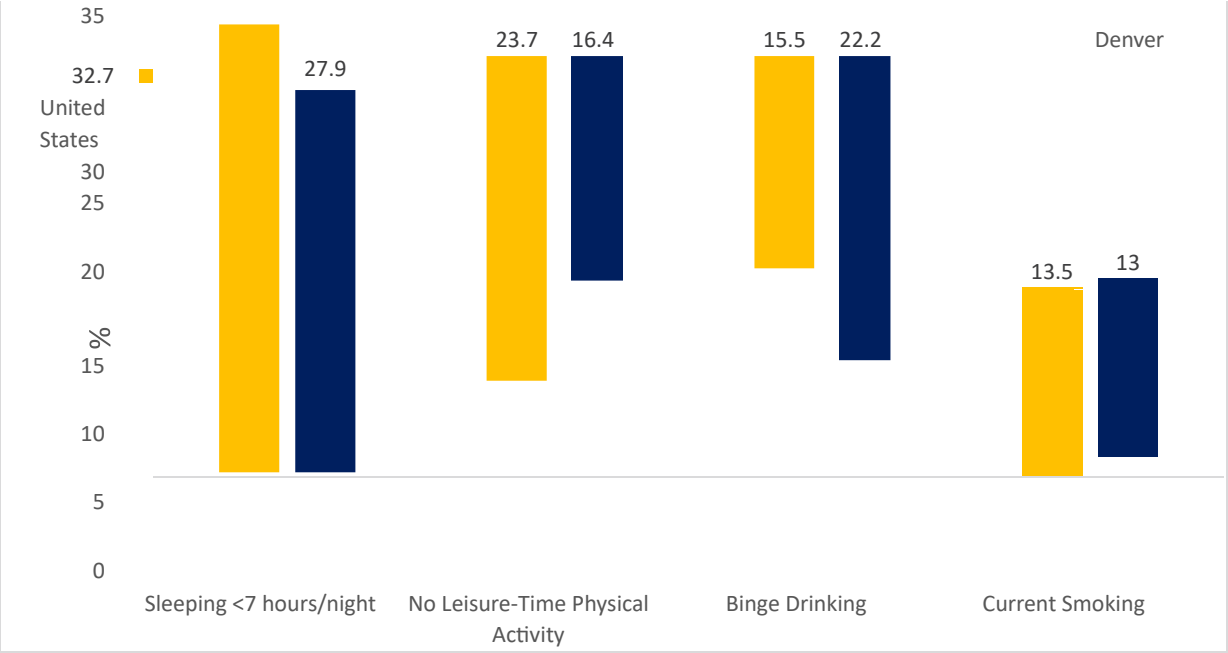


Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

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 1519 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

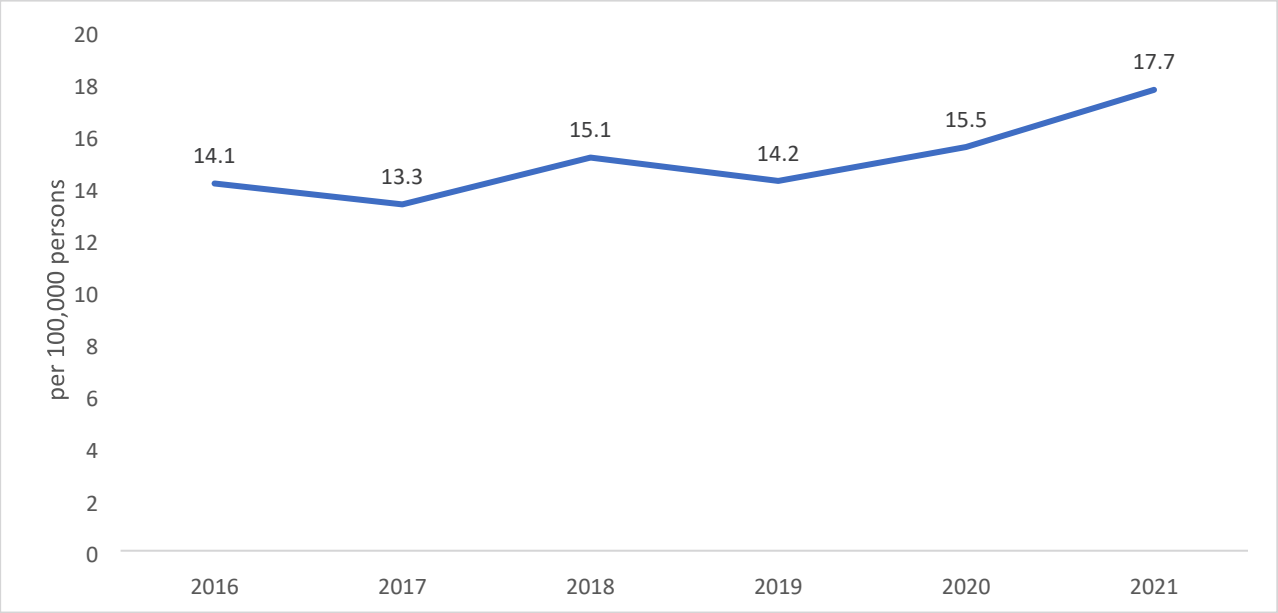
Injuries are classified into 3 key categories: preventable (accidental), intentional, and undetermined intent. Most injury-related deaths are preventable (72%), but intentional injuries often incur mental and emotional health problems beyond the victim - for family members, friends, and communities.

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 injuryrelated 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.

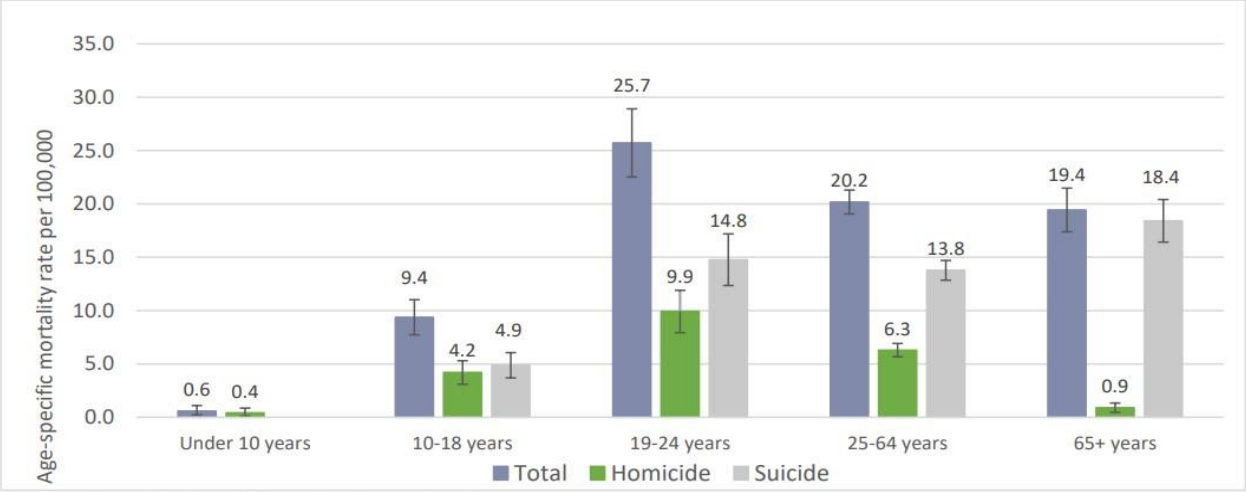
Rates of firearm deaths (unintentional and intentional) in Colorado have been steadily increasing since 2016, and significantly increased between 2020 (n=918 deaths) and 2021 (n=1,059).[5]

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

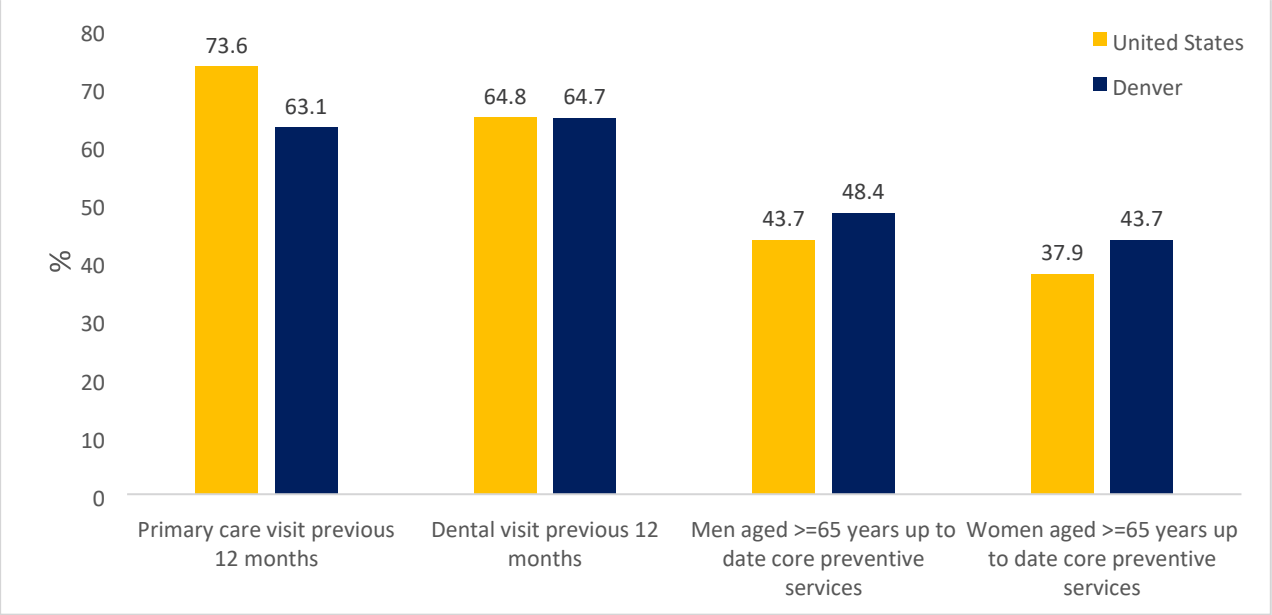
The advent of the COVID-19 pandemic facilitated rapid adoption of telehealth as a mainstream modality for care delivery in the United States. In 2021, over 3.8 million service encounters were provided through telehealth in Colorado (1,263/1,000 persons).[16] Rates of telehealth utilization are higher 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

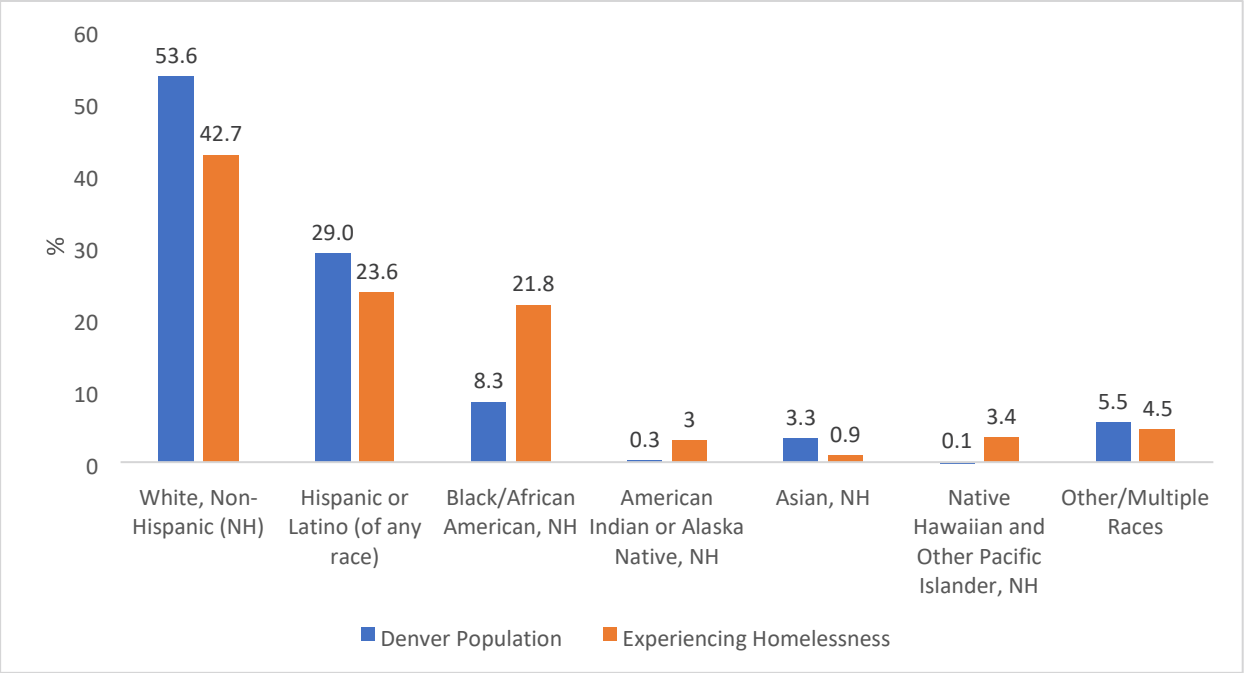
The Centers for Disease Control and Prevention (CDC) refers to social connectiveness as a sense of belonging among individuals or groups, and a recognized social determinant of health.[9] There is evidence to support higher levels of social connectiveness on well-being and health outcomes, yet there 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)

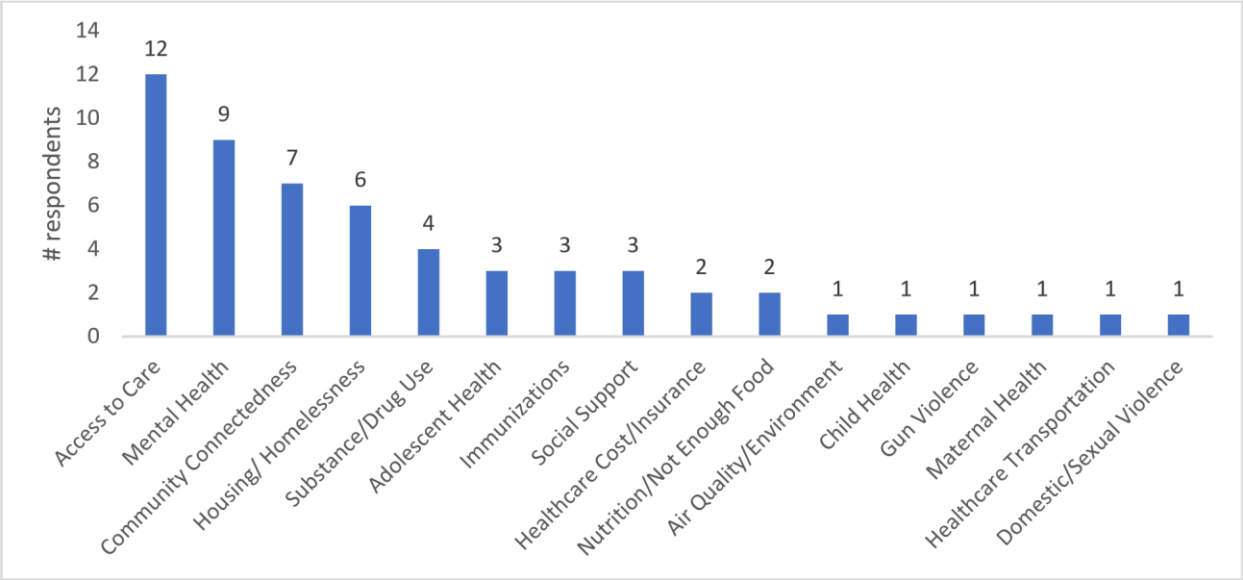
Participants: Community Members

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)

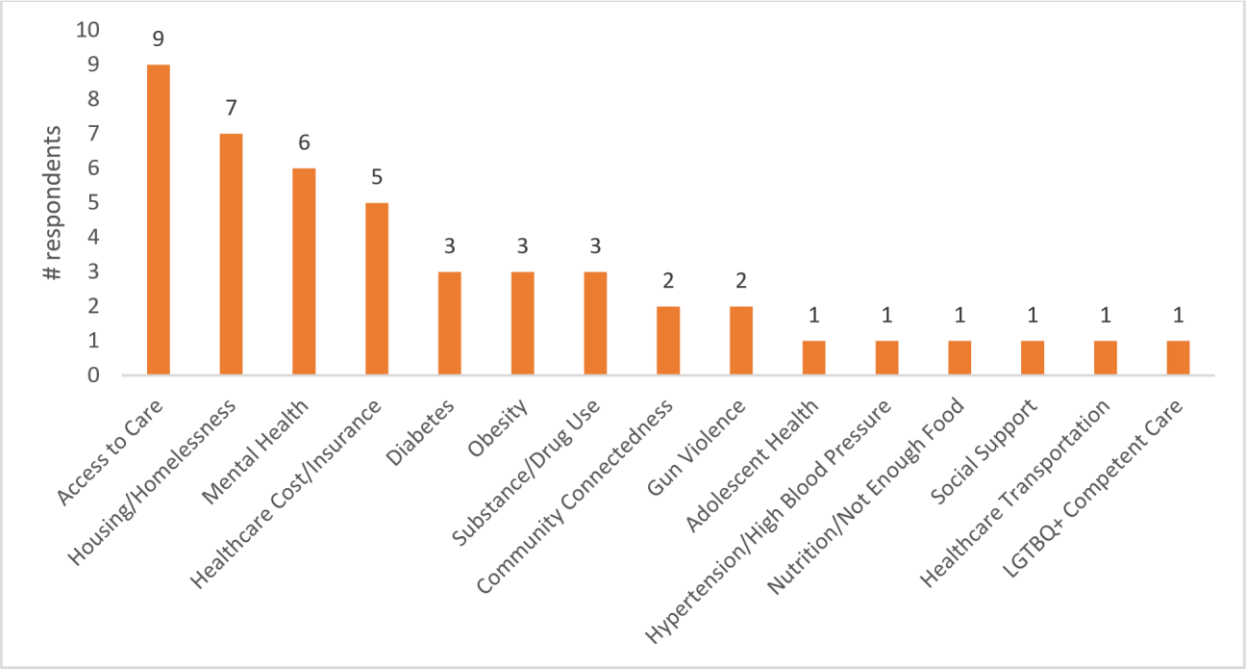
Prefer Not to Answer	0 (0.0)
Zip Code of Residence	
80004	1 (6.7)
80011	1 (6.7)
80014	1 (6.7)
80134	1 (6.7)
80204	1 (6.7)
80205	2 (13.3)
80211	1 (6.7)
80220	1 (6.7)
80223	1 (6.7)
80226	1 (6.7)
80231	1 (6.7)
80239	1 (6.7)
Prefer Not to Answer	2 (13.3)

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.**



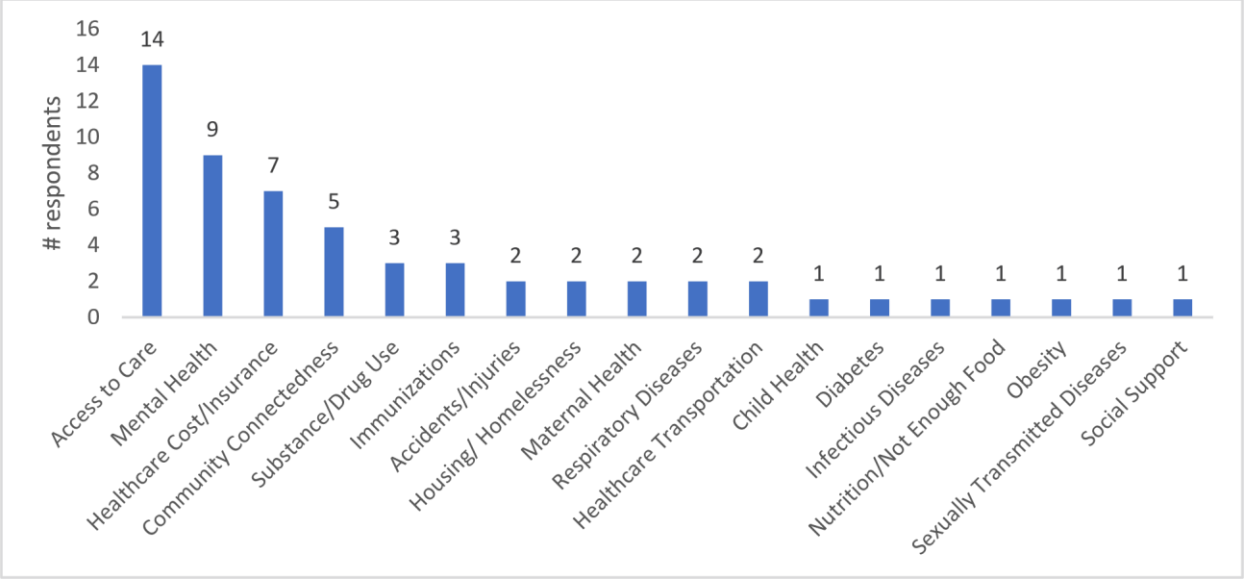
Top 3 Health Priorities – Community Members

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



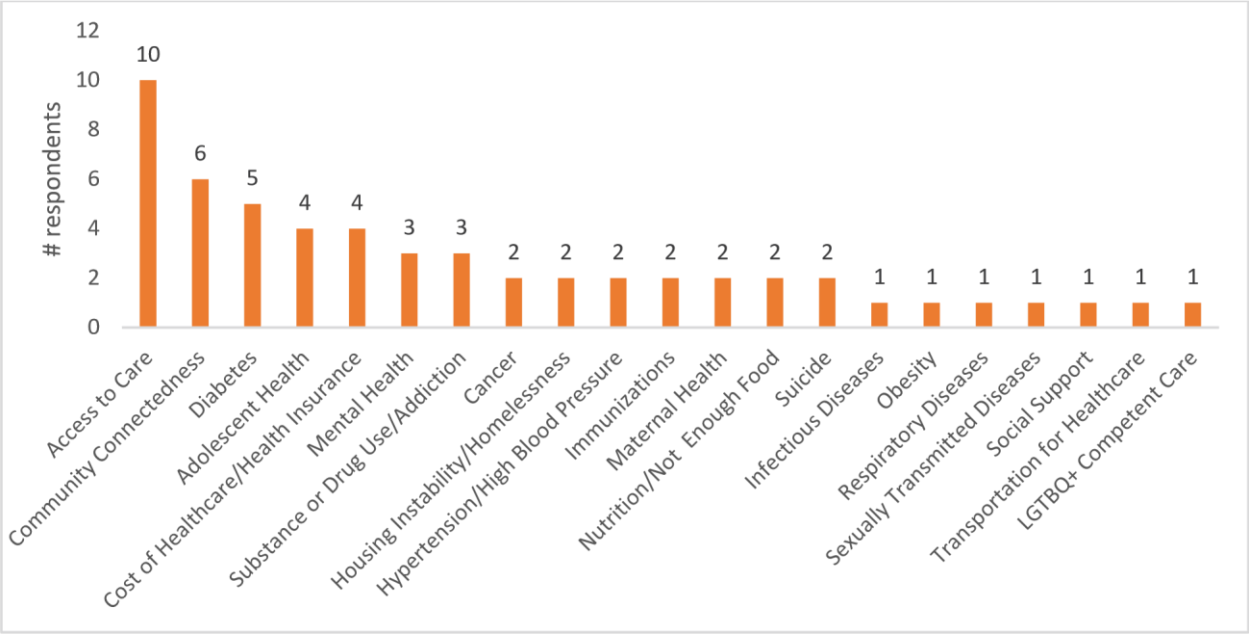
Top 3 Health Topics that Denver Health Could Most Impact – Community Based Organizations (for the Communities you Serve or Represent)

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.



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 and Hospital Authority 2024-2026 Community Benefit Implementation Plan

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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 addresses our three priority areas, including input from our Patient Family and Advisory Council and approval 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
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

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
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	Intervening to interrupt cycles of violence in families and communities	Number of people who receive intervention	Gang Rescue and Support Project (GRASP)	Staff time

	Department with violence-related injuries				
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 multidisciplinary team for Colorado Access members with severe substance use disorders (18 visits in 6 months)	Reduce use of health care services	Number of patients served	Colorado Access	Staff time
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	Train future clinicians in trauma-	Prevent and provide early	Number of clinicians trained	Community organizations	Staff time

Empowerment (FORGE program)	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	intervention for children impacted by parental substance misuse, parental incarceration, housing instability, and intimate partner violence	Number of community education programs provided Number of families served	interested in hosting educational sessions	
CAM Continuum of Care Evaluation	Measure the effectiveness of health system protocols and interventions on engaging and retaining patients in SUD treatment	Intervention effectiveness is known and systems for monitoring can be used for ongoing quality improvement	Percentage of different populations engaged and retained in care	Denver Health departments	Staff time
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	Engage patients in research to increase behavioral health	Improve knowledge and care for patients	Number of research studies happening.	City and county of Denver, Various DH departments	Staff time

with behavioral health patients	care follow-up post discharge.				
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 commitment to work for and with the communities we serve. This plan provides details of the different ways we are working to improve community health through 2026.

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

2024

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 (FAP) 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 FAP 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 FAP 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 FAP 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)			$83,220,301	$41,378,771	$41,841,530	2.79%
b	Medicaid (from Worksheet 3, column a)			$535,338,321	$510,941,539	$24,396,782	1.63%
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total.** Financial assistance and means-tested government programs			$618,558,621	$552,320,310	$66,238,312	4.42%
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			$18,135,690	$7,014,865	$11,120,824	0.74%

f	Health professions education (from Worksheet 5)			$41,422,891	$15,835,537	$25,587,354	1.71%
g	Subsidized health services (from Worksheet 6)			$252,666,037	$179,322,504	$73,343,533	4.90%
h	Research (from Worksheet 7)						
i	Cash and in-kind contributions for community benefit (from Worksheet 8)						
j	**Total.** Other benefits			$312,224,617	$202,172,906	$110,051,711	7.35%
k	**Total.** Add lines 7d and 7j			$930,783,239	$754,493,216	$176,290,023	11.77%

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						
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	211,245,478		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	1,216,820		
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	33,477,180
6	Enter Medicare allowable costs of care relating to payments on line 5	6	30,854,076
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,623,104

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, 24-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 (CHNA)				
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 2 immediately preceding tax years, did the hospital facility conduct a 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			
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-implementation			
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 FAP 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	☑ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 4 0 % for eligibility for discounted care of 2 5 0 %			
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	✔	

16 Was widely publicized within the community served by the hospital facility? . . . . . .

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.denverhealt**
- **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 FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?		
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?		
	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) on line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming extraordinary collection actions (ECAs) 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

			Yes	No
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 FAP?	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? **23**		✔
	If "Yes," explain in Section C.		
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? **24**		✔
	If "Yes," explain in Section C.		

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)*

Schedule H (Form 990) 2024

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	

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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 FAP.
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.

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

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
Winter Park Medical Center	145 Parsenn Road	Winter Park	CO	80482-4916	Community Clinic and Emergency Center
Montbello Family Health Center	12600 Albrook Dr	Denver	CO	80239-4604	Federally Qualified Health Center
La Casa-Quigg Newton Family Health Center	4545 Navajo St	Denver	CO	80211-2440	Federally Qualified Health Center
Westwood Family Health Center	4320 W Alaska Pl	Denver	CO	80219-2454	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
George Washington Campus	655 S Monaco Pkwy	Denver	CO	80224-1228	School-Based Health Center
North Campus	2960 N Speer Blvd	Denver	CO	80211-3795	School-Based Health Center
Abraham Lincoln Campus	2285 S Federal Blvd	Denver	CO	80219-5433	School-Based Health Center
Mobile Health Services	777 Bannock St	Denver	CO	80204-4507	Federally Qualified 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
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
Place Bridge Academy	7125 Cherry Creek North Dr	Denver	CO	80224-2044	School-Based Health Center
Thomas Jefferson High School	3950 S. Holly St.	Denver	CO	80237	School-Based Health Center
East High School	1600 City Park Esplanade	Denver	CO	80206-1429	School-Based Health Center
Rachel B. Noel Campus	5290 Kittredge St	Denver	CO	80239-5628	School-Based Health Center
Evie Dennis Campus	4800 Telluride St	Denver	CO	80249-6803	School-Based Health Center
Kepner Campus	911 S Hazel Ct	Denver	CO	80219-3418	School-Based Health Center
West Campus	951 Elati St	Denver	CO	80204-3939	School-Based Health Center
John F. Kennedy High School	2855 S Lamar St	Denver	CO	80227-3809	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
Alpine Clinic	280 Zerex St	Fraser	CO	80442	Physical and Occupational Therapy
Manual Campus	1700 E 28th Ave	Denver	CO	80205-4502	School-Based Health Center
Florence Crittenton Campus	55 S. Zuni St	Denver	CO	80223-1208	School-Based Health Center
Primary Care Clinic at Wellpower	4455 E 12th Ave	Denver	CO	80220-2415	School-Based Health Center
Denver SAFE Center	405 S Platte River Dr	Denver	CO	80223-2069	Federally Qualified Health Center
Rose Andom Health Center	1330 Fox St	Denver	CO	80204-2602	Federally Qualified Health Center