

# Community Health Needs Assessment

2018



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## Executive Summary

This 2018 Community Health Needs Assessment (CHNA) was conducted by Saint Joseph Hospital (SJH) in collaboration with the Denver Public Health Department (DPH) and the Denver Department of Public Health and Environment (DDPHE) to identify significant community health needs and to inform the development of a Community Health Implementation Plan (CHIP) to address current needs.

Founded in Denver in 1873 by the Sisters of Charity Leavenworth, Saint Joseph Hospital was the first private hospital in Colorado. Today it is recognized as one of the top hospitals in the nation and largest private teaching hospital in Denver. Specializing in a variety of areas including advanced heart care, pregnancy and childbirth, and cancer treatment, Saint Joseph Hospital continues to offer the high-quality, affordable health care that has served Denver for more than 145 years. By working closely with top physicians, Kaiser Permanente and National Jewish Health, the leading respiratory hospital in the nation, Saint Joe's is able to provide some of the best inpatient and outpatient care in Colorado. Saint Joseph Hospital is part of SCL Health, a faith-based, nonprofit healthcare organization dedicated to improving the health of the people and communities it serves, especially those who are poor and vulnerable.

### Summary of Prioritized Needs

For purposes of this report, SJH's community is defined as northeast Denver. This includes the nine Denver neighborhoods immediately north of the hospital campus: City Park, City Park West, Clayton, Cole, Elyria Swansea, Five Points, Northeast Park Hill, Skyland, and Whittier. With a 145-year presence in the same neighborhood of Denver, SJH has long served its Mission in this area and recommitted to the city of Denver with the opening of the new campus in 2014. This commitment, along with recognition that some of the city's greatest disparities in mortality exist in these neighborhoods, led to the decision to define northeast Denver as the service area for the SJH CHNA.

Based on an assessment of secondary data at a county and sub-county level, the following were identified as significant health needs in northeast Denver. A summary of these needs is presented below in alphabetical order.

1. Access to Care
2. Behavioral Health/Substance Abuse
3. Childhood Obesity
4. Dental Care Access
5. Economic Instability
6. Food Insecurity
7. Sexually Transmitted Infection Prevalence (STI)

#### *Access to Care*

In 2018, nine percent of the Denver population had no medical insurance coverage. In the SJH service area, the spectrum of uninsured individuals ranges from seven percent uninsured in the City Park neighborhood to 20 percent uninsured in the Elyria Swansea neighborhood.

#### *Behavioral Health/Substance abuse*

Those who suffer from substance use disorders are twice as likely to suffer from mental illness like mood and anxiety disorders. More than 1/3 of Denver adults report at least one poor

mental health day in the past month. Health issues related to excessive alcohol consumption, binge drinking, prescription drug and illicit drug use data were significant

### *Childhood Obesity*

In 2017 the average obesity prevalence across Denver neighborhoods was 14.3%; the obesity prevalence within the SJH neighborhood's ranged from 2.2% to 26.2%, with over half showing percentages well above the state average 10.7%. (SJH Neighborhoods – City Park, City Park West, Clayton, Cole, Elyria Swansea, and Five Points).

### *Dental Care*

Good oral health contributes to overall good health. Cavities are the most common childhood illness and can continue into adulthood. Fourteen percent of children screened in Denver had untreated cavities. Four out of 10 Denver adults didn't see a dentist last year. Dental decay is preventable and routine preventative dental visits are now covered by Colorado Medicaid and CHIP+. With an extensive population of individuals and families covered by Medicaid in the SJH service area there is opportunity to raise awareness about this insurance coverage and connect families to care through resource referral.

### *Economic Stability*

Economic status plays a major role in access to education, health care, and housing to name a few. Public health research within the context of the Social Determinants of Health now draws a greater correlation between economic conditions and conditions of health and well-being. With support from Denver Public Health, we were able to leverage a GIS mapping and analytics tool to gain neighborhood specific data about poverty, education, language and un-/underinsurance levels. A link is provided to this important information on page 24.

### *Food Insecurity*

Society has long acknowledged the direct health impact of how and what we eat. For some Denver communities access to healthy and affordable food options pose a major challenge to improving their health. Approximately **27,000 Denver residents** have **low income** and **low access to a full service grocery store**. Five of the nine neighborhoods in the SJH service area are food deserts. **134,390 Denver households** are eligible for the supplemental nutrition assistance program (SNAP) but only 62% of eligible households are enrolled.

### *STI Prevalence*

Denver has much higher rates of Chlamydia (1,176 vs. 268 per 100,000) and HIV/AIDS (911 vs. 415 per 100,000) than the state of Colorado.

## **Assessment Methodology and Process**

In March 2017 SJH met with representatives from DPH and DDPHE to begin the process of identifying existing health needs facing northeast Denver. Quantitative and qualitative data sources were used to inform the process including the 2014 Health of Denver Report, the Colorado Department of Health and Environment's Health Equity Map, and other resources. Qualitative data was collected through two Community Input Sessions performed by SJH and DDPHE. Findings were presented in May 2017 to the SJH Community Health Implementation and Outreach Council (CHOIC), an interdisciplinary group of hospital providers, associates and external stakeholders (attendee list, Appendix A), who provided input. The Colorado Health Assessment and Planning System Prioritization Scoring Tool was used to rate each health priority, with considerations for community, disparities, capacity to impact, and overall

importance to address. Of the significant health needs facing northeast Denver, it was noted that most are driven by economic instability and the group suggested exploring this topic further.

After analysis of available data, stakeholder prioritization, community input and the hospital's ability to impact, as well as current momentum, the following three health needs were selected as areas of focus for the SJH Community Health Improvement Plan: Behavioral Health/Substance Use, Economic Instability, and Food Insecurity.

The next step in this process is the development of the implementation plan to address selected priorities.

### *Project Oversight*

The Community Health Needs Assessment process was overseen by:

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

*Collaborators*  
Denver Department of Public Health and Environment  
Denver Public Health

**This report is publically available at the following locations:**

<https://www.sclhealth.org/locations/saint-joseph-hospital/about/community-benefit/>

The Saint Joseph Hospital Resource Center  
1375 E. 19<sup>th</sup> Ave.  
Denver, CO 80218

\*\*Board approval for the 2018 SJH CHNA was on December 17, 2018

## Letter from the President

December 1, 2018

Dear Community Member,

Thank you for your interest in the health status of our community! For 145 years, Saint Joseph Hospital has been committed to improving the health of the people who call Denver home.

An important part of this work is our Community Health Needs Assessment. This process, which takes place every three years, allows us the opportunity to collaborate with other organizations who share our commitment to this community's health. Even more importantly, it allows us to engage directly with our friends and neighbors to learn more about the issues facing our community and how Saint Joe's can be a part of addressing those issues in order to improve the health of our community.

Beginning in January 2019, we will use all that we have learned throughout the assessment process to develop our implementation plan – our strategic plan will guide our efforts to help improve the issues that are identified as most important for our community's health.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jameson Smith". The signature is fluid and cursive, with a large loop at the end.

Jameson Smith  
President, Saint Joseph Hospital

# 2018 – 2021 Saint Joseph Hospital Community Health Needs Assessment

## *Introduction*

Founded in Denver in 1873 by the Sisters of Charity Leavenworth, Saint Joseph Hospital was the first private hospital in Colorado. Today it is recognized as one of the top hospitals in the nation and largest private teaching hospital in Denver. Specializing in a variety of areas including advanced heart care, pregnancy and childbirth, and cancer treatment, Saint Joseph Hospital continues to offer the high-quality, affordable health care that has served Denver for more than 145 years. By working closely with top physicians, Kaiser Permanente and National Jewish Health, the leading respiratory hospital in the nation, Saint Joe's is able to provide some of the best inpatient and outpatient care in Colorado. Saint Joseph Hospital is part of SCL Health.

SCL Health is a faith-based, nonprofit healthcare organization dedicated to improving the health of the people and communities we serve, especially those who are poor and vulnerable. Founded by the Sisters of Charity of Leavenworth in 1864, our \$2.6 billion health network provides comprehensive, coordinated care through eight hospitals, more than 100 physician clinics, and home health, hospice, mental health and safety-net services primarily in Colorado and Montana. We relentlessly focus on delivering safe, high-quality, effective care to every patient, every time, everywhere. In 2017, SCL Health invested \$259 million in community benefit—10 cents of every dollar we earn—to support health improvement in our communities.

## *Background and Purpose of Community Health Needs Assessment (CHNA)*

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. Each tax-exempt hospital facility must conduct a CHNA that identifies the most significant health needs in the hospital's community.

The regulations require that each hospital:

- Take into account input from persons representing the broad interests of the community, including those knowledgeable about public health issues, and
- Make the CHNA widely available to the public

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health need of the community,
- A prioritized list of community health needs.

Tax-exempt hospital organizations also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. Community benefit activities and programs also seek to achieve objectives, including:

- Improving access to health services, enhancing public health, advancing increased general knowledge, and

- Relief of a governmental burden to improve health.

To be reported, community need for the activity or program must be established. Need can be established by conducting a Community Health Needs Assessment.

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in the community?
- Why are these problems present?

The question of how each hospital can address significant community health needs is the subject of the separate Community Health Implementation Plan (CHIP).

### *Review of 2015 Community Health Needs Assessment and Hospital Implementation Plan*

In 2015, SJH partnered with Denver Public Health (DPH), Professional Research Consultants Inc. (PRC Inc.), and community stakeholders to assess the health status of the hospital's community. The resulting CHNA highlighted the health status of the counties that comprise the service area. Two sets of data were reviewed to identify top priorities. Quantitative data was obtained from the 2014 Health of Denver Report: Community Health Needs Assessment. Qualitative data was collected via Online Key Informant Survey (OKIS) performed by PRC Inc.

Saint Joseph Hospital formed a multi-disciplinary team of internal and external stakeholders who reviewed the data and then used this information in a prioritization process to identify key areas of need to be addressed by the hospital. The top areas identified were:

- Access to Care
- Mental Health
- Tobacco Use Prevention and Cessation
- Healthy Living

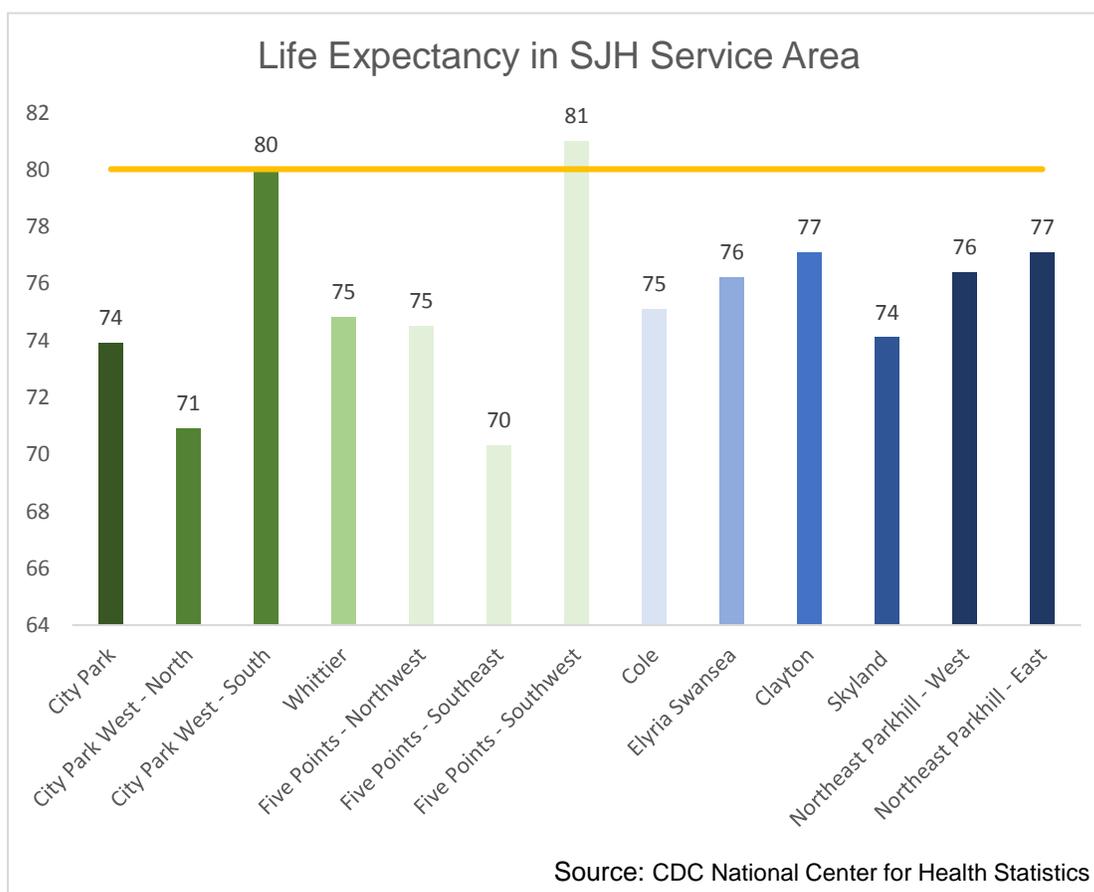
For the past 36 months, SJH continued to build and grow partnerships to address the top needs. Accomplishments to date include (*Partial list*):

- Actively participated in the Mile High Health Alliance and contributed to building the areas first healthcare access hub which provides specialty care referrals to community members, insured by Medicaid, in need of care.
- Provided Mental Health First Aid training to over 200 community members.
- Partnered with Rocky Mountain Crisis Partners to provide immediate and ongoing follow-up to patients presenting in the SJH Emergency Department because of a suicide attempt.
- Continued the tobacco cessation intervention, Ask, Advise, Refer in SJH charity care clinics.
- Screened all inpatients for tobacco use and increased QuitLine referrals.
- Instituted food insecurity screening and referral in all SJH charity care clinics.
- Provided support to local food banks and Senior Support Services, the only day shelter for homeless seniors in Denver.

- Donated unused food from the SJH café to non-profit organization - Senior Support Services (over 5000 lbs. to date).
- Initiated three different community gardens on the SJH campus, growing healthy food for neighborhood residents.
- Partnered with Living Well Showers to provide a mobile shower truck on the SJH campus once per month, offering free showers to people experiencing homelessness in the neighborhood.

## Methodology

Federal regulations governing the CHNA process allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility. The community defined by SJH is comprised of **nine** Denver neighborhoods immediately north of the hospital campus: City Park, City Park West, Clayton, Cole, Elyria Swansea, Five Points, Northeast Park Hill, Skyland, and Whittier. With a 145-year presence in the same neighborhood of Denver, SJH has long served its Mission in this area. This commitment, along with recognition that some of the city’s greatest disparities in mortality exist in these neighborhoods, led to the decision to define northeast Denver as the primary service area for the SJH CHNA.



Community Description

# Denver Data Profile: About the Population

Understanding the population of Denver is critical to creating a clear path to health for Denver residents.



In 2017 Denver was home to 705,885 residents who lived in **78 neighborhoods**



Colorado Department of Local Affairs, 2017 Denver Data, [www.colorado.gov/dola](http://www.colorado.gov/dola)

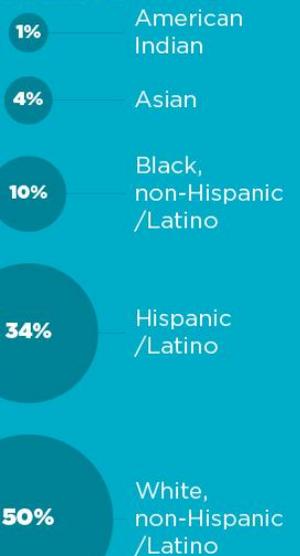
Denver's Population has grown by almost **85,000** people since 2011

or about **2%** population growth every year



Colorado Department of Local Affairs, 2017 Denver Data, [www.colorado.gov/dola](http://www.colorado.gov/dola)

## Race and Ethnicity



Colorado Department of Local Affairs, 2017 Denver Data, [www.colorado.gov/dola](http://www.colorado.gov/dola)

**115,000** Denver residents or 16% live below the federal poverty level which is 4 percentage points more than Colorado (12%)



Denver residents report 10% less household income compared to all of Colorado



American Community Survey, 2012-2016 Denver Data, <https://factfinder.census.gov>

Health is not equal across Denver neighborhoods. Life expectancy can vary from 70 years to 86 years depending on where you live.



Life Expectancy Estimates File for Colorado, 2010-2015. National Center for Health Statistics, 2018

Homelessness in Denver is a major health concern. A 2018 Survey identified **5,317** individuals experiencing homelessness, **30%** of whom are chronically homeless and **4.4%** of whom are transition age youth (**18-24** youth unaccompanied by a parent or guardian)

Homelessness Point in Time Survey, 2018, Metro Denver Homelessness Initiative, [www.mdhi.org/2018\\_point\\_in\\_time\\_report\\_released](http://www.mdhi.org/2018_point_in_time_report_released)



Unemployment in Denver is low. More than 97% of Denver adults were employed in 2017.

97%



Colorado Department of Local Affairs, 2017 Denver Data, [www.colorado.gov/dola](http://www.colorado.gov/dola)

**85%** of Denver residents are high school graduates, compared to **91%** across Colorado



Denver American Community Survey, 2012-2016 Denver Data, <https://factfinder.census.gov>

Visit [www.behealthydenver.org](http://www.behealthydenver.org) for more information

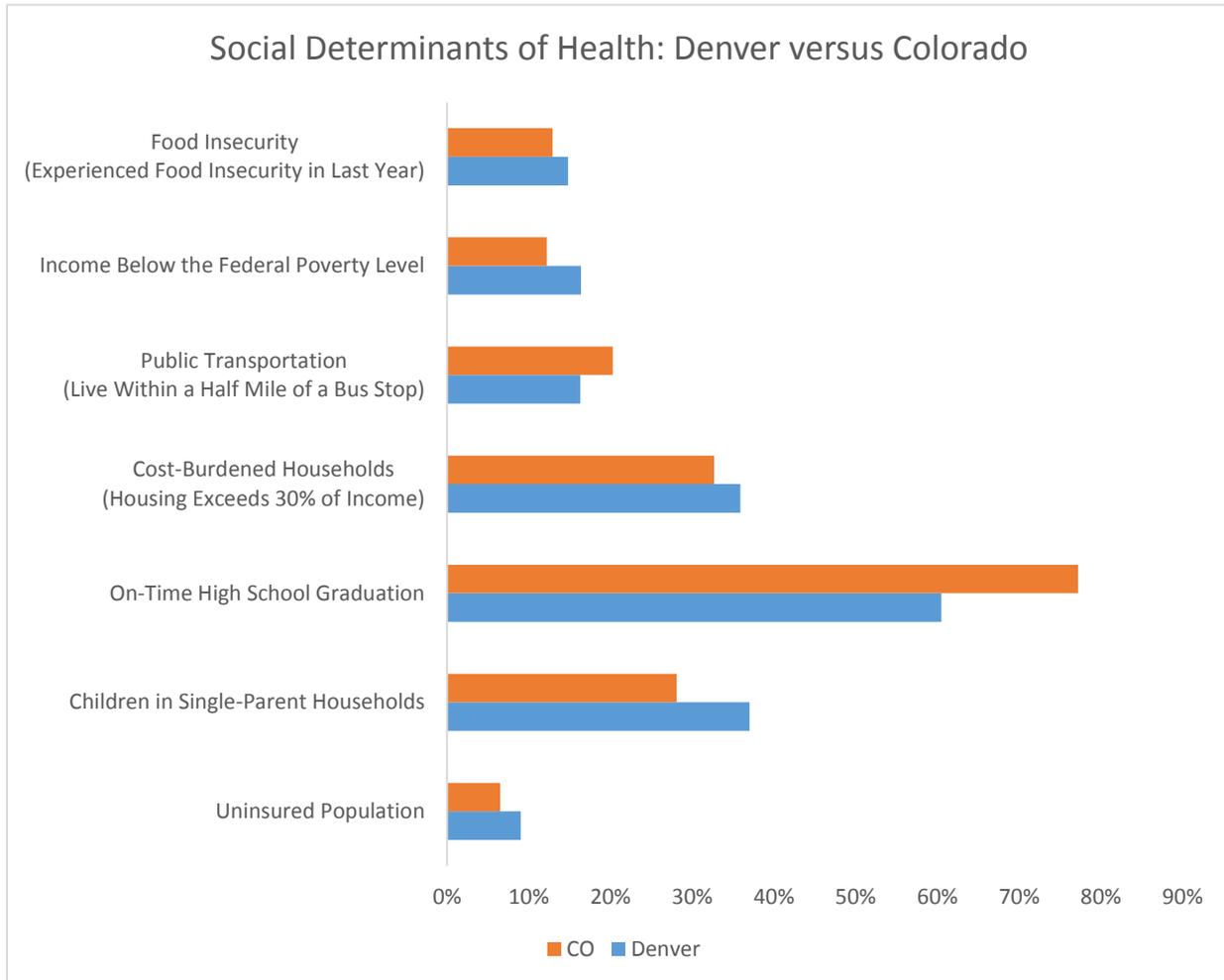


**DENVER** Be Healthy Denver  
PUBLIC HEALTH & ENVIRONMENT  
COMMUNITY HEALTH MATTERS



**DENVER** PUBLIC HEALTH

The social determinants of health are the conditions in which people are born, grow, live, work and age. Often, these conditions are created by inequities within systems of power, money and other resources, and they dramatically influence an individual’s opportunity to be healthy.

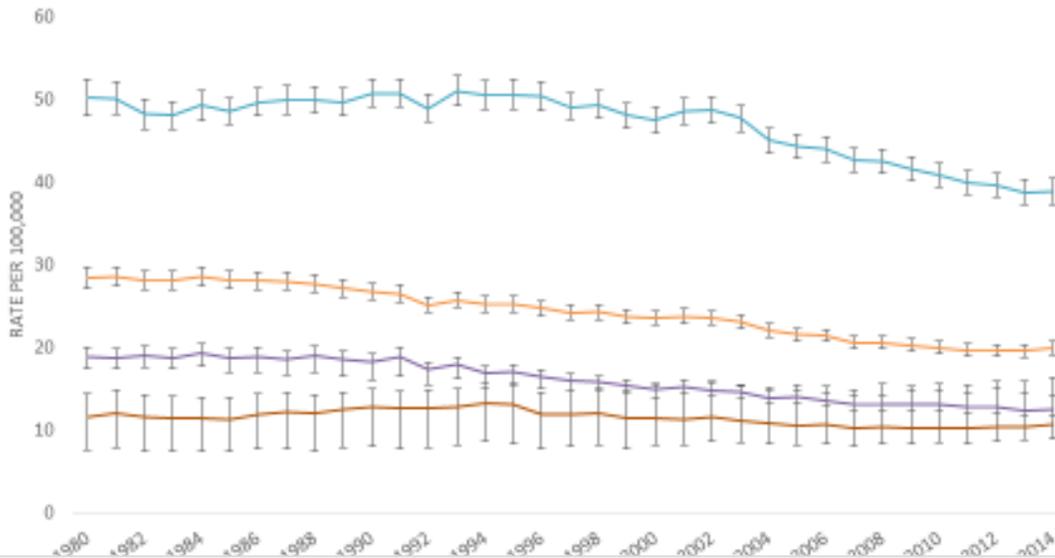


Source: Colorado Health Institute – Snapshot of Denver’s Health

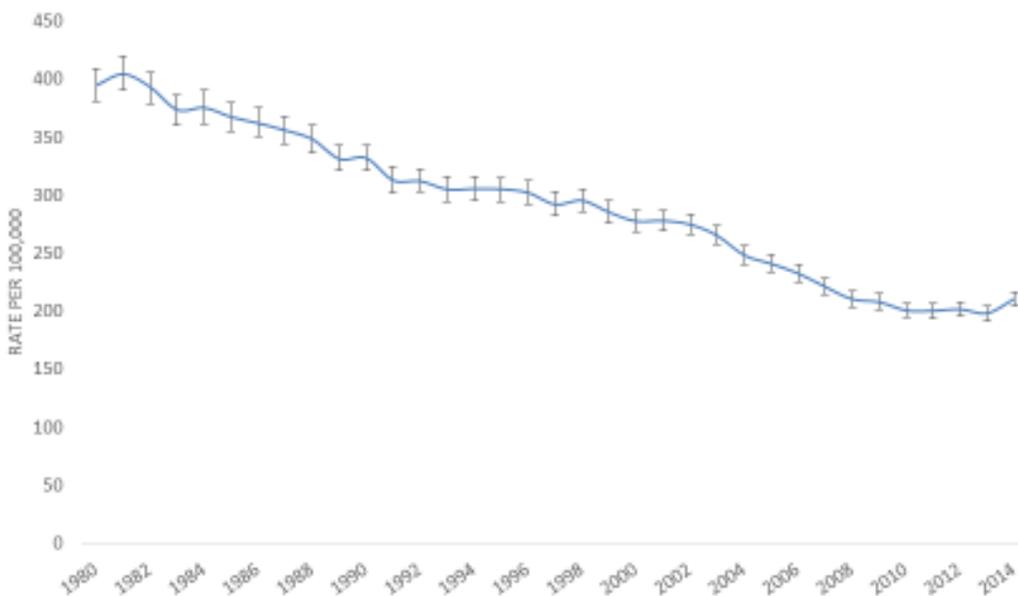
### Health in Denver

While the city of Denver is seeing a record-high life expectancy there is significant variation by neighborhood. Many major diseases and conditions are trending down in 2018<sup>12</sup> but substance abuse is on the rise<sup>15</sup>. One in four Denver residents report binge drinking and suicide and drug- related deaths are increasing<sup>15</sup>. The data that follows is intended to give a snap shot on specific health issues in Denver. Where available, data on northeast Denver is presented all other data represents the city and county of Denver. *For additional information regarding the limitations to this data please see Appendix B.*

## Major Cancer Mortality Rates



## Cardiovascular Disease Mortality Rate

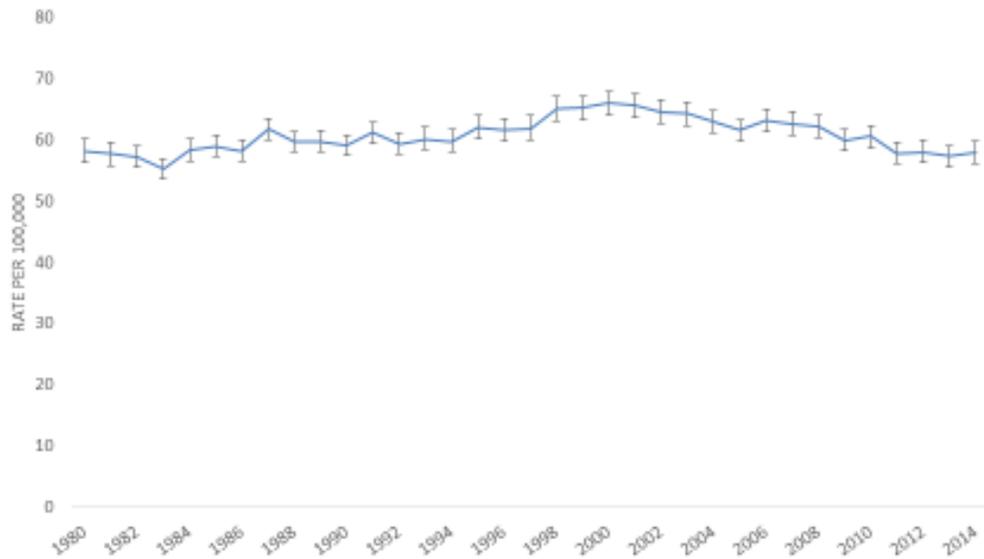


© 2018 Denver Public Health



Source: Institute for Health Metrics and Evaluation

## Chronic Respiratory Disease Mortality Rate

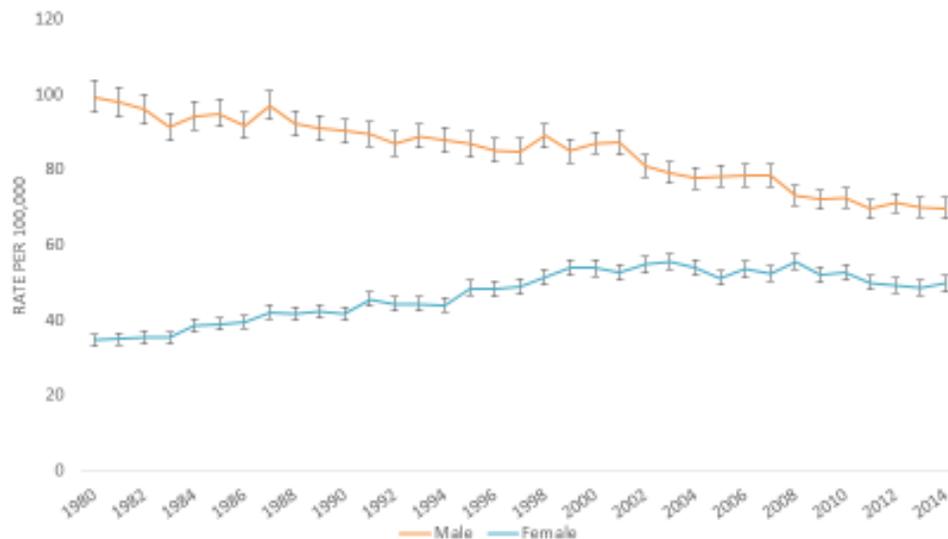


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Source: Institute for Health Metrics and Evaluation

## Chronic Respiratory Disease Mortality Rate, by Sex

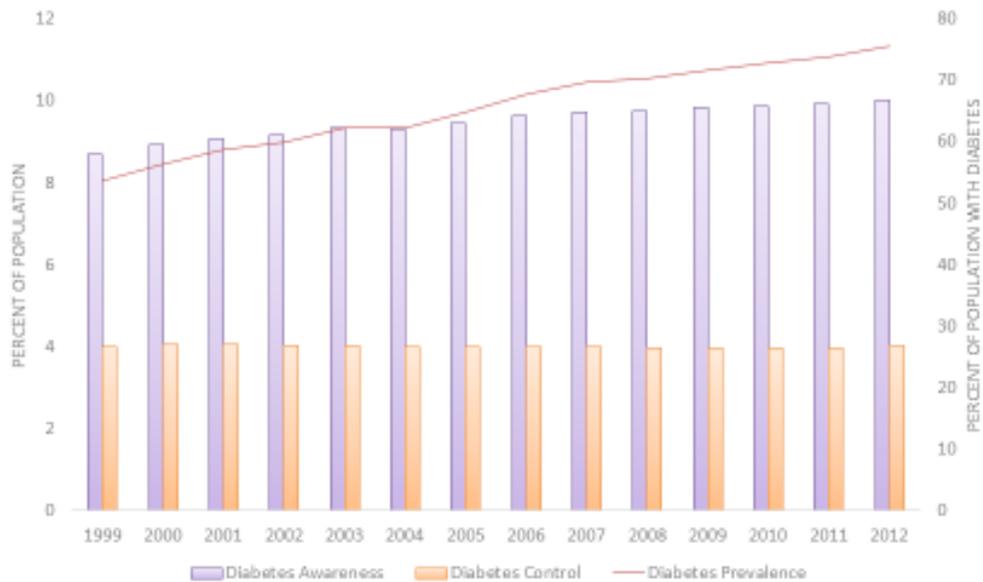


© 2018 Denver Public Health



Source: Institute for Health Metrics and Evaluation

## Diabetes Prevalence, Awareness and Control

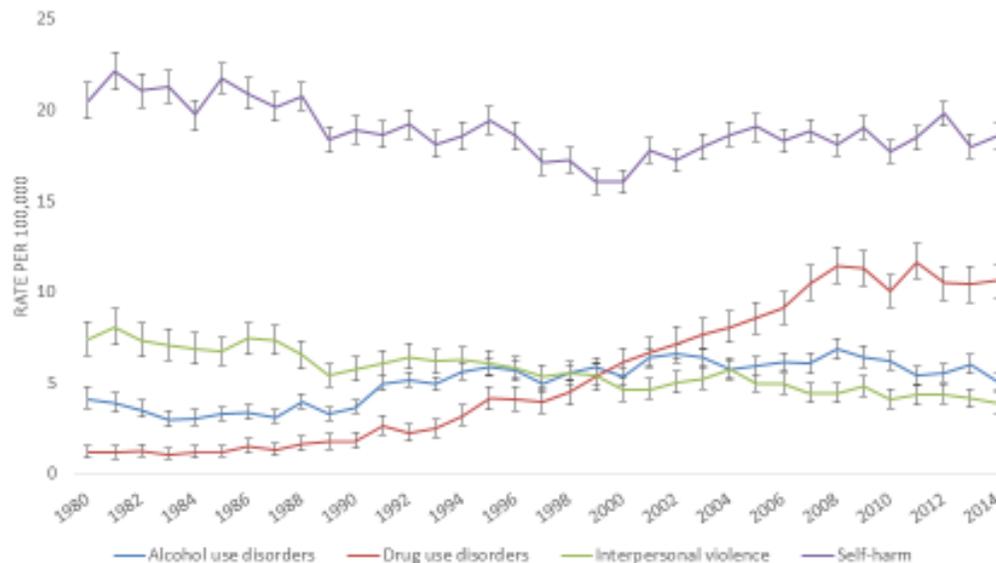


© 2018 Denver Public Health



Source: Institute for Health Metrics and Evaluation

## Diseases of Despair Mortality Rates

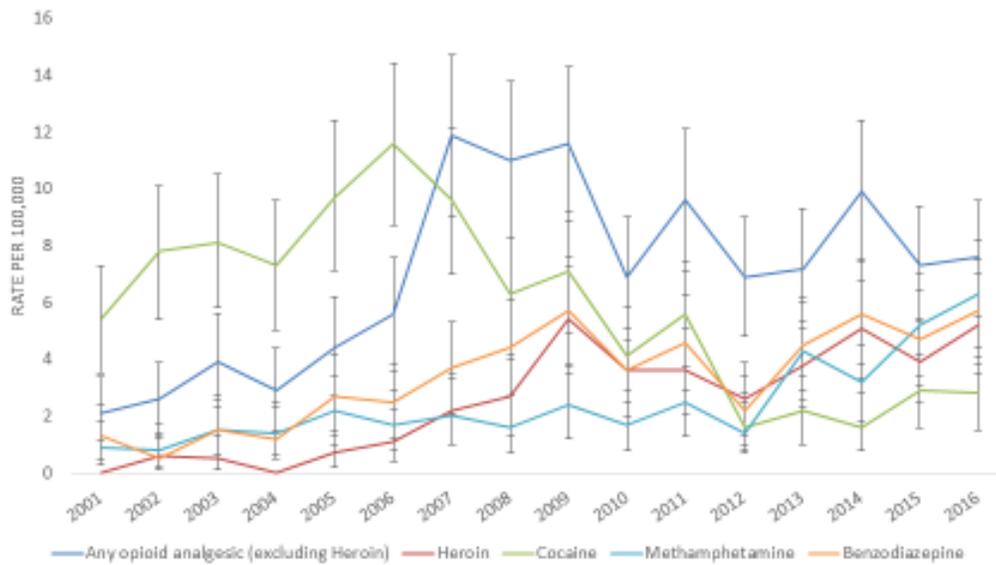


© 2018 Denver Public Health



Source: Institute for Health Metrics and Evaluation

## Drug Poisoning Mortality Rates



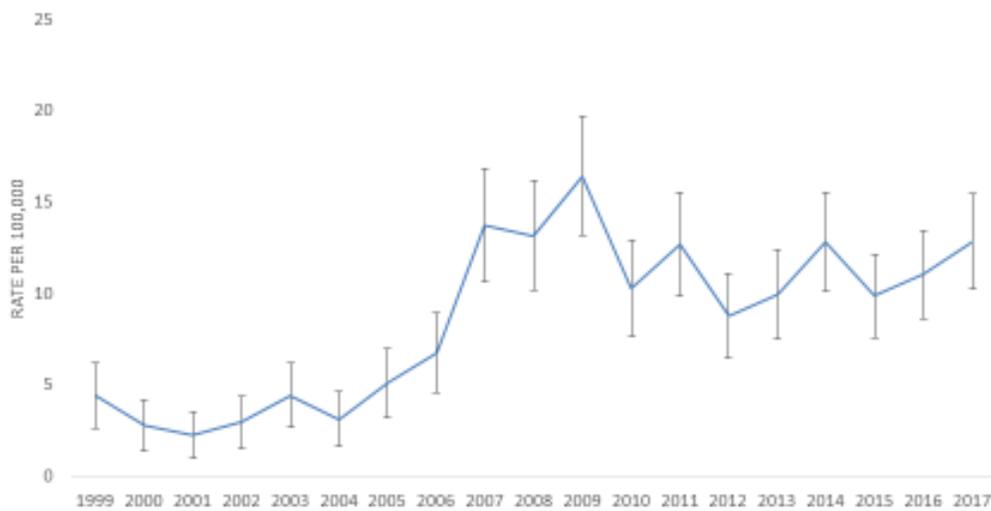
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Source: Vital Statistics - CDPHE

## Drug Poisoning Mortality Rates

Combined Opioid Mortality - Heroin + All Others



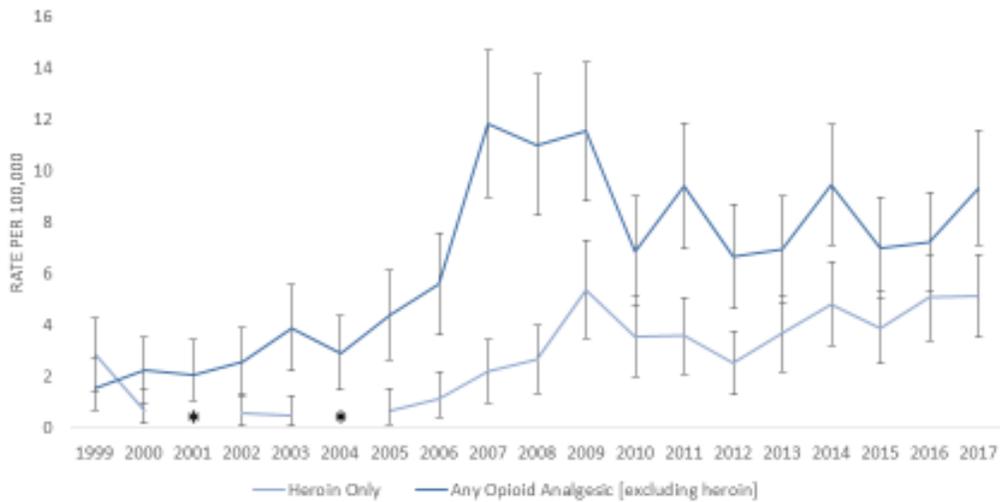
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Source: Vital Statistics - CDPHE

## Drug Poisoning Mortality Rates

Opioid Mortality: Heroin vs. Any Opioid Analgesic



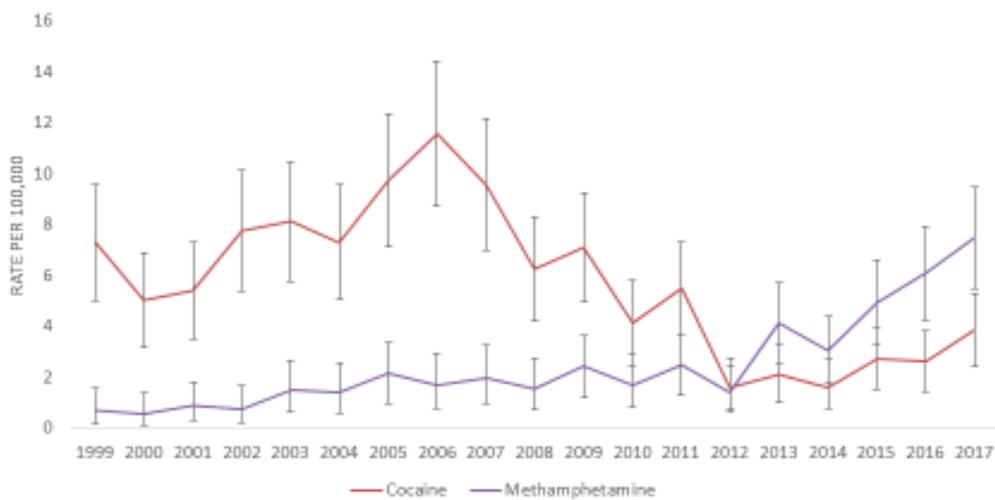
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Source: Vital Statistics - CDPHE

## Drug Poisoning Mortality Rates

Cocaine vs. Methamphetamine Mortality

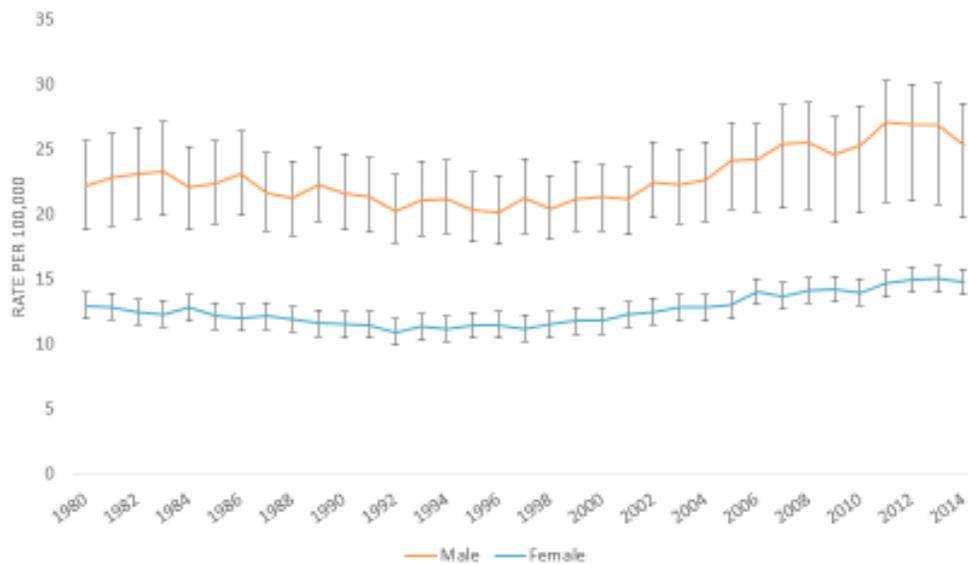


© 2018 Denver Public Health



Source: Vital Statistics - CDPHE

## Cirrhosis and other Chronic Liver Disease Mortality Rates, by Sex



© 2018 Denver Public Health



Source: Institute for Health Metrics and Evaluation

# Denver Data Profile

## About Behavioral Health

Behavioral health is a state of well-being in which every individual can realize their potential, cope with the normal stresses of life, work productively, foster strong relationships, and contribute to their community. Programs and services that support behavioral health focus on promoting emotional well-being and preventing mental illness and substance use disorders.

### MENTAL HEALTH IS AN IMPORTANT COMPONENT OF THE OVERALL HEALTH OF BOTH ADULTS AND YOUNG PEOPLE

In 2016, **15%** of Denver adults reported that their mental health was not good for at least 8 of the last 30 days



**15%** of youth surveyed in 2017 cited mental health as the most important issue affecting their health and expressed concern about stigma and inadequate access to mental health services.



Among a sample of adults seeking healthcare in 2017, **11%** had a depression diagnosis



Almost **1 in 3 (30%)** of high school students reported feeling so sad for at least 2 weeks in a row that they stopped engaging in normal activities.



### UNTREATED BEHAVIORAL HEALTH CONDITIONS CAN LEAD TO SERIOUS HEALTH OUTCOMES.

In the past year, **11%** of high school students and **1 in 3** gay, lesbian, or bisexual high school students considered suicide



Deaths caused by suicide and drugs have increased since 2015 and **more than half (68%)** of Denver suicides were associated with a current depressed mood



### SUBSTANCE USE IS COMMON AMONG INDIVIDUALS STRUGGLING WITH MENTAL HEALTH ISSUES.

In 2016, **19%** of American adults with mental illness met the criteria for a substance use disorder compared to **5%** of adults without mental illness<sup>8</sup>



In the past 30 days, **15%** of Denver high school students binge drank and **21%** of high school students used **marijuana** at least once.<sup>2</sup>



More than one quarter of Denver adults reported **binge drinking** in the past 30 days



### ACCESS TO RESOURCES AND SUPPORTIVE RELATIONSHIPS ARE KEY TO POSITIVE MENTAL HEALTH BUT ACCESS TO MENTAL HEALTHCARE IS A CHALLENGE IN DENVER.

**4 out of 5** of Denver high school students had someone to talk to when feeling sad, empty, hopeless, angry or anxious



In 2017, **10%** of Denver County residents over 5 years of age indicated that they **did not get needed mental healthcare** or counseling services due to **cost, access barriers, and stigma**



### DATA SOURCES USED IN FOR THIS INFOGRAPHIC:

1. Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. 2016 Denver Data, [www.colorado.gov/pacific/cdphe/behaviorsurvey](http://www.colorado.gov/pacific/cdphe/behaviorsurvey)
2. Denver Youth Health Assessment, Denver Public Health Department, 2017
3. Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment. 2017 Denver Data
4. Colorado Vital Statistics Dataset, Colorado Department of Public Health and Environment, 2012-2017 Denver Data
5. Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment, 2004-2016 Denver Data
6. National Survey on Drug Use and Health, 2016
7. Colorado Health Access Survey, Colorado Health Institute, 2017 Denver Data
8. Colorado Health Observation Regional Data Service, 2017 Denver Data



VISIT [www.behealthydenver.org](http://www.behealthydenver.org) for more information

## Childhood Obesity

The average obesity prevalence across Denver neighborhoods was 14.3%; the obesity prevalence by SJH neighborhoods ranged from 2.2% to 26.2%. Comparative percentages for individual neighborhoods can be found in the following table.

Neighborhood Obesity Prevalence Estimates <sup>8</sup>			
Neighborhood	% Obese	Neighborhood	% Obese
Athmar Park	24.92%	Jefferson Park	18.66%
Auraria	---	Kennedy	23.42%
Baker	13.58%	Lowry Field	9.96%
Barnum	24.20%	Mar Lee	22.34%
Barnum West	23.40%	Marston	11.60%
Bear Valley	17.16%	Montbello	21.46%
Belcaro	2.21%	Montclair	7.00%
Berkeley	10.53%	North Park Hill	10.46%
Capitol Hill	10.71%	Northeast Park Hill	19.84%
Central Business District	---	Overland	23.03%
Chaffee Park	22.81%	Platt Park	4.17%
Cheesman Park	9.55%	Regis	12.37%
Cherry Creek	5.37%	Rosedale	6.72%
City Park	7.78%	Ruby Hill	22.02%
City Park West	10.67%	Skyland	19.78%
Civic Center	---	Sloan Lake	10.59%
Clayton	20.95%	South Park Hill	5.59%
Cole	24.46%	Southmoor Park	8.72%
College View / South Platte	21.70%	Speer	10.53%
Congress Park	5.50%	Stapleton	3.79%
Cory - Merrill	6.53%	Sun Valley	19.85%
Country Club	3.65%	Sunnyside	18.94%
DIA	15.57%	Union Station	---
East Colfax	18.62%	University	7.80%
Elyria Swansea	25.25%	University Hills	10.69%
Five Points	15.75%	University Park	5.41%
Fort Logan	18.97%	Valverde	21.73%
Gateway / Green Valley Ranch	16.51%	Villa Park	26.16%
Globeville	20.48%	Virginia Village	14.66%
Goldsmith	17.55%	Washington Park	2.55%
Hale	8.06%	Washington Park West	3.02%
Hampden	15.17%	Washington Virginia Vale	12.79%
Hampden South	11.36%	Wellshire	4.65%
Harvey Park	21.74%	West Colfax	19.82%
Harvey Park South	14.95%	West Highland	6.87%
Highland	14.88%	Westwood	23.14%
Hilltop	5.02%	Whittier	17.02%
Indian Creek	9.70%	Windsor	15.71%

# Denver Data Profile

## About Healthy Environments

Maintaining a healthy environment is central to increasing quality of life and years of healthy life



Despite well-established physical and emotional benefits of regular participation in physical activity, being physically active in Denver is not as easy as it should be.



- **Over half** (53%) of Denver housing units are not within a **1/4 mile** walk of a quality park
- Compared to a motorist, pedestrians are **30 times** more likely and bicyclists are **6.5 times** more likely to die in a motor vehicle crash
- **Only 44%** of high school students were **physically active** for a total of at least 60 minutes per day on five or more of the past 7 days

Some Denver communities do not have many healthy food options. Affordability and access to healthy food can be a major challenge.



- Approximately **27,000 Denver residents** have low income and low access to a full service grocery store, making the purchase of healthy food difficult
- 14% of high school students went hungry sometimes or all the time in the past 30 days as a result of lack of food at home
- Roughly 127,000 Denver households are eligible for supplemental nutrition assistance program (SNAP) but more than 45,000 household are not enrolled
- Less than 1/3 (28%) of high school students eat 2 daily fruit servings and 16% drink at least one daily sugar sweetened beverage

Only 1 in 3 high school students report eating breakfast on all of the past 7 days

Being physically active helps to maintain a healthy weight. Many adults and children are at an unhealthy weight, increasing their risk for diabetes.



- **30%** of Denver Public School Students between 2 and 17 years are at an overweight or obese BMI
- Among a sample of Denver adults (20 years of age and older) seen for healthcare, only **1/3** were at a healthy weight and **11%** were diagnosed with diabetes

### Data sources used in this infographic:

- Vision Zero Traffic Injury Report, Denver Police Department Data from 2011 to 2016.
- Healthy Kids Colorado Survey, Denver Data from 2016/2017 school year
- Food stamp 2018 Impact reports, Denver Data from 2016
- 2015 United States Department of Agriculture (USDA) Food Atlas
- Colorado Health Observation Regional Data Service, Data from 2016 and 2017
- Denver Public Schools Height and Weight Screening Data, Data from 2017/2018 School Year
- City and County of Denver, Department of Community Planning and Development, 2014

Visit [www.behealthydenver.org](http://www.behealthydenver.org) for more information



**DENVER** Be Healthy Denver  
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COMMUNITY HEALTH MATTERS



## Identification and Prioritization of Significant Health Needs

In March 2017 SJH Community Benefit staff met with representatives from DPH and DDPHE to begin the process of identifying existing health needs facing northeast Denver. Quantitative and qualitative data sources were used to inform this process. In addition to the data presented here, other quantitative data was obtained from multiple sources including the 2014 Health of Denver Report, [https://www.denvergov.org/content/dam/denvergov/Portals/746/documents/2014\\_CHA/Full%20Report-%20FINAL.pdf](https://www.denvergov.org/content/dam/denvergov/Portals/746/documents/2014_CHA/Full%20Report-%20FINAL.pdf), The Colorado Department of Health and Environment's Health Equity Map, [https://www.cohealthmaps.dphe.state.co.us/cdphe\\_community\\_health\\_equity\\_map/](https://www.cohealthmaps.dphe.state.co.us/cdphe_community_health_equity_map/) and other resources developed at a neighborhood level by Denver Public Health. Additionally, qualitative data was collected through two Community Input Sessions performed by SJH and DDPHE.

Data was reviewed over two sessions with the intent of identifying a preliminary list of the most prominent health issues for a larger group to consider for prioritization. Significant health needs were identified taking into consideration the size and seriousness of the problem (*how it affects individuals, families, and communities*). Through this analysis, a list of significant health needs were identified and included:

- Access to Care
- Behavioral Health/Substance abuse
- Childhood Obesity
- Dental Care
- Economic Instability
- Food Insecurity
- STI Prevalence

## Significant Health Needs Summarized

### *Access to Care*

Approximately 10 percent of overall health may be attributed to the ability to access high quality, affordable and timely health care. Better access to care prevents disease, allows for early treatment when illness occurs, and reduces the severity of future disease. In 2018, nine percent of the Denver population had no medical insurance coverage. In the SJH service area the spectrum of uninsured individuals ranges from seven percent uninsured in the City Park neighborhood to 20 percent uninsured in the Elyria Swansea neighborhood.

### *Behavioral Health/Substance abuse*

Those who suffer from substance use disorders are twice as likely to suffer from mental illness like mood and anxiety disorders. More than 1/3 of Denver adults report at least one poor mental health day in the past month.

Excessive alcohol consumption, including binge drinking, heavy drinking and underage drinking, is harmful to health and well-being, potentially leading to increased risk of health issues. Prescription drug misuse and illicit drug use can also have significant health, economic and social consequences.

*Current sub-county data was not available.*

## Childhood Obesity

In 2017 the average obesity prevalence across Denver neighborhoods was 14.3%; the obesity prevalence within the SJH neighborhood's ranged from 7.7% to 25.2%, with over half showing percentages well above the state average 10.7%. Percentages for individual neighborhoods can be found in the following table:

Neighborhood Obesity Prevalence Estimates	
Neighborhood	% Obese
City Park	7.78%
City Park West	10.67%
Clayton	20.95%
Cole	24.46%
Elyria Swansea	25.25%
Five Points	15.75%
Northeast Park Hill	19.84%
Skyland	19.78%
Whittier	17.02%

## Dental Care

Good oral health contributes to overall good health. Cavities are the most common childhood illness and can continue into adulthood. Fourteen percent of children screened in Denver had untreated cavities. Four out of 10 Denver adults didn't see a dentist last year. All dental decay is preventable and routine preventative dental visits are now covered by Colorado Medicaid and CHIP+. With an extensive population of individuals and families covered by Medicaid in the SJH service area, there is opportunity to raise awareness about this insurance coverage and connect families to care through resource referral.

## Economic Stability

Economic status plays a major role in access to education, health care, and housing to name a few. Public health research within the context of the Social Determinants of Health now draws a greater correlation between economic conditions and conditions of health and well-being. With support from Denver Public Health, we were able to leverage a GIS mapping and analytics tool to gain neighborhood specific data about poverty, education, language and un-/underinsurance levels. A link is provided below this important data:

[https://urldefense.proofpoint.com/v2/url?u=http-3A\\_dhha.maps.arcgis.com\\_apps\\_MapSeries\\_index.html-3Fappid-3Dc7ca96c41cf54f62a825c639fec07d2c&d=DwMFAg&c=3XK8O7YER0cC6JEKE6ep0w&r=SYVLXuKcN9ma-bJkmQisF2Hfr2xO8R9RZHXSzxe3G38&m=Mxh6OfFGr\\_8\\_EH1Ym6ldvcNpcGnE-8ktJby3QjWtnmc&s=sxfAO1SqQzrawuE0ePr2ubuHaKaAYoRBB-XYw4Psq4E&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_dhha.maps.arcgis.com_apps_MapSeries_index.html-3Fappid-3Dc7ca96c41cf54f62a825c639fec07d2c&d=DwMFAg&c=3XK8O7YER0cC6JEKE6ep0w&r=SYVLXuKcN9ma-bJkmQisF2Hfr2xO8R9RZHXSzxe3G38&m=Mxh6OfFGr_8_EH1Ym6ldvcNpcGnE-8ktJby3QjWtnmc&s=sxfAO1SqQzrawuE0ePr2ubuHaKaAYoRBB-XYw4Psq4E&e=)

## Food Insecurity

Society has long acknowledged the direct health impact of how and what we eat. For some Denver communities access to healthy and affordable food options pose a major challenge to improving their health.

Approximately **27,000 Denver residents** have **low income** and **low access to a full service grocery store**, making the purchase of healthy food difficult.

**14%** of high school students **went hungry** sometimes or all the time in the past 30 days as a result of lack of food at home.

Roughly **134,390 Denver households** are eligible for the supplemental nutrition assistance program (SNAP) but only 62% of eligible households are enrolled.

Five of the nine neighborhoods in the SJH service area are food deserts.

*STI Prevalence*

Denver has much higher rates of Chlamydia and HIV/AIDS than the state of Colorado:

	HIV/AIDS	Chlamydia
Denver	1,176 per 100,000	911 per 100,000
Colorado	268 per 100,000	415 per 100,000

**Process**

These findings were presented in May 2017 to the SJH Community Health Outreach and Implementation Council (CHOIC), an interdisciplinary group of hospital providers and external stakeholders (attendee list, Appendix A), who provided input. Summaries of the data were reviewed and the group used the Colorado Health Assessment and Planning System

Instructions: Rate each issue according to each criteria on a scale of 1 to 3 with 1 = "no" 2 = "somewhat" and 3 = "yes".					
	Significance to Community Health		Capacity to Address the Issue		Priority
	Does the issue impact a large number or high percentage of people in our community?	Do health disparities exist? (Are sub-populations more affected than the public?)	Is a local organization prepared to take the lead on the issue?	Are sufficient resources (funding, staff, and expertise) available or obtainable?	Rate 1-7 in order of importance to address.  1= Least Important  7=Most Important
Behavioral Health/Substance Abuse	2.83	3.0	2.83	2.83	6.16
Economic Instability	2.66	3.0	2.66	2.66	5.16
Access to Care	2.83	2.83	2.83	2.83	4.0
Food Insecurity	2.66	2.83	2.66	2.83	3.83
Dental Care	2.33	3.0	2.33	2.33	3.6
Childhood Obesity	2.66	3.0	2.83	3.0	3.0
STI Prevalence	2.33	2.66	2.33	2.83	2.16

Prioritization Scoring Tool to rate each health priority considering impact on community, disparities, capacity to impact, and overall importance to address. It was noted that of the significant health needs facing northeast Denver, most were driven by economic instability and the group suggested exploring this topic further. Input from this group resulted in the following prioritization: (chart above)

In August 2017 DPH and DDPHE presented to CHOIC a neighborhood-level profile of the economic conditions in the identified service area  
[https://urldefense.proofpoint.com/v2/url?u=http-3A\\_dhha.maps.arcgis.com\\_apps\\_MapSeries\\_index.html-3Fappid-3Dc7ca96c41cf54f62a825c639fec07d2c&d=DwMFAq&c=3XK8O7YER0cC6JEKE6ep0w&r=S YVLXuKcN9ma-bJkmQisF2Hfr2xO8R9RZHXSzxe3G38&m=Mxh6OfFG8 EH1Ym6ldvcNpcGnE-8ktJby3QjWtnmc&s=sxfAO1SqQzrawuE0ePr2ubuHaKaAYoRBB-XYw4Psg4E&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_dhha.maps.arcgis.com_apps_MapSeries_index.html-3Fappid-3Dc7ca96c41cf54f62a825c639fec07d2c&d=DwMFAq&c=3XK8O7YER0cC6JEKE6ep0w&r=S YVLXuKcN9ma-bJkmQisF2Hfr2xO8R9RZHXSzxe3G38&m=Mxh6OfFG8 EH1Ym6ldvcNpcGnE-8ktJby3QjWtnmc&s=sxfAO1SqQzrawuE0ePr2ubuHaKaAYoRBB-XYw4Psg4E&e=)

CHOIC recommended that primary data collection should be focused on understanding community perspective as it relates to economic instability in our service area.

## Primary Data Collection

### *Process for Community Input*

In August and September 2018, SJH convened two groups of community stakeholders to provide input on the CHNA process. The first input session was held at Metro Caring, a frontline anti-hunger organization located near SJH that primarily serves the northeast (NE) Denver neighborhoods. Participants were recruited by Metro Caring staff through their day-to-day operations. The group was representative of the NE Denver neighborhoods demographically and nearly half of all participants resided in NE Denver. Participants were provided a meal cooked by SJH and Metro Caring staff and a \$25 gift card to a nearby grocery store as compensation. The facilitation of the session was conducted in English, but Spanish and Mandarin translation were used as well.

The second focus group was held at SJH. Community members were recruited through a SJH satellite clinic primarily serving low-income expectant mothers and their families. The group was primarily comprised of residents of NC Denver of Hispanic origin. Participants were provided a meal and a \$25 gift card to a local grocery store as compensation for their time. The facilitation of the session was conducted in English, however, every participant utilized Spanish translation at some point throughout the session.

The community input sessions were conducted in the same manner to preserve integrity to the process and the ability to combine results from all participants. There was a total of 57 community members between the two sessions, 42 of which completed the demographic handout. Each session was 90 minutes long with structured discussion for about 60 minutes. The first 20-30 minutes included an overview of the CHNA process, the role and responsibilities for the people attending the session and an explanation of the data we were collecting and the intended use. A copy of this report is available to community members who attended the input sessions and the community at-large.

Table I (below) shows the distribution of participant's ethnicity. Nearly 60% of people identified as Hispanic or Latino. This is particularly indicative of the NE Denver neighborhoods which have one of the highest rates of Hispanic/Latino residents of any neighborhood in Denver. It is important to note that while participants in the sessions were recruited through both Metro Caring and SJH, only 57% indicated they had ever been to SJH.

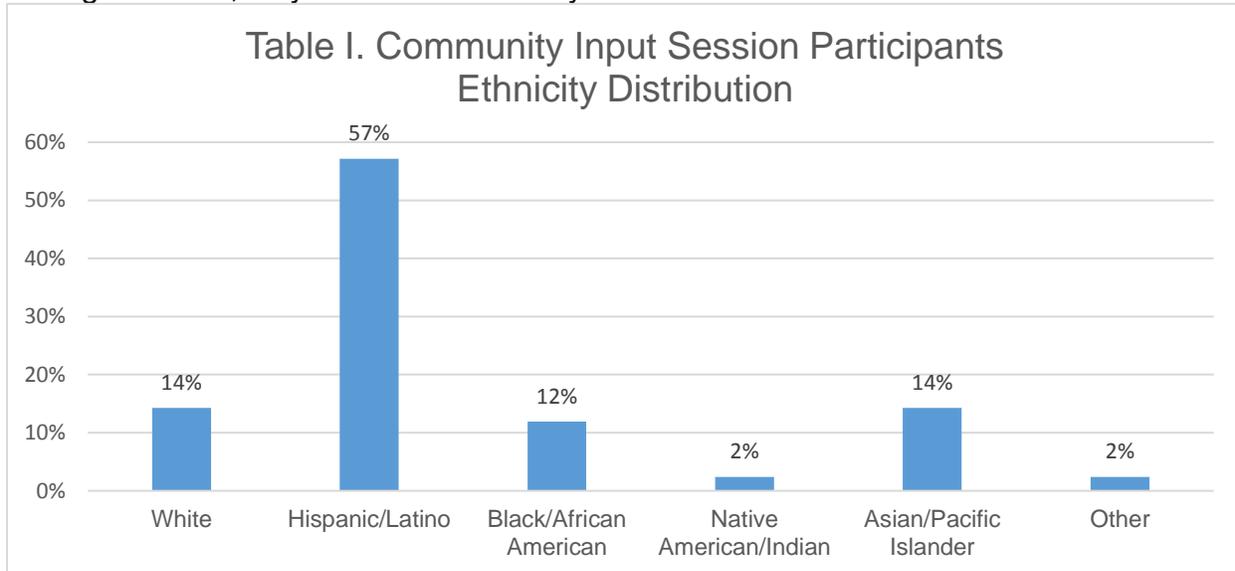
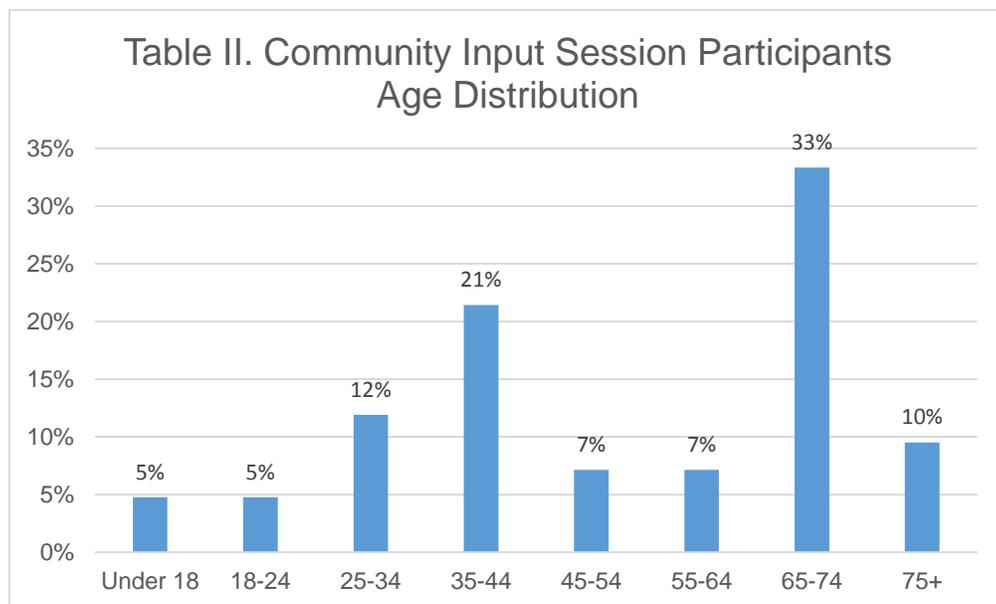


Table II (below) shows the distribution of participant's age. There was adequate spread across the life-cycle skewing slightly to either under the age of 44 or over the age of 65. Children and family members were invited to each session, many of which were not counted in the overall number of participants (many were children too young to participate and daycare was provided).



The community input sessions focused primarily on three questions.

1. What are the primary issues regarding economic stability in NE Denver?
2. How can Saint Joseph Hospital address these issues?

### 3. Of the following strategies, how would you prioritize them?

The group spent about 10-15 minutes discussing each question and writing all answers on sticky notes. Every written answer was recorded for the purposes of this analysis, including translation of any notes provided in Spanish. People were asked to share a few examples of their answers which prompted either agreement or further discussion on the topic. The statements on sticky notes were clarified if there was any confusion prior to moving to the next question. For question #3, SJH provided five examples of how the system could support economic stability directly in NE Denver. The options provided were:

1. Provide mentors to juniors and seniors in the neighborhood high school from Saint Joseph staff
2. Provide job shadowing to people from the neighborhood interested in possible careers in healthcare or related types of work
3. SJH works toward hiring locally as possible for open positions in the hospital
4. SJH establishes a policy to purchase locally when possible (this would apply primarily to material and labor contracts)
5. SJH provides funding to community based non-profits working to address economic stability in NE Denver

All data from the two community input sessions were transcribed verbatim and prepared for analysis. A team of six people (three SJH staff, one intern at the hospital, one partner from the American Heart Association and one partner from the Denver local Public Health department) coded the data into themes. To have inter-rater reliability, every reviewer coded every statement and the assigned themes were checked for consistency. Only statements that were coded the same way by at least four reviewers were included in the results.

## Results

### *What are the primary issues regarding economic stability in NE Denver?*

The two community input sessions yielded 57 responses to the first question regarding the issues facing economic stability in NE Denver and 73 responses to the question about what Saint Joseph Hospital can do to address the identified issues. Each response was coded into five general themes: economic, social connectedness, hospital operations, corporate support and other. It was noted that education could have been a sixth theme for coding, however, most comments coded as 'education' would have also fallen into one of the previous five themes. For the purposes of the analysis, education can be considered an approach to addressing the identified issues, but is not unique to the initial five themes identified.

The majority of identified issues were related specifically to economics (33 responses out of 57). Some examples include:

*“Cost of rent is too high”*

*“Lack of affordable housing in the neighborhood”*

*“Not enough good paying jobs”*

There was a clear skew toward social issues (availability/affordability of nutritious food, good housing, health insurance etc.) and the cost of living going up in general which puts a strain on

the communities' ability to be healthy and economically stable. This is a trend in the greater Denver area. As the population of Denver grows rapidly, the number of available jobs and opportunities have been limited. This is particularly salient when considering relatively stagnant wages over the last five years. As has been a trend across the country, even with the improving economy, wages have been slow to increase proportionally.

The second theme most commonly applied was social connectedness (13 responses out of 57). These comments related primarily to crime and a lack of neighborhood supports for people to engage with each other in positive ways.

*“Lack of good people caring about this neighborhood”*

*“Crime”*

*“NE Denver has a high drug problem”*

The responses in this category indicate problems with the presence of gangs, high rates of drug use, a lack of police presence and not enough opportunities or locations for people to recreate and connect with each other positively. Whether these are real or perceived problems, this was noted as a specific barrier to NE Denver residents being economically stable.

*How can Saint Joseph Hospital address these issues?*

The primary theme of responses to this question were specific to SJH operations. Participants indicated SJH could provide additional financial supports to patients in their system, expand the availability of free or low-cost services and support non-profit or community based organizations to provide additional social supports to residents in NE Denver. Specific responses include:

*“Make services free for the poorest members of the community”*

*“Provide more time/flexibility to pay high/large bills”*

*“Provide access to everyone regardless of immigration status”*

Many of the suggested approaches to address these issues already exist within the SJH system, however, there may not be broad awareness or understanding of what they are and how they work. This is indicative of the need for additional education and reaching members of the community that are clearly not being reached by SJH currently.

*Of the following strategies, how would you prioritize them?*

SJH took the first step in identifying ways they could address economic stability in NE Denver. The following strategies were presented to participants:

1. Provide mentors to juniors and seniors in the neighborhood high school from Saint Joseph staff
2. Provide job shadowing to people from the neighborhood interested in possible careers in healthcare or related types of work
3. SJH works toward hiring locally as possible for open positions in the hospital

4. SJH establishes a policy to purchase locally when possible (this would apply primarily to material and labor contracts)
5. SJH provides funding to community based non-profits working to address economic stability in NE Denver

People were then asked to take three sticky dots and “vote” for the strategies they felt were most salient and impactful to residents in NE Denver. The two strategies that resonated most strongly with community members were providing mentors to high school juniors and seniors (25% of total votes) and providing funding to community based non-profits working to address economic stability (31% of total votes). It is worth noting that all five strategies received a reasonable number of votes. Local purchasing was the strategy receiving the lowest number but still received 12% of total votes.

## Discussion/Recommendations

Based on the responses from community members and agreement from the team reviewing the comments, some specific recommendations for SJH emerged:

- Consider modifying how insurance is accepted, or at least communicate exactly how and what insurance is accepted. This would work to address the situation where people make just enough money to not qualify for public assisted insurance.
- Consider having a more user-friendly payment plan for bills that considers non-traditional income. Not everyone gets a regular pay check every two weeks but can make payments if offered the opportunity.
- Take more Saint Joseph Hospital services into the community. Consider holding classes in other locations and with other partners. Consider offering off-site services as much as possible. This will help with access to services as well as the social connectedness for SJH as an institution.
- Consider better marketing and communications of SJH services directly to the people that need it most. This could include Spanish radio, Spanish television and through trusted community based organizations (metro caring, churches, community centers, etc.)
- Consider using all the assets available from SJH. As an employer of many people. As a large purchaser of goods and services. As a potential political voice both in the City and State.

Appendix C and D contain a full list of community comments.

## Selected Areas of Focus

After analysis of available data, stakeholder prioritization, community input and considering the hospital’s ability to impact and current momentum, the following three significant health needs are the focus of the SJH Community Health Improvement Plan:

1. Behavioral Health/Substance Use
2. Economic Instability
3. Food Insecurity

## Areas Not Addressed

All of the identified significant health needs are important to SJH, and the hospital is realistic that to make a difference in the three areas identified as top priorities, the hospital must focus its leadership, time, and resources on the selected needs. Limitations of funding and staff expertise at the hospital level, absence of grant resources to support lower ranking work, as well as input from the SJH community and stakeholders were seen as barriers to effectively addressing the unselected needs. There is also a strong belief that by focusing on economic instability, a powerful social determinant of health, many other areas of health will be positively impacted.

## Acknowledgements

We would like to thank all of the community members and partners who made this report possible.

*Community members and partners:*

Abbie Steiner

Be Heard Mile High

Civic Canopy

Community Health Outreach and Implementation Council

Denver Department of Public Health and Environment

Denver Public Health Department

Denver Public Schools

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Inner City Health Center

Jamie Smith

Kaiser Permanente

Lanea Hand

Metro Caring

Senior Support Services

Sister Jennifer Gordon

Tristan Sanders

## References

- 1 American Community Survey, 2012-2016 Denver Data, <https://factfinder.census.gov>
- 2 Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment, 2016
- 3 Colorado Department of Local Affairs, 2017 Denver Data, [www.colorado.gov/dola](http://www.colorado.gov/dola)
- 4 Colorado Health Access Survey, Colorado Health Institute, 2017 Denver Data
- 5 Colorado Health Observation Regional Health Service, 2017 Denver Data
- 6 Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment, 2004-2016 Denver Data
- 7 Colorado Vital Statistics Dataset, Colorado Department of Public Health and Environment, 2012-2017
- 8 Denver Public Schools Height and Weight Screening Data 2015-2017, Denver Public Health Department
- 9 Denver Youth Health Assessment, Denver Public Health Department, 2017
- 10 Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment, 2017 Denver Data
- 11 Homelessness Point in Time Survey, 2018, Metro Denver Homelessness Initiative
- 12 Institute for Health Metrics and Evaluation
- 13 Life Expectancy Estimates File for Colorado, 2010-2015. National Center for Health Statistics 2018
- 14 National Survey on Drug Use and Health, 2016
- 15 Vital Statistics – Colorado Department of Public Health and Environment

## Appendix A Community Health Outreach and Implementation Council

Cherise Calligan	Director, Graduate Medical Education Clinics	Saint Joseph Hospital
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Emily McCormick	Epidemiologist	Denver Public Health
Tristan Sanders	Program Manager	Denver department of Public Health and Environment

## Appendix B

### Data Limitations

#### Timeliness

There can be a lag between when data is collected and released. For instance, data collected in one calendar year may not be available for six months, or longer, after the close of that year.

#### Completeness

Data can be incomplete for various reasons related to data collection, such as specific question or question wording changing year-by-year, specific populations not counted consistently or at all, or missing data elements due to errors in data entry.

#### Accuracy

Data can be inaccurate due to measurement errors, coding errors, or analytic errors. We do not know that people who respond to surveys are similar to those who do not respond; people who decide to respond may do so because of a motivation that someone else may not have. The error that may occur due to the people who respond - and their unknown motivations - is called response bias.

#### Small Numbers

Most of the data used in this report are based on samples of the population. If a sample is very small, it can create unstable estimates; caution must be used in their interpretation. Small samples or events that occur to a small portion of the population need to be displayed carefully so as to not identify an individual.

#### Geographic Relevance

Much of the data used in this report is at a county level. Where possible, sub-county level data was used to represent the nine neighborhoods in the service area.

## Appendix C Community Input Session Responses

Issues facing northeast Denver:

<b>Responses</b>
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Access to medical care for low income people and undefined immigration status

Cost of rent is too high

Lack of affordable housing

Crime

Mental health issues

Homelessness

Addiction

Homelessness

Gang members

Educational opportunities

Crime

Lack of corporate support for small businesses

Housing

Education

Low property ownership

Property crime

Laws in favor of landlords and not tenants

Lack of good people caring about this neighborhood

Better paying jobs, not just minimum wage

People loving one another

Equalizing rent vs. pay

Need for more training, particularly a

TRADE if not able to afford college

Entry level jobs availability

Loss of housing

Availability of fresh food

Rent is too high

Not enough educational opportunities

Schools are creating robots and not real people

Lack of corporate support for community events

Immigration status

Lack of good jobs

Not enough good paying jobs for seniors  
who need to work after retirement  
Lack of decent paying or full time jobs  
Lack of affordable housing  
Hungry children  
Expensive child care  
Child abuse  
Communication with neighbors  
Higher rent, salary still the same  
High cost of living  
More low income housing  
Need higher pay, not just minimum wage  
Abused people, children  
NE Denver has a high drug problem  
Lack of police presence  
Housing  
Need better paying jobs  
Rent went up (too much) and hourly pay is  
minimal  
Every day the price of things becomes  
more and more expensive (example: food,  
bills, rent, etc.)  
Housing for rent is too expensive, people  
have to sacrifice their health just to have a  
roof to sleep under  
Everything went up (*assuming prices*) since  
the legalization of marijuana  
A dramatic increase in the population  
Jobs available to Hispanic/Latinos  
High requirements to get insurance, high  
premiums and copays  
Marijuana  
Housing  
Transportation

## Appendix D Community Input Session Responses

What can Saint Joseph Hospital do?

### Responses

Communicate clearly in the primary language of the neighborhood  
Curing cancer sooner and helping people cope with death  
Support for families in crisis  
More wheel chairs  
More kidney transplants  
Departments could volunteer proceeds from medical staff lunch drives to fund a community food bank  
Putting in community garden spaces and teaching participants how to get the best value and yield from their plots  
More free classes  
Expand pharmacy hours and locations  
More nutritious food in the hospital, veggie and cheese platters  
Make "walk arounds" to people in the building asking them if they are ok or need anything  
Volunteers to have them talk to the grieving people  
Give nutrition classes at Metro Caring for bariatric, diabetic, and cardiovascular patients, etc.  
Funding educational opportunities for community members  
Open a seasonal food bank serving the community (wintertime)  
Technology equipment for people after they have classes for their job, the equipment needs to be affordable  
Have a great smoke out on 8/20 for Denver from NJH and St. Joes  
Group meeting remind people of their appointment and talk to each other about their problems  
Employ more people from the community  
Provide scholarships for college

Appropriate MH (mental health) services  
Education for MH professionals  
Create safe spaces for people in crisis to gather  
Support some orgs that are addressing issues in the area  
Keep wanting to help our community - thanks  
Making resources available and affordable for people  
Hold classes for all ages - for retraining programs  
Make services free for the poorest members of the community  
Have some classes about needed issues for the community  
Teaching events for healthy living or sponsor healthy living events  
Create or expose the youth to healthcare careers  
Have opportunities that help improve their economic living  
Provide access to everyone regardless of immigration status  
More bilingual staff  
Do not be fearful about speaking to those in power and offer them solutions - often they don't know  
Assist people in practicing gratitude while being aware of community difficulties  
Really listening and taking serious our issues  
Sponsor an affordable farmers market  
Provide visits (RN and MD) to senior housing apartments  
Offer more prevention programs  
Accept people who don't have insurance  
Provide good paying jobs to community members  
Open more mental health facilities  
Create training and job opportunities

Choose a community business like PK management that has many low income housing communities and do a cancer run to help fund social service programs in the buildings  
Access to education for higher paying jobs  
Have a health fair just from St Joes and NJH but for the whole community  
Do a race with the recreation center for respiratory health  
Having more professional with empathy and understanding  
Help these people feel like they are not alone  
Have interpreters for medical visits  
Need more places like Metro Caring in other neighborhoods  
Open a second hand store for the community and it would benefit community orgs and a department of choice in the hospital  
Communicate with neighbors about plans and resources from the hospital  
Campaign for better paying jobs  
Providers should educate about child abuse, diabetes and child obesity  
Promote education at schools about healthy diets  
Provide a medical program for low income families  
Connect to all local organizations with resources  
Promote a campaign against child abuse  
Do educational tents at festivals  
Provide more time to pay high/large bills (*assuming medical bills*)  
Have better personnel to attend to “people” when making or renovating annual plan  
Offer health prevention programs  
More affordable health care to qualify more people into your amazing health program  
Sliding scale pay plans for care



Access to insurance for people with  
variable incomes  
Outreach to the faith community with  
health information  
Help people who make just enough  
money to not qualify for Medicaid  
There is a perception that just walking  
into the hospital is expensive  
Make everything cheaper  
Make it clear that St. Joes is accessible  
to everyone