Intermountain Health | Good Samaritan Hospital

2024 Community Health Needs Assessment

Intermountain Health

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Executive Summary

The Power of We

Dear neighbors,

For more than a year, Intermountain Health's Community Health team worked to understand the unmet health needs in the Good Samaritan service area through our Community Health Needs Assessment process. This assessment and its findings are the backbone of our work to help people live the healthiest lives possible, and we are proud to share it with you.

More than 1,000 different data points went into this assessment, including public health indicators, surveys of stakeholders and residents, conversations in public meetings, and interviews with subject matter experts. To the individuals and organizations who worked with us to understand the community's significant and sustaining health needs: thank you. We are grateful for your collaboration.

This report outlines our process and what we have learned. It also serves to share the significant health needs Good Samaritan Hospital has prioritized for investment over the next three years: Improving Behavioral Health, Achieving Greater Economic Stability, and Increasing Access to Care. It also identifies Improving Child and Family Well-Being as a sustaining health need, prioritized through child-specific morbidity and mortality data as long-standing that may not be specifically identified in the adult population.

Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know we cannot have impact if we work alone. As we consider how Intermountain's resources can be allocated in the Good Samaritan Hospital service area, we want to work alongside community-based organizations, local government agencies, and community leaders to improve community health.

We hope you will join us.

Sincerely,

Jim Sheets,
Peaks Region
President

Lisa Nichols,
Vice President of
Community Health

Dawn J. Anuszkiewicz,
Good Samaritan Hospital
President

2024 CHNA Significant and Sustaining Health Needs

APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

Intermountain Health

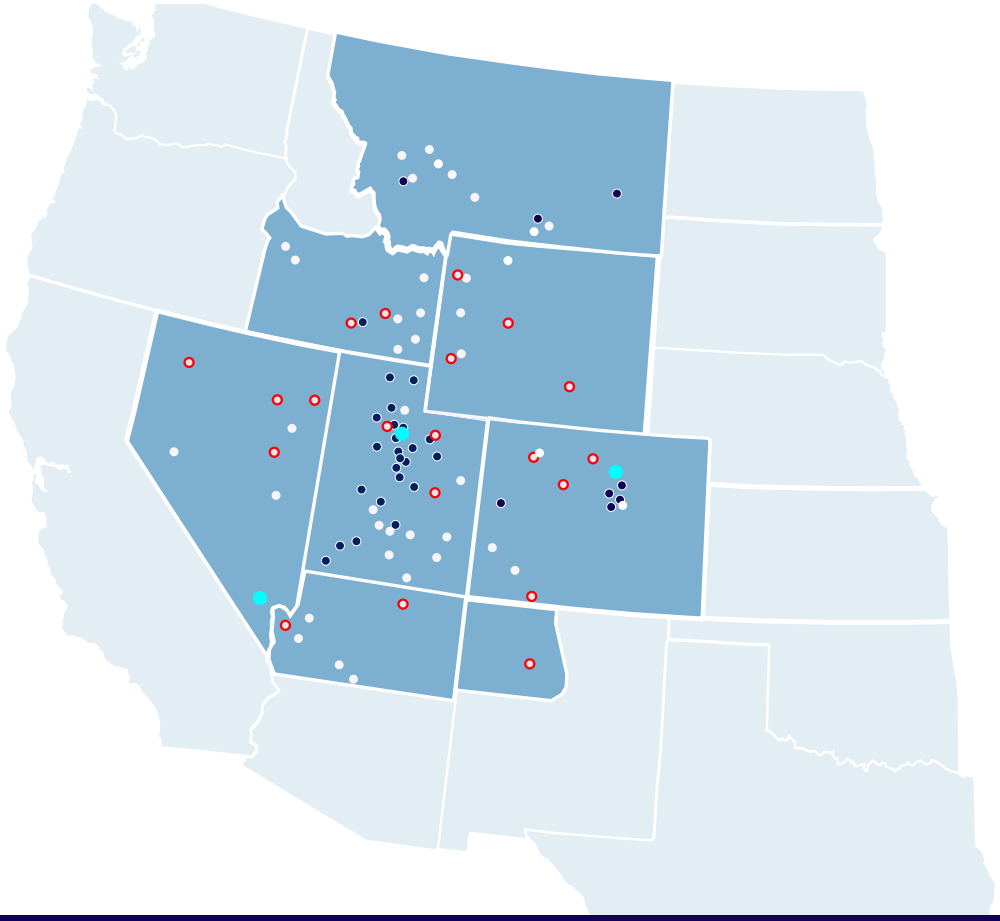
Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a not-for-profit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the Healthiest Lives Possible®

Our Values



Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400 clinics not highlighted on the map.

Intermountain Health by the Numbers

6 Primary States
(UT, NV, ID, CO, MT, WY)

33 Hospitals
Including One Virtual Hospital

4,800
Licensed Beds

1.1 Million
Select Health Members

400
Clinics

66,000+
Caregivers

$16.06 billion[1]
Total Revenue

4,600+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2023

Good Samaritan Hospital

Good Samaritan Hospital is an award-winning, 234-bed acute-care hospital in Lafayette, Colorado. Opened in 2004, Good Samaritan brings comprehensive, exceptional care to Boulder County, the northwest Denver metro-area, and beyond. Good Samaritan is an American College of Surgeons Level II Trauma Center, a Joint Commission Primary Stroke and Chest Pain Center, a Center of Excellence in Robotic Surgery, a designated Baby-Friendly hospital, and Magnet recognized. With caregivers who put patients and families at the center of everything they do, Good Samaritan has become one of the highest-rated and most trusted hospitals in the communities it serves.

Acknowledgments

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs and develop an Implementation Strategy to address those needs.

The Intermountain Health CHNA process examines health disparities and unmet health needs in specific geographical areas by analyzing primary and secondary health data. Community and hospital stakeholders determine the final prioritization of health needs with approval by the Board of Trustees.

The significant and sustaining health needs identified in this CHNA Report guide efforts to align strategies and leverage resources with public health entities and community stakeholders. By regularly assessing and prioritizing health needs, the hospital can work collaboratively to address disparities and improve the overall health equity of the community.

In conjunction with the 2024 CHNA Report, Intermountain Health formally develops and adopts an Implementation Strategy that leverages system resources to address local health needs. It is publicly available on Intermountain's website.

Good Samaritan Hospital contracted with the Colorado Health Institute (CHI) to collect and analyze secondary data that identified health needs for the hospital service area. CHI also conducted a community stakeholder survey and provided an analysis of themes and disparities. Additionally, Intermountain compiled supplementary secondary data using the platform, Metopio.

Other key community collaborators included Boulder County Public Health and Broomfield Public Health and Environment. These local agencies provided insight and evidence about public health trends, disparities, and current efforts to address community health needs. They also participated in the community input meetings and interviews.

Additionally, Intermountain and Children's Hospital Colorado shared their respective findings during the CHNA process in a collaborative effort to align the identification and prioritization of children's health needs in common service areas.

A full inventory of community input and participating organizations is available in the appendix.

To submit comments on the 2024 CHNA Report or to request a paper copy, please email IH_CommunityHealth@imail.org

Equity Fundamental

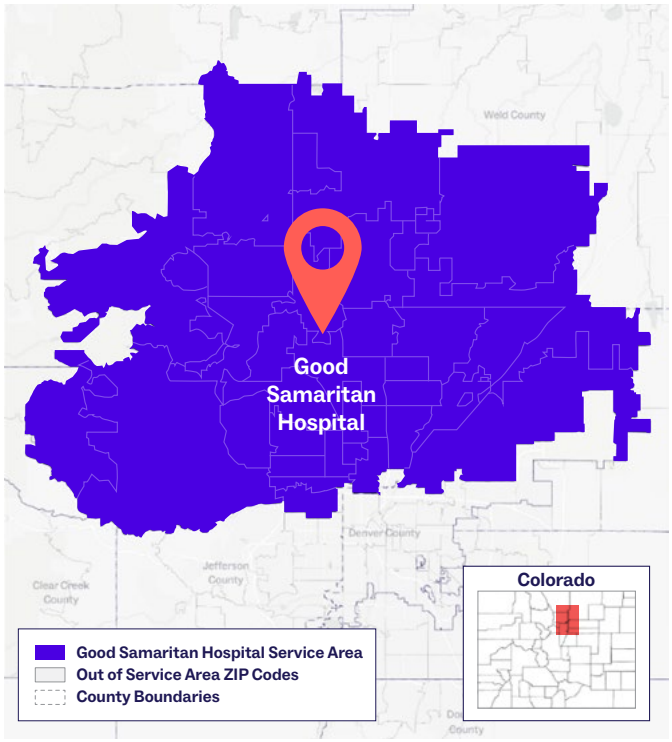
Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the diverse backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities, who are experiencing the greatest disparities in health outcomes.

Health equity is embedded in the Community Health Needs Assessment process by identifying and prioritizing local health needs and ensures engagement, inclusion, and responsiveness to our community's unique strengths and challenges. This health equity lens also drives the development of the Implementation Strategy to address differing needs and disparities across race, ethnicity, income, geographic location, gender identity, ability, diagnosis, sexual orientation, and children and families across the lifespan. Health equity also drives Intermountain's collaborative work to remove barriers and invest resources where they have the greatest impact.

As a healthcare system, employer, and community leader, Intermountain Health is committed to improving health equity in the communities we serve.

Community Profile

Good Samaritan Hospital is in Lafayette, Colorado, and the primary service area is communities within 42 ZIP codes of Adams, Boulder, Broomfield, Denver, Gilpin, Jefferson, and Weld counties, where most patient admissions originate. The hospital service area includes underrepresented, underserved, low-income, and minority community members.



Good Samaritan Hospital Service Area

County	ZIP Code	City
Adams	80601, 80602, 80603, 80640, 80022, 80241, 80030, 80031	Brighton, Commerce City, Henderson, Thornton, Westminster
Boulder	80301, 80302, 80303, 80304, 80305, 80310, 80025, 80026, 80027, 80501, 80503, 80504, 80544	Boulder, Eldorado, Lafayette, Louisville, Longmont, Niwot
Broomfield, Jefferson	80020, 80021, 80023	Broomfield
Denver	80221, 80229, 80233, 80234, 80260	Denver
Gilpin	80422	Black Hawk
Jefferson	80002, 80003, 80004, 80005, 80007, 80403, 80033	Arvada, Golden, Wheat Ridge
Weld	80514, 80516, 80520, 80530, 80621	Dacono, Erie, Firestone, Frederick

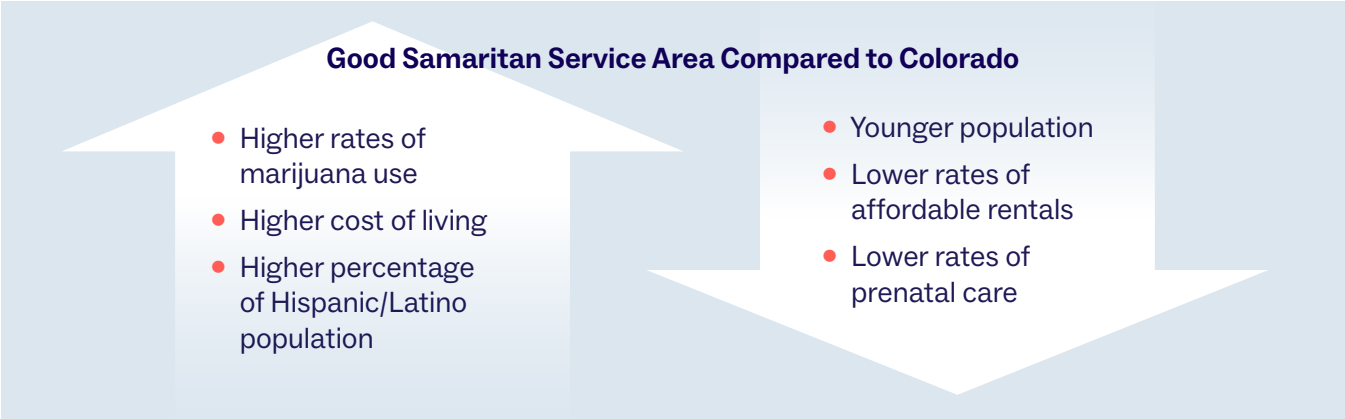
Community Demographics

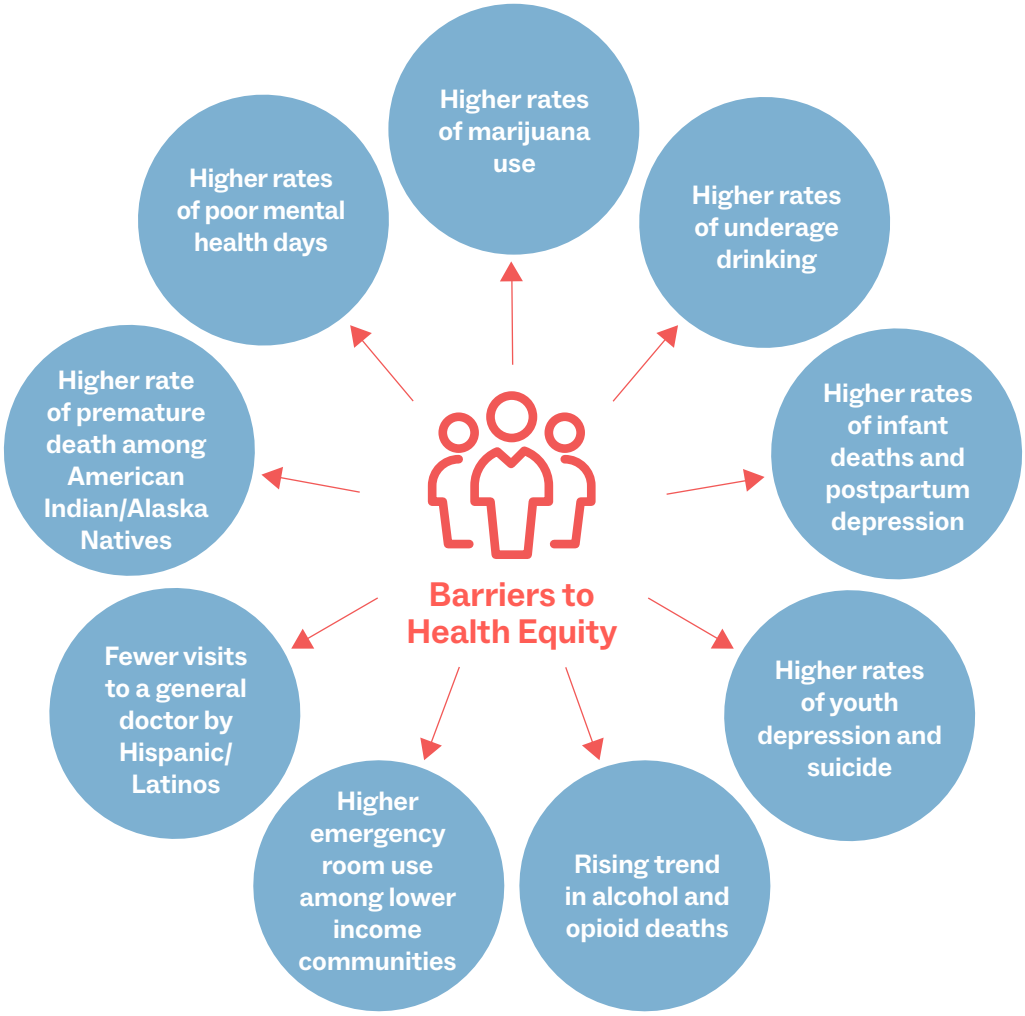
Demographic Factors	Hospital Service Area	Colorado	United States
Population	1,145,754	5,770,790	331,097,593
Persons Under 18 years	22.3%	21.5%	22.1%
Persons 65 years and over	13.5%	14.8%	16.5%
Female Persons	49.6%	49.3%	50.4%
High school graduate or higher (age 25 years+)	91.1%	92.5%	89.1%
Persons in poverty (100% Federal Poverty Level)	8.2%	9.6%	12.5%
Median Household Income (2022 dollars)	$92,500	$87,598	$75,149
Persons without health insurance (under age 65)	7.1%	7.7%	8.9%
White, not Hispanic or Latino	64.5%	66.2%	58.9%
Hispanic or Latino	26.3%	22.1%	18.7%
Black or African American	1.4%	3.8%	12.1%
Asian	3.8%	3.1%	5.7%
American Indian and Alaska Native	0.3%	0.4%	0.6%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Speak Language other than English at Home	18.8%	16.2%	21.7%

A demographic snapshot of the Good Samaritan service area comprising 42 ZIP codes in Adams, Boulder, Broomfield, Denver, Gilpin, Jefferson, and Weld counties, compared to Colorado and the United States (Source: American Community Survey, 2018-2022).

Health Disparities

The CHNA process involves a comprehensive analysis of the unique demographics, identities, and health needs of the communities served by Good Samaritan Hospital. By identifying ZIP code-level health disparities, the hospital can better serve historically marginalized communities and populations with sustained hardships and ensure that their needs are identified and addressed.





Collaborating with Our Communities

Focus on Health Equity

Intermountain Health takes a collaborative community approach to improving health equity through the CHNA. This approach incorporates best practices from Intermountain's CHNA process in diverse markets and working closely with community leaders and members to understand their unique health needs and disparities. Intermountain invited a broad range of community members with diverse backgrounds, voices, and experiences to participate and offer input.

Participants

Good Samaritan Hospital intentionally solicited participation from a variety of individuals and organizations representing local public health agencies and the medically underserved, low-income, and minority residents in the community. There was also a public request for written comments concerning the most recently conducted CHNA and Implementation Strategy, and no responses were received. The 2024 CHNA had participants from the following sectors:

- Healthcare consumers and consumer advocates
- Not-for-profit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Public health professionals
- Health insurance and managed care organizations
- Private businesses
- Labor and workforce representatives
- Residents of the community

CHNA Timeline

The governance and decision-making process for the 2024 CHNA is data-driven and community-centric, following a cycle of data collection, analysis, and community feedback before the assessment is finally approved by the Front Range Market Board of Trustees.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Secondary Data Analysis	●	●	●									
Community Input Meetings & Preliminary Prioritization				●								
Stakeholder & Public Surveys				●	●	●						
Stakeholder Interviews					●	●						
Analysis of Data & Prioritization of Health Heeds							●					
Community & Hospital Stakeholder Review of Significant Health Needs								●				
Board Approval of CHNA Report												●
CHNA Report Publication												●

APPENDIX: PARTICIPATING ORGANIZATIONS

CHNA Data Methodology and Prioritization

The CHNA prioritization methodology began with collecting and analyzing secondary data with considerations for identifying the community's health needs for children and families across the lifespan.

This comprehensive analysis was refined and verified by primary data that provided context and diverse input on the impact of health needs on marginalized or diverse populations including sustained hardships, disparities, and barriers to health.

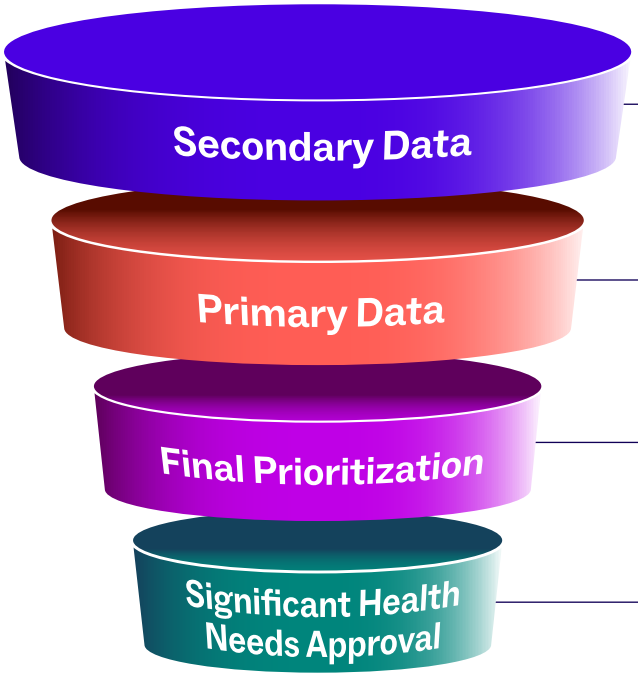
Primary data also provided insights into current resources and community capacity to address health needs that inform the development of the 2025 Good Samaritan Hospital Implementation Strategy.

Additionally, Intermountain Health used the expertise of the Community Health Children's Health team to develop the primary data questions in English and Spanish. They advised on gathering input and demographics regarding children's health needs and disparities. With consultation from Children's Hospital Colorado, the team also expanded the stakeholder interviews to include organizations specifically engaged with children's health and exchanged findings during concurrent CHNA processes.

The CHNA concluded with the application of validated analysis and scoring models that produced the final significant health needs that were reviewed by the community and presented to hospital leaders for approval.

Unless otherwise indicated, this CHNA Report cites data from the Intermountain Heath CHNA Database available in the Appendix.

Data Methodology & Prioritization Process



Gather and analyze secondary data to identify unique community health needs and disparities.

Collect primary data input from the public and stakeholders to refine and inform identified health needs.

Analyze all data using a validated prioritization process to determine significant health needs.

Review significant health needs with stakeholders and present to governing board for approval.

APPENDIX: INTERMOUNTAIN HEALTH CHNA DATABASE

APPENDIX: PERSONS AND ORGANIZATIONS INVOLVED IN DATA COLLECTION AND ANALYSIS

Secondary Data

Intermountain Health contracted with the Colorado Health Institute (CHI) to support the gathering and analysis of secondary data, and Intermountain compiled supplementary data using the platform, Metopio. CHI provided the most current public health data for over 100 health needs at the ZIP code, county, and/or Health Statistics Region (HSR), depending on the data source. Key findings and trends were identified by comparing localized data with Colorado values and, if applicable, the Healthy People 2030 values as benchmarks for national targets. Where localized data were available, the analysis identified notable changes in health indicators over time and differences between select demographic, minority, and medically underserved groups.

Intermountain used the following criteria to analyze the larger body of health indicators and identify a narrower field for community input discussions and prioritization:

- Review leading causes of death in each region and age-adjusted death rates by various conditions.
- Assess data relevant to the significant health needs identified in the hospital's previous CHNA to determine impact and inclusion in the current cycle.
- Synthesize findings and trends to identify additional or emerging health needs, including specific indicators related to a health need.

Access to healthcare	Affordable housing	Cancer	Dental care	Diabetes
Firearm safety	Food insecurity	HEALTH NEEDS	Heart disease and stroke	Lung disease
Mental health, including suicide	Overweight and obesity	Social connectedness	Substance use	Unintentional injuries

The secondary data analysis identified 14 preliminary health needs.

APPENDIX: SECONDARY DATA SOURCES

Primary Data

Intermountain used primary data to harness the community's voice and included a broad representation of community perspectives and experiences. The tools and methods used to collect and analyze primary data were sequenced to identify, refine, and understand the 2024 CHNA significant health needs.

Community Input Meeting

The Community Input meeting was held on April 9, 2024, and facilitated by Good Samaritan Hospital. Invited stakeholders included representatives from medically underserved, low-income, and minority populations. The attendees reviewed secondary data and discussed the impact of these health needs, including any health needs not included in the preliminary analysis.

Public health agencies provided insight into current community health trends, disparities, and efforts to address these issues.

Each stakeholder was asked to rank the health need from first to third most important based on seriousness, size, health equity, feasibility, alignment, value, affordability, and input from the populations they represented.

The chart shows the health needs prioritized by the community stakeholders as most significant and the cumulative scoring for each need. The health needs not included in the table received no votes, including chronic diseases, obesity, and dental care.

Community Stakeholder Scoring of Health Needs

	Access to Healthcare	Mental Health/ Substance Use	Affordable Housing	Mental Health	Food Insecurity	Economic Stability	Social Connected-ness	Substance Use
Score	22	20	19	10	8	6	6	2

Community Stakeholder Survey

The Colorado Health Institute administered the CHNA Community Stakeholder Survey via email between April 24 and May 15, 2024, to stakeholders representing community organizations, healthcare, public health, education, and local government. The survey was available in English and Spanish. The results expanded the representation of community input gathered during the in-person meeting and provided additional feedback and insight on prioritizing health needs including existing efforts and capacity to address needs. It also served to identify potential community collaborators.

Public Survey

Intermountain Health administered the CHNA Public Survey via email using Qualtrics between May 3 and May 17, 2024. The technology allowed for panel management that produced responses from a representative sample of community members from the Denver-metro area. The survey provided the public an opportunity to voice their experiences regarding health needs and disparities, barriers to equal health opportunities, and community strengths.

Community Stakeholder Interviews

Intermountain's Office of Strategic Research conducted the CHNA Community Stakeholder Interviews via phone between May 11 and May 13, 2024. These in-depth phone interviews documented input from engaged stakeholders selected for their expertise and involvement within the community. These interviews ensured local representation and input from diverse sectors.

Final Prioritization

Intermountain Health began the final prioritization of the 2024 CHNA health needs by applying the Hanlon Method for Prioritizing Problems.

The Hanlon Method is a nationally-recognized technique used in public health needs assessments and recommended by the National Association of County and City Health Officials. Its scoring process reliably develops objective, data-driven priorities regarding the size and seriousness of the issue, and potential impact of intervention.

Intermountain Health's Office of Strategic Research and Community Health leaders scored health needs with numerical values based on baseline data from secondary data analysis and validated through primary data input.

Following the scoring process, the team applied the PEARL test to screen out health needs based on feasibility to impact through community health improvement efforts. The PEARL test used these criteria:

- **P** **Propriety:** Is a hospital-led or -supported activity for the health need suitable?
- **E** **Economics:** Does it make economic sense for the hospital to address the need? Are there economic consequences if a need is not addressed by the hospital?
- **A** **Acceptability:** Will the community accept the hospital's intervention? Is the intervention wanted?
- **R** **Resources:** Is funding available or potentially available for the intervention?
- **L** **Legality:** Do current laws allow the intervention to be implemented?

Finally, the team completed the weighted scoring of each remaining health need using the Hanlan Method formula, which combines the need's size, seriousness, and potential for improvement.

This analysis determined the significant health needs that would be the focus of the Implementation Strategy for the upcoming three-year cycle.

Significant Health Needs Approval

Stakeholder Reviews

To complete the process, Good Samaritan Hospital reviewed the significant health needs during a second community stakeholder meeting and with hospital leadership. These reviews provided an opportunity to request additional feedback and garner support for implementation strategies. Both community and hospital stakeholders were supportive of the CHNA process and final significant needs.

Hospital Board Approval

With public input, validation of the significant health needs, and the support of the hospital leadership team, Good Samaritan Hospital presented its Community Health Needs Assessment to its Board of Trustees on December 19, 2024. The Board approved the CHNA as presented, and it was published to the Intermountain Health website before December 31, 2024.

APPENDIX: COMMUNITY INPUT INVENTORY

APPENDIX: SUMMARY OF PRIMARY DATA FINDINGS

CHNA Significant & Sustaining Needs

PRELIMINARY HEALTH NEEDS

Access to healthcare

About 1 in 10 people in the service area did not get needed medical care due to cost.

Affordable housing & food insecurity

Renter costs are unaffordable within the service area based on renter wages compared to rent costs.

The percent of those who said they ate less than they thought they should due to food costs increased from 2021 to 2023.

Economic stability

There is a higher median income in the service area than the state, but disparities are found in certain populations. The cost of living is also increasing at a higher rate than wages.

Child safety

Injuries are the leading cause of death and disability in children (ages 0 to 18 years).

Mental health

More residents in the service area are not receiving mental health care when needed, increasing 13% to 17% in the past five years.

Substance use

Opioids, illicit drugs, and alcohol cause higher rates of death and hospitalization within the service area, compared to the state.

Transportation

One in three residents experienced transportation barriers including poor roads, cost of gas, or lack of public transit.

Chronic disease

Cancer, heart disease, stroke, lung disease, and unhealthy weight are leading causes of avoidable disease and death in the service area.

SIGNIFICANT AND SUSTAINING HEALTH NEEDS

IMPLEMENTATION STRATEGY

Identify hospital and community resources to address significant health needs

Develop strategies to address significant health needs with an emphasis on equity and anticipated impact

Collaborate with other community organizations to have the greatest possible impact

Improving Behavioral Health

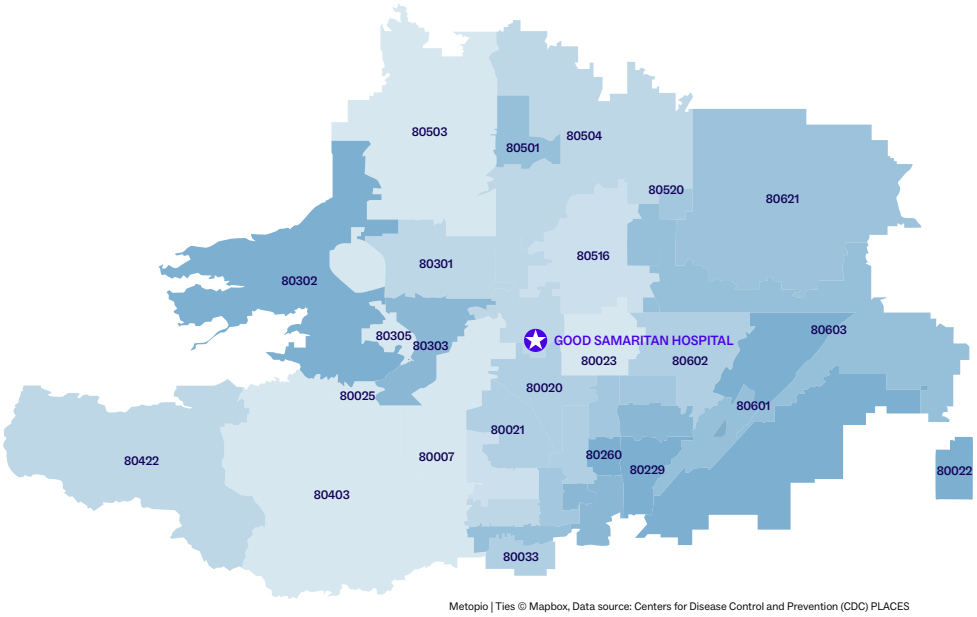
The 2024 CHNA prioritized improving behavioral health as a significant health need through addressing mental health, substance use disorders, and suicide prevention. This unifies the health needs identified during data collection and prioritization under Behavioral Health and focuses on the greatest disparities.

Over 80% of community stakeholders identified behavioral health as one of the most pressing community health concerns and the public survey reported it as the top unmet health need among children. It was a health priority in the hospital service area during the last CHNA and continues to be a pervasive issue impacting overall wellness, social connection, childhood adversity, employment, economic stability, poverty, homelessness, healthcare utilization and costs, and risk of justice involvement. Communities thrive when behavioral health needs are equitably met.

"Our most complex [community] members almost always have behavioral health issues on top of other medical needs. If the behavioral health needs aren't met, the treatment for the other medical conditions just doesn't work." *— Community Stakeholder*

Mental Health

Poor self-reported mental health | 2022
Good Samaritan Hospital: **16.35** ± 0.22% of adults



Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

About 16% of residents in the Good Samaritan Hospital service area have poor self-reported mental health, with the highest rates (19 to 25%) in Boulder, Thornton, and Commerce City (80310, 80302, 80229, 80260, 80022).

DISPARITIES, EQUITY & MENTAL HEALTH

Over 40% of public survey respondents reported a mental health condition in their household and 77% of community stakeholders surveyed said this health issue was 'very concerning'.

The majority of residents with private insurance are less likely to get needed mental health care compared to those with public insurance.

Stigma is the most cited reason for residents not seeking care.

Residents had higher rates of postpartum depression among pregnant persons compared to Colorado .

Substance Use Disorder

Substance use is a growing health need in the service area and public survey respondents expressed concern about substance use, addiction, and drug-related crimes in their community. County-specific data shows higher rates of alcohol-induced and opioid overdose deaths, as well as marijuana use and binge drinking within the population, including high school students.

DISPARITIES, EQUITY & SUBSTANCE USE DISORDER

Over 35% of stakeholder survey respondents stated that substance use services for prevention and treatment were of poor quality.

More than one in four Broomfield County adults used marijuana in the past month, compared to one in five in Colorado.

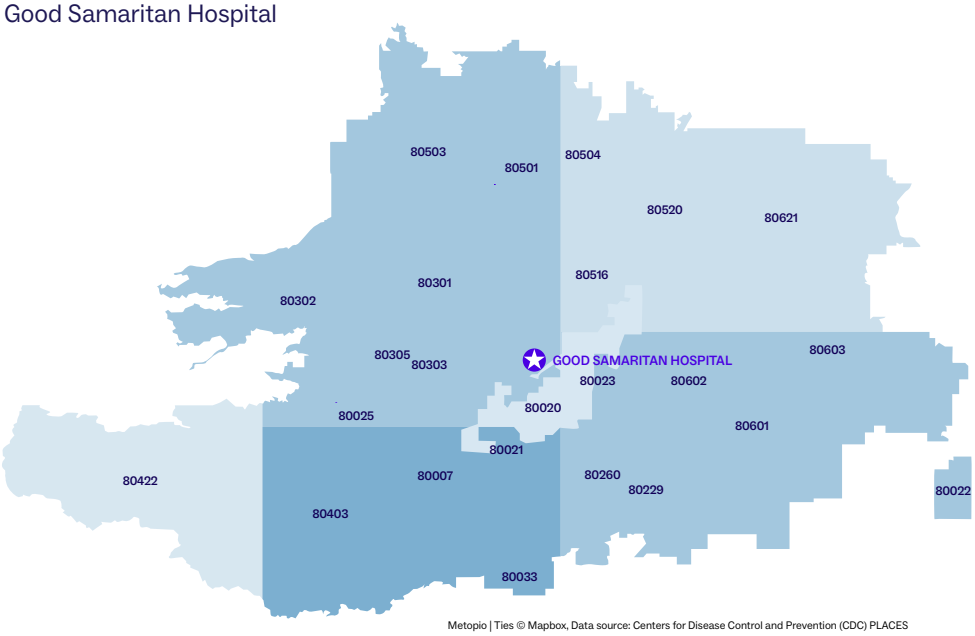
21% of high-school students used marijuana in Gilpin County.

28% of students in Boulder and Broomfield school districts drank alcohol, of which over half were binge drinking.

Suicide Prevention

The service area's overall suicide rate is slightly lower than the state, but still significantly higher than the national rate as Colorado has the fifth highest suicide rate in the country (22.7 deaths per 100,000). The highest overall rate is in Jefferson County at 21.4 and disparities exist in specific age groups. Seniors (ages 65 and older) in Boulder County and all youth (ages 5 to 17 years) in the service area have a higher suicide rate compared to Colorado.

Suicide Mortality | 2018 - 2022
Good Samaritan Hospital



Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

Firearms are the leading cause of suicide in the hospital service area, followed by suffocation and drug overdose (CDC NVSS 2018-2022).

COMMUNITY STRENGTHS

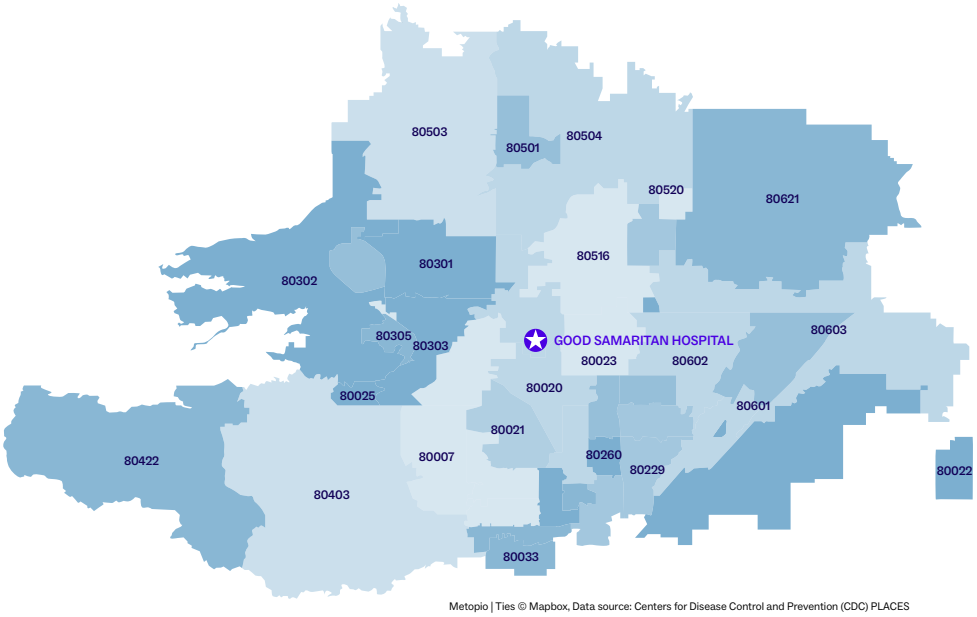
- Alignment with county public health agencies and Children's Hospital Colorado on behavioral health as a significant health need, which supports collaboration through activities and resources .
- Established and engaged community coalitions to address adult and youth substance use prevention.
- On-going Implementation Strategies to address behavioral health with community collaborators are given continued priority for sustainability and expansion .

Achieving Greater Economic Stability

The 2024 CHNA prioritized achieving greater economic stability as a significant health need through addressing housing stability, food security, and increasing self-sufficiency . The primary and secondary data cited disparities in cost of living, unemployment, and low paying jobs that are recognized collectively as economic stability . Empirical evidence conclusively demonstrates that economic stability is strongly correlated with health outcomes and that disparities in food, housing, safe and healthy neighborhoods, education, and social capital impact community well-being.

"When you are stable economically, you have space to think, dream, and do so much more for yourself and your family. Economic instability is stress; it has such a ripple effect throughout our lives."
— Community Stakeholder

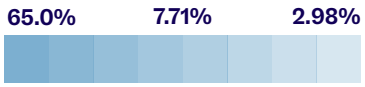
Poverty Rate | 2018 - 2022
Good Samaritan Hospital: **8.61** ± 0.35% of residents



Over 8% of residents in the service area are below 100% of the Federal Poverty Level (FPL).

The rural communities west of Boulder (80302) and near Eldorado Springs (80025) experience extremely high poverty rates at 36% and 65%, respectively, below the FPL.

The urban communities of Federal Heights (80260) and Commerce City (80022) in Adams County, and south of Boulder (80303) also have higher poverty rates.



DISPARITIES, EQUITY & ECONOMIC STABILITY

HOUSING STABILITY

Renter costs are unaffordable within the service area based on renter wages compared to rental costs.

Affordable, stable housing was the highest concern in the community stakeholder survey.

FOOD INSECURITY

More residents living in poverty do not have government food benefits compared to Colorado rates.

A higher rate of Latino/Hispanic residents are eating less than they should due to food costs than White residents.

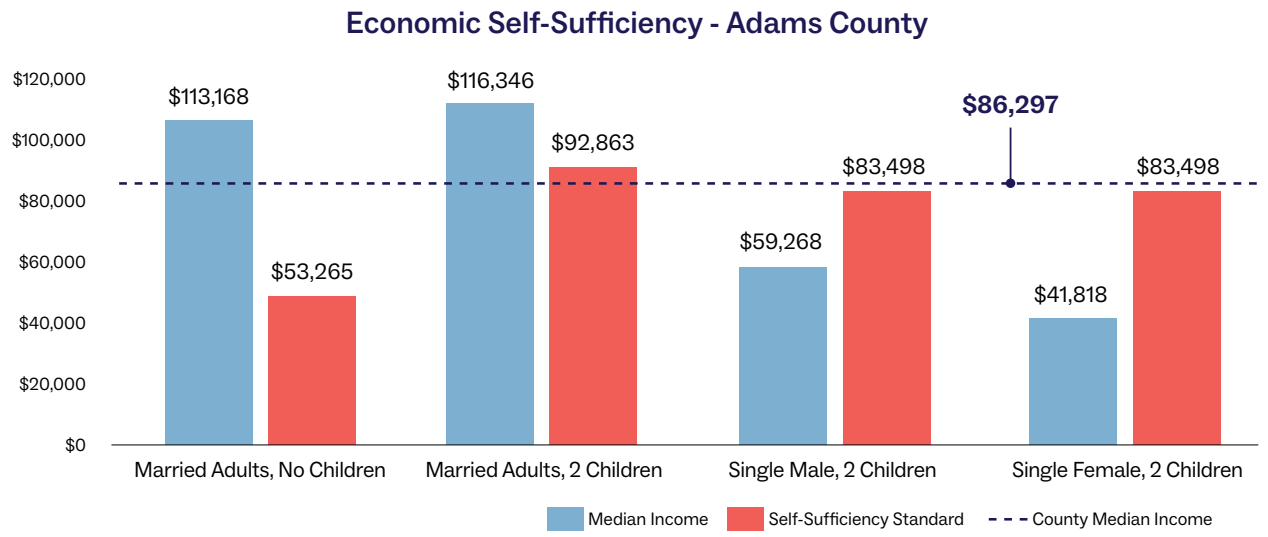
SELF-SUFFICIENCY

72% of public survey respondents had concerns about cost-of-living challenges in their community, and 44% reported financial stress in their ability to pay monthly bills.

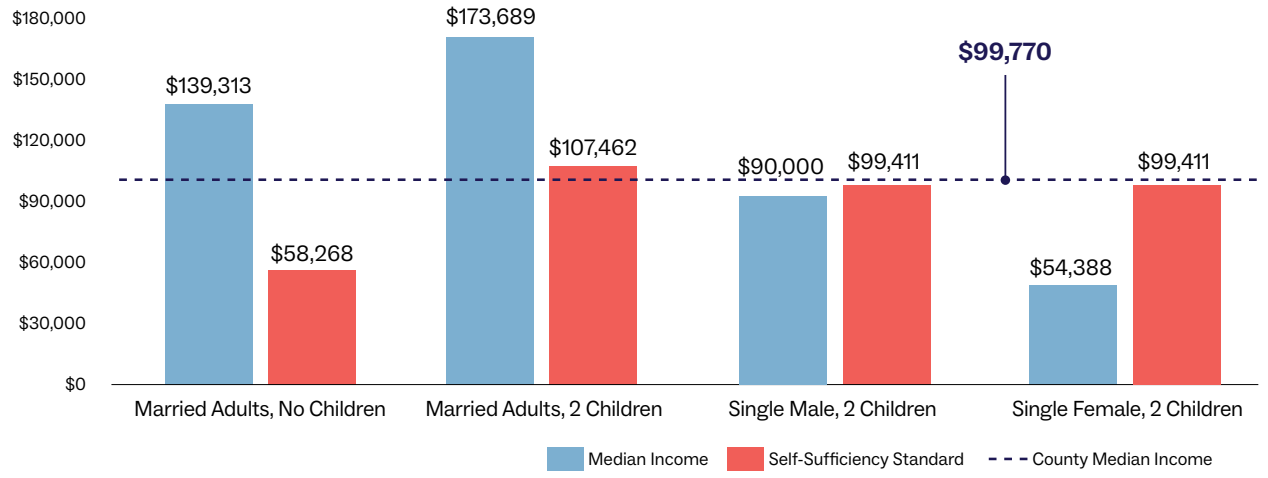
Achieving Greater Economic Stability

Intermountain also used the 2022 Self-Sufficiency Standard for Colorado, which provided a more realistic and precise measure between the disparity in income and the actual cost of living based on family size and type .

Female single parent families with two children (preschool and school age) comparatively have the greatest gap between their income and localized cost of living: $41,680 in Adams County, $45,023 in Boulder County, $19,260 in Broomfield County, $32,221 in Jefferson County, and $32,057 in Weld County. These counties are where 96% of the service area population is located.



Median income in 2022 inflation-adjusted dollars. SOURCES: ACS 5-year estimate tables, B19126, B19013. The Self Sufficiency Standard for Colorado, 2022.

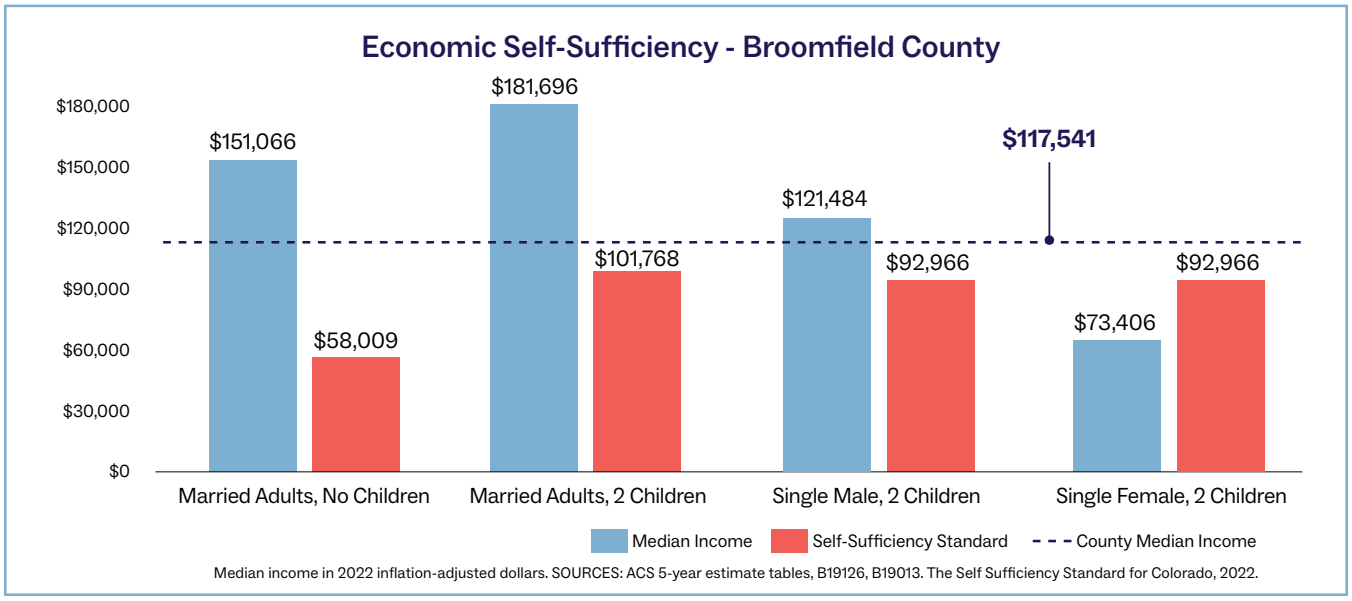


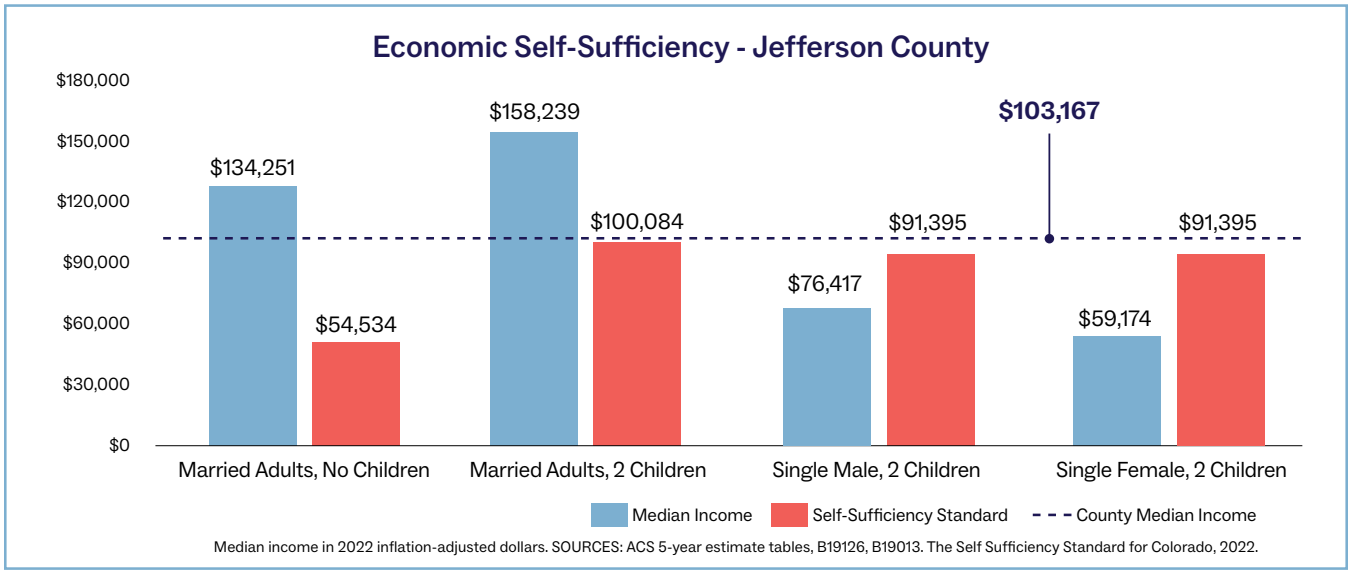
Median income in 2022 inflation-adjusted dollars. SOURCES: ACS 5-year estimate tables, B19126, B19013. The Self Sufficiency Standard for Colorado, 2022.

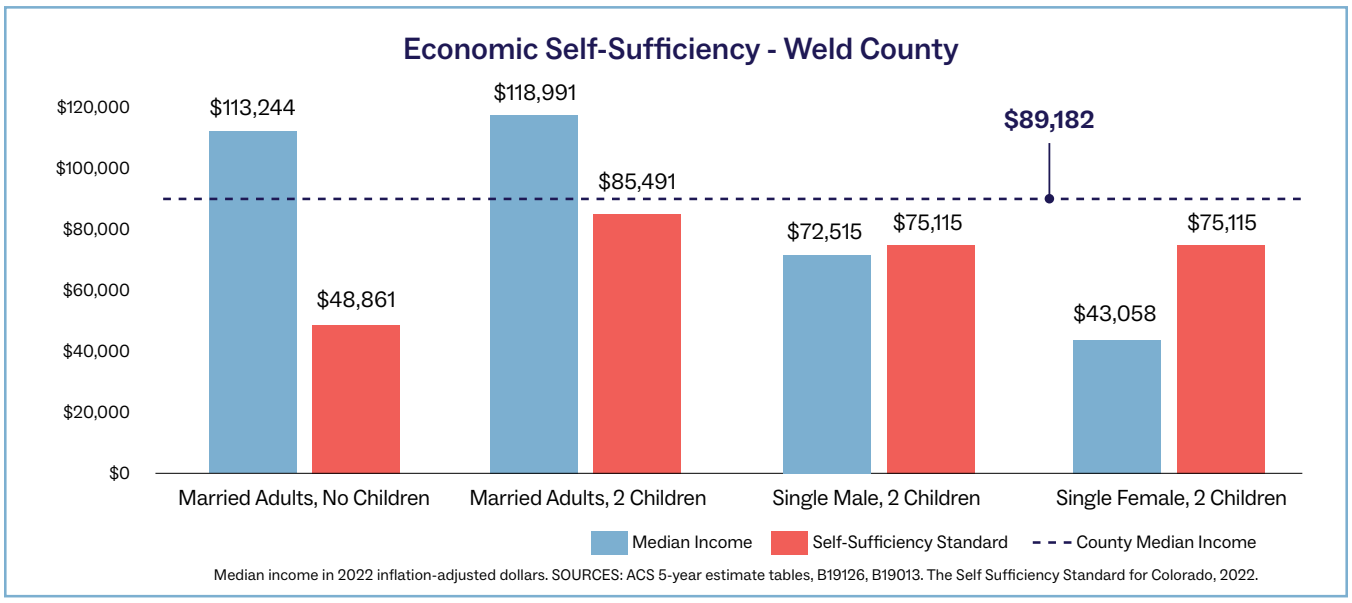
COMMUNITY STRENGTHS

- Existing community-wide coalition with strong stakeholder engagement that demonstrate readiness to inform and collaborate on activities and resources.
- Alignment with public health agency which identified economic stability and housing as significant needs and are leading collaborative community strategies to address these needs .

Achieving Greater Economic Stability





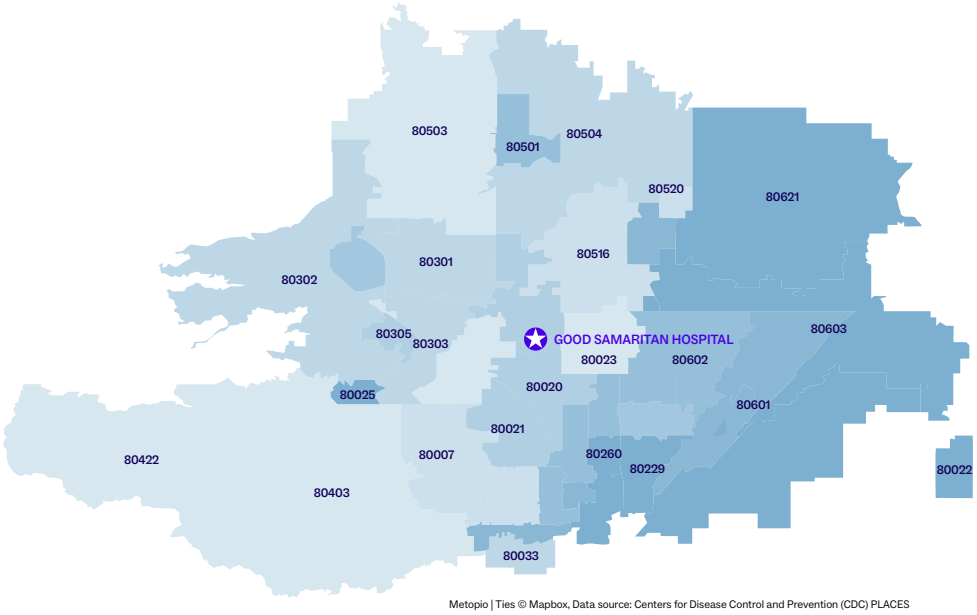


Increasing Access to Care

The 2024 CHNA prioritized increasing access to care as a significant health need through addressing accessibility, navigability, and cultural sensitivity of care . Stakeholders and public participants in the CHNA highlighted a cross-sector of disparities that went beyond uninsured rates and provider shortages to include transportation, language barriers, childcare, health literacy, representation in the healthcare workforce, and complex systems of care .

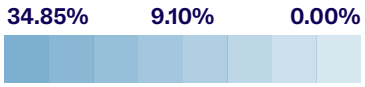
"Those fortunate enough to have daily access to healthcare may not see the vulnerabilities faced by the invisible others. Issues like racism and discrimination further complicate access, including the reluctance to seek care due to language barriers, cultural insensitivities, or historical distrust."
— Community Stakeholder

Spanish Primary Language | 2018 - 2022
Good Samaritan Hospital: **13.68** ± 0.41% of households



Spanish is the primary language spoken in 14% of households within the service area compared to 11% in Colorado. In Thornton, Berkley, Commerce City, and Fort Lupton (80229, 80221, 80260, 80022, 80621) over 30% of households primarily speak Spanish.

People whose primary language is something other than English may face significant barriers when accessing health services, which impacts overall well-being.



DISPARITIES, EQUITY & ACCESS TO CARE

Within the service area, Hispanic/Latino residents visited a general doctor, mental health provider, and dentist at lower rates than White residents.

The public survey reported that 45% of respondents had unmet healthcare needs and 19% were uninsured or underinsured .

Community stakeholders identified people experiencing homelessness, poverty, and mental health issues as the populations with the most acute access needs.

COMMUNITY STRENGTHS

- Alignment with public health agencies and advocacy agencies on identifying access to care as a significant health need and collaboration on development of Implementation Strategy.
- On-going Implementation Strategies to address access to care with community collaborators are given continued priority for sustainability and expansion.

Improving Child and Family Well-Being

In addition to the significant health needs prioritized during the 2024 CHNA, Intermountain Health is addressing the sustaining health needs of improving child and family well-being including child and family safety, injury prevention, and advocacy. Sustaining health needs are identified through child-specific morbidity and mortality data as long-standing health needs that may not be specifically identified in the adult population. By considering these sustaining health needs, the hospital can implement upstream strategies to address the factors that impact the trajectory of children's, families', and communities' well-being.

TOP CAUSES OF INJURY-RELATED DEATH IN CHILDREN (2018-2022)

Ages under 1 year	Ages 1 to 5 years	Ages 6 to 18 years
Accidental • Suffocation (primarily sleep environments)	**Accidental** • Motor vehicle accidents • Drowning **Violent** • Child Abuse	**Accidental** • Motor vehicle accidents • Drug overdose **Violent** • Firearms **Suicidal** • Firearms • Suffocation

In Colorado, injuries are the leading cause of mortality and disability among children ages birth to 18 years including accidental, violent, and suicidal deaths.

DISPARITIES, EQUITY & CHILD SAFETY

Hispanic/Latino children (ages birth to 18 years) had the highest death rate from motor vehicle accidents at 5.5 per 100,000 in Colorado.

Firearms are the leading cause of death for children (ages 1 to 18 years) in Colorado with a rate of 4.9 per 100,000, compared to the U.S. rate of 4.0.

The overall death rate for Black infants (under age 1 year) is more than twice the rate for White infants for any cause of death in Colorado.

CDC, National Vital Statistics System, Mortality, Colorado, 2018-2022

COMMUNITY STRENGTHS

- Alignment with the Children's Hospital Colorado on prioritized health needs and collaborative efforts to develop Implementation Strategies to address child and family well-being.
- Intermountain Health has an established and recognized children's health program that seeks collaboration with community organizations to locally implement evidence-based strategies and exchange expertise.

Evaluation of Prior CHNA

Good Samaritan Hospital conducted the previous CHNA in 2021, and the significant health needs were identified as Behavioral Health and Access to Care. Intermountain developed an Implementation Strategy to address these unmet health needs and disparities identified among the medically underserved, low-income, and minority residents in the community. Notable outcomes from those activities are below.

Good Samaritan Hospital 2022 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2022-2024*
Behavioral Health	• Increase access to behavioral health care services • Increase public awareness and help-seeking behavior • Support community efforts to address behavioral health needs through grants and collaboration	• Hosted six Mental Health First Aid classes in conjunction with Community Reach Center, which expands access to free, community-based mental health services. • Implemented the Follow-Up Project, which connects patients seen at Good Samaritan for crisis care to Rocky Mountain Crisis Partners, a not-for-profit that provides mental health follow-up support. • Contributed $55,000 in charitable contributions to community not-for-profit organizations providing mental health services. • Distributed 107 naloxone kits to patients discharged from the Emergency Department who were identified as high risk for an opioid overdose. • Maintained an annual rate of over 90% of controlled substance distributed through electronic prescriptions for all discharged patients.
Access to Healthcare	• Decrease barriers for Hispanic and Latino community members • Increase Hispanic and Latino community members with a medical home • Support community efforts to improve healthcare transportation through grants and collaboration	• Provided $134,102 in funding to Benefits in Action, a not-for-profit organization, and assisted 2,068 individuals with insurance and benefits enrollment, 55.6% of whom belonged to a racial or ethnic minority population. • Provided $35,000 funding to Via Mobility, a not-for-profit organization that provided approximately 2,100 rides for community members to healthcare services. • Provided $70,996 in funding to assist patients without transportation in utilizing ride-hailing services following appointments or admissions at Good Samaritan Hospital.

*Totals as of June 2024

Intermountain CHNA Reports and Implementation Strategies are available publicly this link or at https://intermountainhealthcare.org/about/who-we-are/chna-reports

Conclusion

Good Samaritan Hospital is grateful for the support of community members and organizations for their valuable participation in the CHNA process. Their community voices offered a deeper understanding of unique community health needs and disparities. Intermountain leverages this valuable input to develop a local Implementation Strategy in collaboration and alignment with the community to create equitable opportunities for health.

Intermountain Health caregivers from Community Health, Office of Strategic Research, and Marketing and Communications led the 2024 CHNA process with consultation from the Colorado Health Institute and expert guidance from local public health collaborators. The hospital will conduct its next CHNA in 2027 and looks forward to continuing collaborations to improve the health of our communities.

To submit written comments on this CHNA or request a paper copy, please email IH_CommunityHealth@imail.org

For additional information about the CHNA, contact:

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APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT AND SUSTAINING HEALTH NEEDS

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Child and Family Advocacy	Working with systems, government leaders, researchers, community advocates, parents, and caregivers at the local, state, and national level to improve well-being for children and families.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations.
Health Equity	Foundational and embedded across Intermountain Health's approach to community health improvement, to include identifying, prioritizing, and addressing disparities including children and across the lifespan, race, ethnicity, income, geographic location and rurality, gender identity, ability, diagnosis, and sexual orientation.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on target populations.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.
Sustaining Health Needs	Health needs prioritized for children and family that are identified through child-specific morbidity and mortality data as long-standing and may not be specifically identified in the adult population.

CHNA Participants

Participating Organizations

AdventHealth	Broomfield Senior Center	Mental Health Partners
Advocates for Recovery Colorado	Broomfield Public Health and Environment	Rocky Mountain Equality
Benefits in Action	Clinica Family Health	Sister Carmen Community Center
Boulder County Area Agency on Aging	Colorado Community Health Alliance	The Refuge
Boulder County Public Health	Colorado Department of Health Care Policy & Financing	Via Mobility Services
Broomfield FISH	Good Samaritan Hospital	

CHNA Methodology

Intermountain Health CHNA Database

Persons and Organizations Involved in Data Collection and Analysis

Organization	Name, Credentials	Title	Responsibilities
Intermountain Health	Katie Koblenz, MS	Community Health Director	Oversee and conduct CHNA
Intermountain Health	Peggy Jarrett, MPH, BSN, RN	Community Health Program Manager	Analyze secondary data, present findings to community partners
Intermountain Health	Kathryn Barker, MPH	Community Health Program Evaluation Consultant	Support secondary data analysis and impact evaluation
Intermountain Health	Chris Grosh, PhD	Strategic Research Senior Consultant	Gather and analyze public needs survey data and stakeholder interview data
Intermountain Health	Fiona Schroeder, MAcc	Business Operations Coordinator	Gather stakeholder interview data
Colorado Health Institute	Maggie Hart, MPH	Research and Policy Analyst	Gather and analyze stakeholder survey data
Colorado Health Institute	Paul Presken, MPP	Senior Consultant	Gather and analyze secondary data
Colorado Health Institute	Sara Schmitt, AM	President & CEO	Oversee secondary and survey data collection
Colorado Health Institute	Lindsey Whittington, MPH	Data and Analysis Manager	Develop secondary data database

Methodology: Secondary Data

Secondary Data Sources

Data Source	Year(s)	Tab(s)
American Community Survey	2018-2022 Five-Year File	County-HSR Database, ZIP Code Tabs
American Community Survey	2018-2022 Five-Year File	County-HSR Database
American Community Survey	2017-2021 Five-Year File	County-HSR Database
ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles	2020-2022	County-HSR Database
Behavioral Risk Factor Surveillance System	2021	County-HSR Database
Behavioral Risk Factor Surveillance System	2020-2022	County-HSR Database, HSR Demographic Database
Colorado Department of Education	2022-2023 School Year	County-HSR Database
Colorado Department of Education	2021-2022 School Year	County-HSR Database, ZIP Code Tabs
Colorado Department of Public Health and Environment	2022	County-HSR Database
Colorado EnviroScreen Mapping Tool	2017	County-HSR Database
Colorado Health Access Survey	2023	County-HSR Database, HSR Demographic Database, HSR Over Time Database
Colorado Health Access Survey	2021	County-HSR Database, HSR Over Time Database, ZIP Code Tabs
Colorado Hospital Association	2022	County-HSR Database
Colorado Vital Statistics Program	2022	County-HSR Database
Colorado Vital Statistics Program	2018-2022	County-HSR Database, County Over Time Database
Colorado Vital Statistics Program	2018-2020	Top 10 Death Rates per County
Colorado Vital Statistics Program	2016-2020	County-HSR Database
County Business Patterns	2020	County-HSR Database
Department of Regulatory Agencies	2024	County-HSR Database
Department of Revenue	2024	County-HSR Database
Environmental Justice Screening and Mapping Tool	2019	County-HSR Database
Healthy Kids Colorado System	2021	County-HSR Database, HSR Demographic Database, HSR Over Time Database
Map the Meal Gap from Feeding America	2019-2020	County-HSR Database
Mapping Medicare Disparities Tool	2020	County-HSR Database
MIT Living Wage Calculator	2024	County-HSR Database, ZIP Code Tabs
National Center for Health Statistics	2018-2020	County-HSR Database
National Center for Health Statistics	2017-2020	County-HSR Database
National Center for Health Statistics	2014-2020	County-HSR Database
National Center for HIV/AIDS	2021	County-HSR Database
National Low Income Housing Coalition	2023	County-HSR Database
Point in Time Study	2023	County-HSR Database
Pregnancy Risk Assessment Monitoring System	2020-2021	County-HSR Database
Substance Abuse and Mental Health Services Administration	2024	County-HSR Database
USDA Food Environment Atlas	2019	County-HSR Database

Methodology: Primary Data

Community Input Inventory

Input Type	Date(s)	Sample	Method	Topics Covered	Community Representation
Stakeholder Meetings	4/09/2024	n=23	In-person meeting	• Hospital Community Benefit Accountability • Strategy impact progress • Secondary data review • Preliminary health needs • Preliminary prioritization	• Public Health Agencies • Community-Based Organizations • Health Care Organizations • Older-Adult Serving Organizations • Youth-Serving Organizations
Stakeholder Survey	4/24 – 5/15/2024	n=142 73% serve hospital service area	Web-based survey through email	• Community demographics • Community health needs • Vulnerable populations • Existing community resources	• Community-Based Organizations • Faith-Based Organizations • Health Care Organizations • Public Health Agencies • Youth-Serving Organizations
Stakeholder Interviews	5 /11 –5/13/204	n=20 25% serve hospital service area	Phone interview	• Professional background • Populations served • Vulnerable populations • Perceived community needs • Existing partnerships and collaborations • Perspectives on preliminary list of health needs identified during stakeholder meetings • Opportunities to improve the CHNA process and stakeholder collaboration	• Community-Based Organizations • Health Care Organizations • Public Health Agencies • Community Residents
Public Survey	5/3 – 5/17/2024	n=443 37% reside in hospital service area	Web-based survey through email	• Health and well-being • Health conditions • Healthcare access • Health insurance coverage • Unmet social needs • Community concerns	• 15% Young Adult (18-25) • 76% Adult (26-64) • 9% Older Adult (65+) • 3% American Indian or Alaska Native • 3% Asian • 5% Black/African American • 15% Hispanic/Latino • 2% Multiracial • 0% Native Hawaiian/Pacific Islander • 72% White, Non-Hispanic or Latino • 61% Female • 37% Male • 18% LGBTQIA Affiliation • 33% Child living in household

Summary of Primary Data Findings

Input Type	Findings
Stakeholder Survey	• Most pressing concerns include affordable/stable housing, behavioral and mental health issues including suicide, and economic stability . • Underserved communities include people experiencing homelessness, low-income communities, people with serious mental illness, people with substance use disorder, and people who are uninsured . • The least available services are substance use prevention, treatment, and recovery services .
Stakeholder Interviews	• Interviews validated the health needs prioritized during the stakeholder meeting: behavioral health, housing insecurity, access to healthcare, economic stability, food insecurity, and equity/social inequality.
Public Survey	• Top 5 Reported Unmet Healthcare Needs for Good Samaritan Respondents – Dental care, 22% – Primary care, 21% – Prescription medications, 17% – Mental/behavioral health care, 15% – Pediatric cases (of those with unmet needs), 11% • Top 9 Reported Household Challenges for Good Samaritan Respondents – Financial insecurity, 42% – Trouble finding a job, 27% – Food insecurity, 23% – Housing insecurity, 22% – Unreliable transportation, 22% – Concerned about utilities being shut off, 16% – Limited, unreliable internet access, 10% – Social inequality (discrimination or prejudice), 10% – Safety concerns for self or family, 8% • Top 7 Community Concerns for Good Samaritan Respondents – Cost of living, 73% – Homelessness, 47% – Unsafe driving, 42% – Theft and property crimes, 38% – Drug-related crimes, 36% – Substance use and addictions, 33% – Firearm safety (storage and accidents), 32%

Community Resources

Resources to Address Significant and Sustaining Health Needs

Health Need	Organization	Summary of Resources
Behavioral Health	Mental Health Partners	Comprehensive behavioral health services for all ages including mental health care, substance use treatment, case management, wellness programs, and training courses for the community.
	Community Reach Center	Mental health therapy, case management, group therapy, and trainings.
	Health Futures Coalition	Community professionals and youth designing and implementing programs to prevent youth substance use.
Access to Care	Benefits in Action	Navigation and application assistance for public benefit programs, including government and other health insurance, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Child Care Assistance Program (CCAP).
	Via Mobility	Transportation services for seniors or people with limited mobility.
Economic Stability	Sister Carmen Community Center	Case management, housing navigation, rental and utility assistance, food pantry, thrift store, and workforce development program, classes, and workshops.
	Broomfield FISH	Housing navigation, rental and utility assistance, food pantry, transportation assistance and access to wraparound services through the Broomfield Collaborative Management Program.
Child & Family Well-Being	A Precious Child	Supports children and families experiencing poverty, abuse, neglect, or crisis by connecting to a network of resources, including food, clothing, hygiene, education, employment, and recreation.
	ECPAC (Early Childhood Partnership of Adams County)	Parent and family education and connection to food, housing, childcare, counseling, financial support, and public assistance programs.
	Mount Saint Vincent	Intermountain Health's child behavioral health program in the Denver-metro area, providing outpatient and in-home treatment, day treatment and therapeutic education, and therapeutic foster care for children recovering from trauma.

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