Intermountain Health | Saint Joseph 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 of the Saint Joseph Hospital 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 Saint Joseph 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 Saint Joseph 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

Scott Peek,
Saint Joseph 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

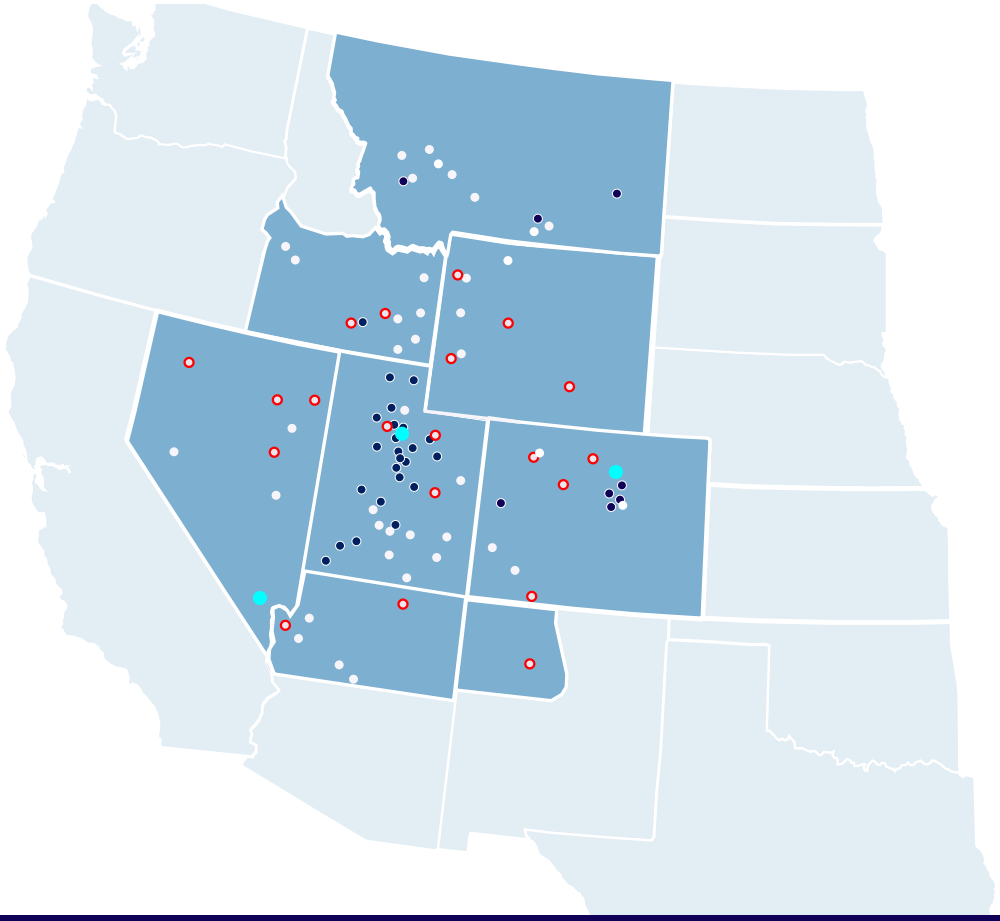
Helping People Live the Healthiest Lives Possible®

Mission for Catholic Entities:

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

- We are leaders in clinical excellence
- We believe in what we do
- We serve with empathy
- We are partners in health
- We do the right thing
- We are better together



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

Saint Joseph Hospital

Saint Joseph Hospital is recognized as one of the top hospitals in the nation and is the oldest private teaching hospital in Denver. The hospital's founders, the Sisters of Charity of Leavenworth, developed innovative ways to provide healthcare more than 150 years ago, and that commitment continues today. Saint Joe's offers high-quality, affordable healthcare to improve the community's health it serves, especially the poor and vulnerable.

Its patient experience, quality, and several signature clinical programs, including advanced heart and respiratory care, and comprehensive women's and infant's services, are among the premier programs in the country. Through close working relationships with top community physicians, Kaiser Permanente, and National Jewish Health, the hospital provides some of the best patient-centric inpatient and outpatient care.

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.

Saint Joseph 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.

Another key community collaborator was the Denver Department of Public Health & Environment. It provided insight and evidence about public health trends, disparities, and current efforts to address community health needs. It 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.

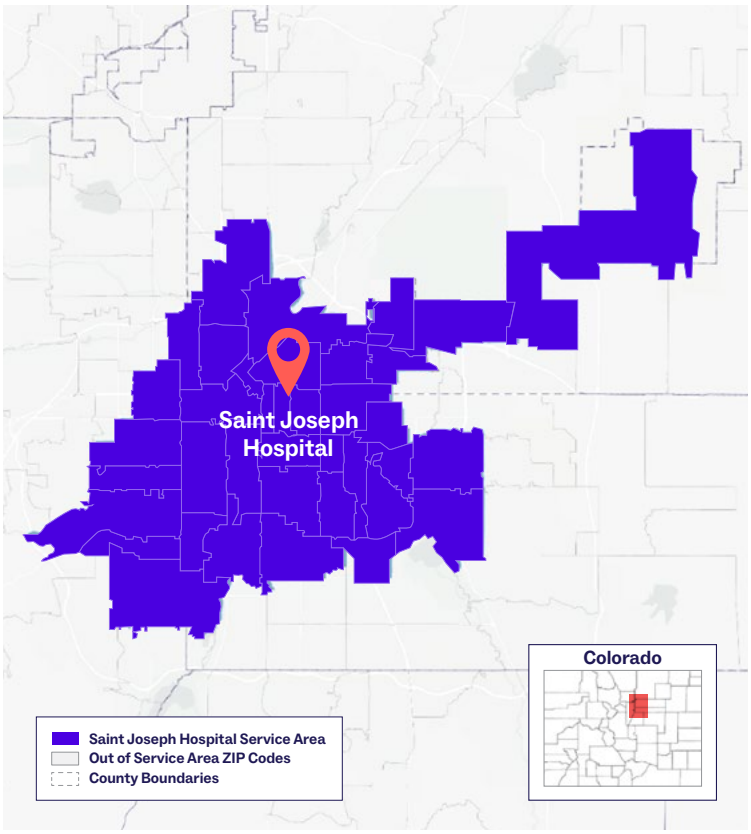
As a healthcare system, employer, and community leader, Intermountain Health is committed to improving health equity in the communities we serve.

Community Profile

Saint Joseph Hospital is in Denver, Colorado, and the primary service area is communities within 37 ZIP codes in the city and county of Denver, where most patient admissions originate. The hospital service area includes underrepresented, underserved, low-income, and minority community members.

Denver County Service Area

ZIP Code	City
80012, 80014, 80110, 80123, 80202, 80203, 80204, 80205, 80206, 80207, 80209, 80210, 80211, 80212, 80214, 80216, 80218, 80219, 80220, 80221, 80222, 80223, 80224, 80226, 80227, 80230, 80231, 80232, 80235, 80236, 80237, 80238, 80239, 80246, 80247, 80249, 80290	Denver



Community Demographics

Demographic Factors	Hospital Service Area	Colorado	United States
Population	1,041,462	5,770,790	331,097,593
Persons Under 18 years	18.8%	21.5%	22.1%
Persons 65 years and over	13.1%	14.8%	16.5%
Female Persons	49.6%	49.3%	50.4%
High school graduate or higher (age 25 years+)	90.0%	92.5%	89.1%
Persons in poverty (100% Federal Poverty Level)	11.1%	9.6%	12.5%
Median Household Income (2022 dollars)	$85,853 (Denver County)	$87,598	$75,149
Persons without health insurance (under age 65)	9.5%	7.7%	8.9%
White, not Hispanic or Latino	54.5%	66.2%	58.9%
People living with HIV diagnosis (per 100,000)*	871.2	271.9	380.3
Hispanic or Latino	28.7%	22.1%	18.7%
Black or African American	8.3%	3.8%	12.1%
Asian	3.7%	3.1%	5.7%
American Indian and Alaska Native	0.4%	0.4%	0.6%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Speak Language other than English at Home	24.3%	16.2%	21.7%

A demographic snapshot of the Saint Joseph Hospital service area comprising 37 ZIP codes in Denver County compared to Colorado and the United States (Source: American Community Survey, 2018-2022).

*Human immunodeficiency virus (HIV) data compiled from CDC NCHHSTP AtlasPlus.

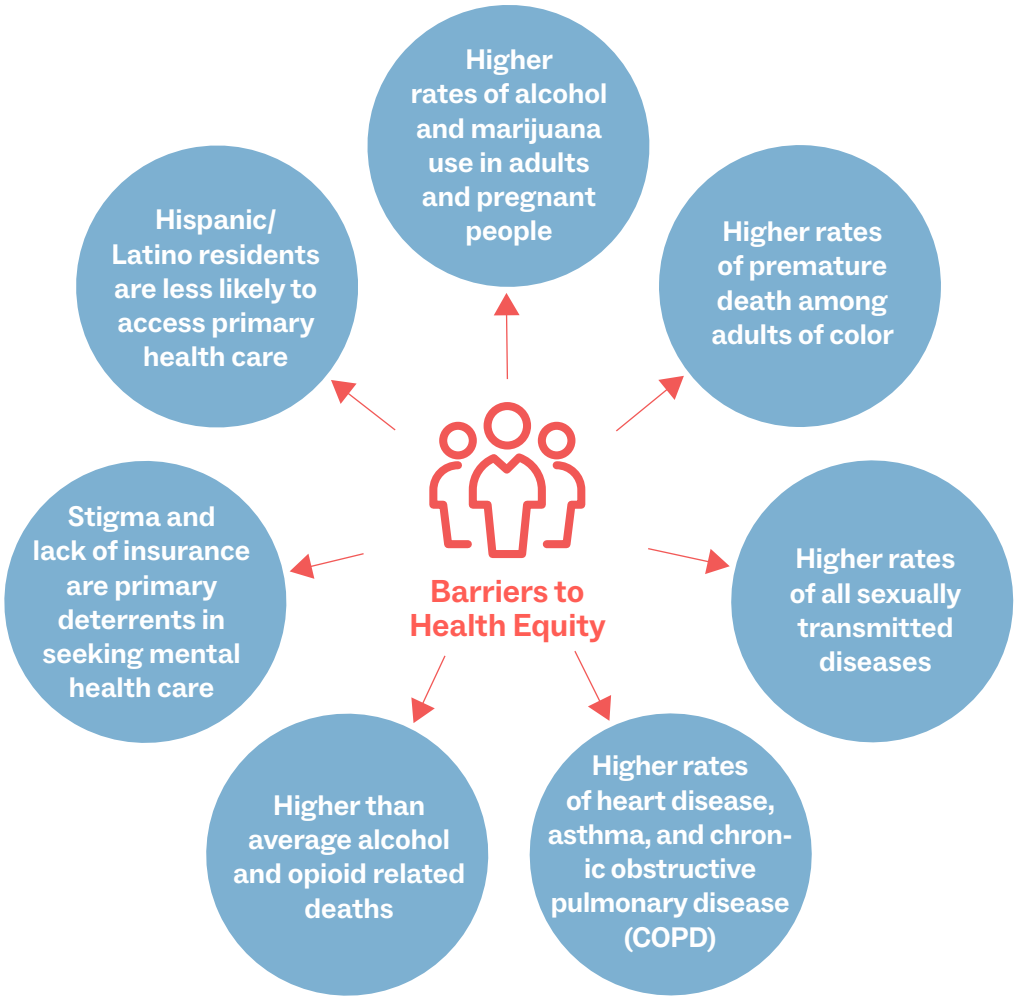
Health Disparities

The CHNA process involves a comprehensive analysis of the unique demographics, identities, and health needs of the communities served by Saint Joseph 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.

Saint Joseph Service Area Compared to Colorado

- Higher percentage of Hispanic/Latino residents
- More Spanish-speaking households
- Higher rates of poverty
- Higher rates of food insecurity

- Younger population
- Less availability of medical care appointments
- Lower rates of home ownership



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

Saint Joseph 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.

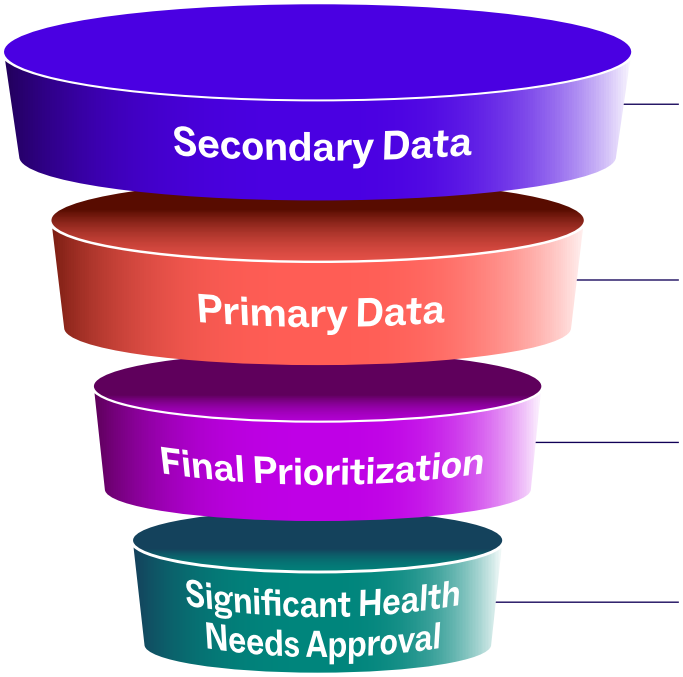
Primary data also provided insights into current resources and community capacity to address health needs that inform the development of the 2025 Saint Joseph Hospital Implementation Strategy.

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	Overweight and obesity	Sexually transmitted infections	Substance use, including tobacco, alcohol, and opioids	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 11, 2024, and facilitated by Saint Joseph 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.

The county public health agency 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

	Mental Health/ Substance Use	Affordable Housing	Provider Shortage	Food Insecurity	Access to Healthcare	Social Connectedness	Firearm Safety
Score	41	16	11	10	3	2	1

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, Saint Joseph 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, Saint Joseph 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

Emergency department utilization is higher rate than the state.

13% of residents did not get needed doctor's care and 16% did not get specialty care due to cost in the past 12 months.

Affordable housing & food insecurity

One in ten residents worried about having stable housing in the next two months.

16% of residents reported eating less food due to lack of money.

Economic stability

12% of residents are below 100% of the federal poverty level.

16% of residents had trouble paying their rent or mortgage in the past year.

Child safety

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

Mental health and substance use

One in five adults were diagnosed with a depressive disorder.

The service area has higher rates of hospitalization and death due to opioid use and overdose than the state.

Sexually Transmitted Diseases

The rate of people living with HIV is over three times higher than the state rate, and rates of chlamydia, gonorrhea, and syphilis are two times higher.

Transportation

More than one in three residents experience barriers with transportation due to the cost of gas and roads being in poor shape.

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

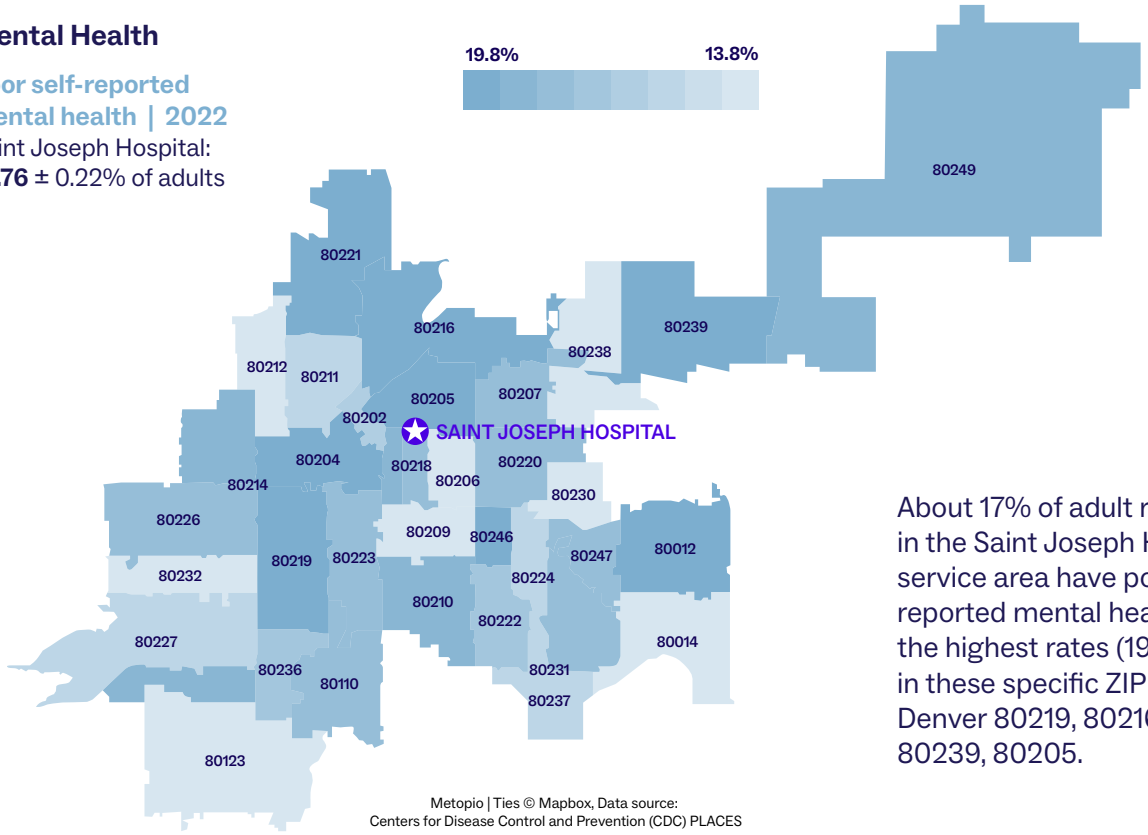
The 2024 CHNA prioritized improving behavioral health as a significant health need through addressing mental health, substance use disorders, and suicide prevention. This unifies the health needs identified during data collection and prioritization under Behavioral Health and focuses on the greatest 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 has been a health priority in the hospital service area in previous CHNA cycles 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.

"When someone is struggling with mental health and substance use, it impacts all areas of their life and their overall ability to meet basic needs just disintegrates." *— Community Stakeholder*

Mental Health

Poor self-reported mental health | 2022
Saint Joseph Hospital:
16.76 ± 0.22% of adults



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

About 17% of adult residents in the Saint Joseph Hospital service area have poor self-reported mental health, with the highest rates (19 to 20%) in these specific ZIP codes of Denver 80219, 80216, 80204, 80239, 80205.

DISPARITIES, EQUITY & MENTAL HEALTH

Over 44% of public survey respondents reported a mental health condition in their household.

20% of residents did not get needed mental health care and nearly half of those lacking care cited stigma as a barrier.

One in three students reported stopping some usual activities due to feeling sad or hopeless, with higher incidence among Hispanic, Black, and multi-racial students.

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 substance use deaths.

DISPARITIES, EQUITY & SUBSTANCE USE DISORDER

Compared to the state, residents had above average rates of alcohol-induced death, emergency department visits, hospitalizations, and opioid overdose deaths.

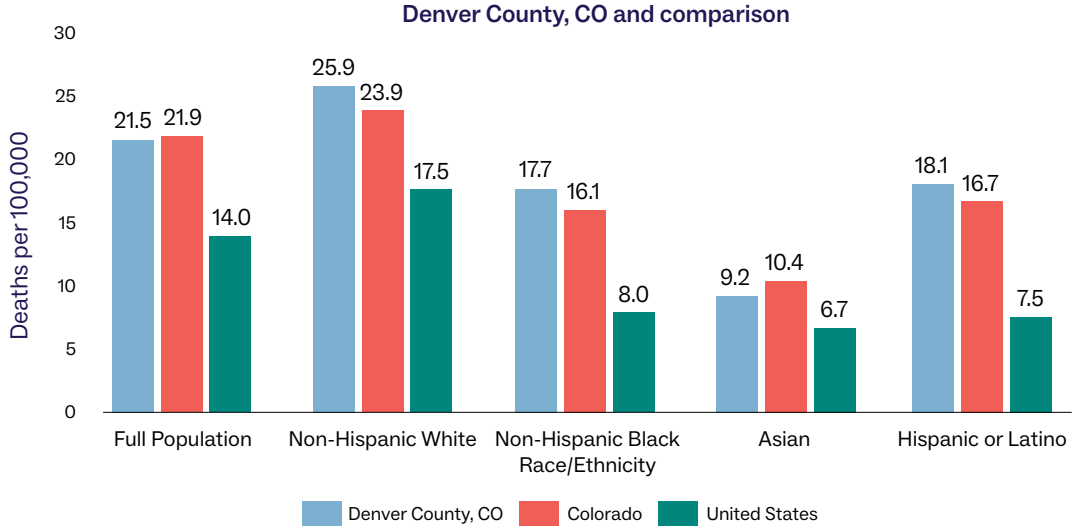
More than one in four Denver County adults used marijuana in the past month, which is above the state average.

23% of birthing parents in the service area reported drinking alcohol during the last trimester of pregnancy, compared to 16% across the state.

Suicide Prevention

Colorado had the fifth highest suicide rate in the country and the rate in Denver County is similar to the state (21.9 vs 21.5 per 100,000) with significant disparities. Youth ages 5 to 17 years had a higher suicide rate compared to Colorado (17.6 vs 12.8). Additionally, the suicide rates among Hispanic and Black residents are more than double the national rates (CDC NVSS 2018-2022).

Suicide Mortality by Ethnicity, 2018-2022
Denver County, CO and comparison



Created on Metopio. Data source: CDC National Vital Statistics System

From 2018-2022, firearms were the leading cause of suicide in the hospital service area, followed by suffocation and overdose (CDC NVSS).

COMMUNITY STRENGTHS

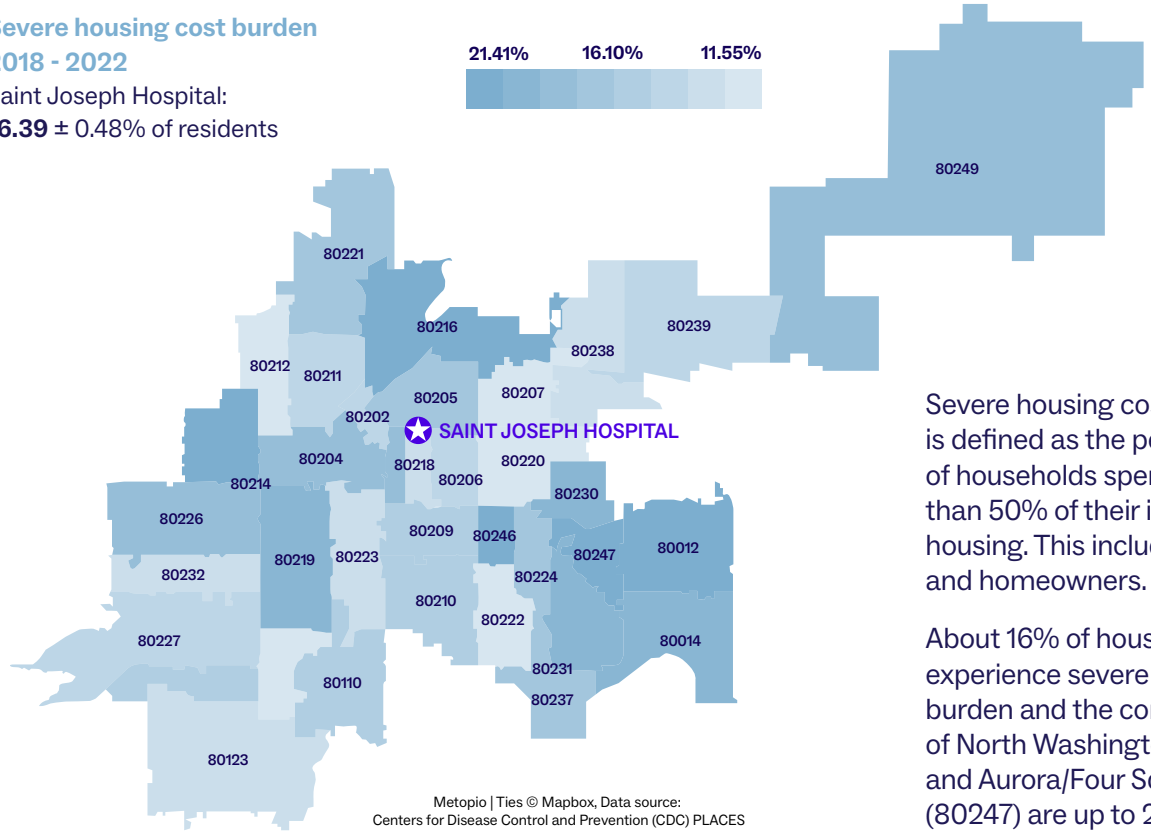
- Alignment with Children's Hospital Colorado, and government, public health, and educational organizations and on behavioral health as a significant health need, supporting collaborative efforts.
- Existing community resources that provide mental health crisis response and access to care for the people experiencing homelessness.
- On-going Implementation Strategies to address behavioral health with community collaborators can be 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.

"There is an unmet resource need for families who are below the poverty line, but above the line for assistance requirements."
— Community Stakeholder

Severe housing cost burden
2018 - 2022
Saint Joseph Hospital:
16.39 ± 0.48% of residents



Severe housing cost burden is defined as the percentage of households spending more than 50% of their income on housing. This includes renters and homeowners.

About 16% of households experience severe housing cost burden and the communities of North Washington (80216) and Aurora/Four Square Mile (80247) are up to 24%.

DISPARITIES, EQUITY & ECONOMIC STABILITY

HOUSING STABILITY

Less than half of the residents own their homes.

83% of stakeholder survey respondents said affordable housing was a top health priority.

FOOD SECURITY

Residents had higher rates of food insecurity than the state.

The percentage of children eligible for free or reduced lunch in the county is nearly 20% higher than the state.

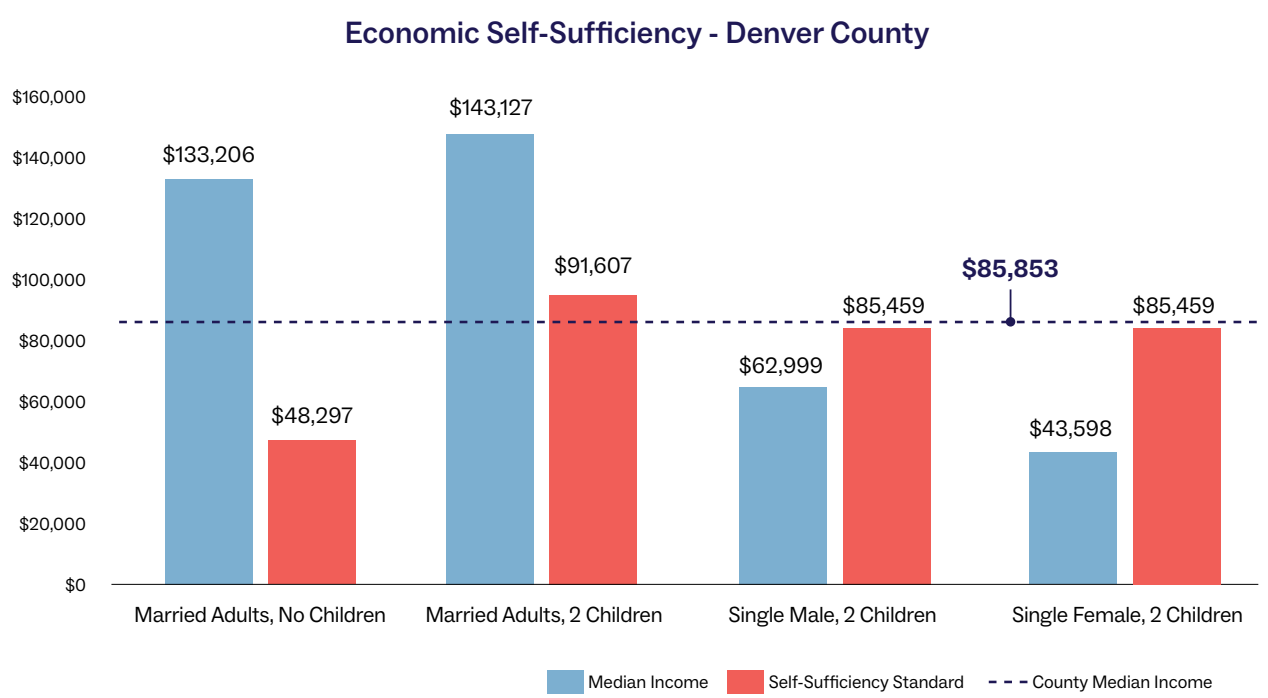
SELF-SUFFICIENCY

Over 18% of children (ages 0 to 4 years) in Denver County experience poverty, compared to 11% in Colorado.

50% of public survey respondents listed financial stress as their top social need.

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, which is $41,861 in Denver County.



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

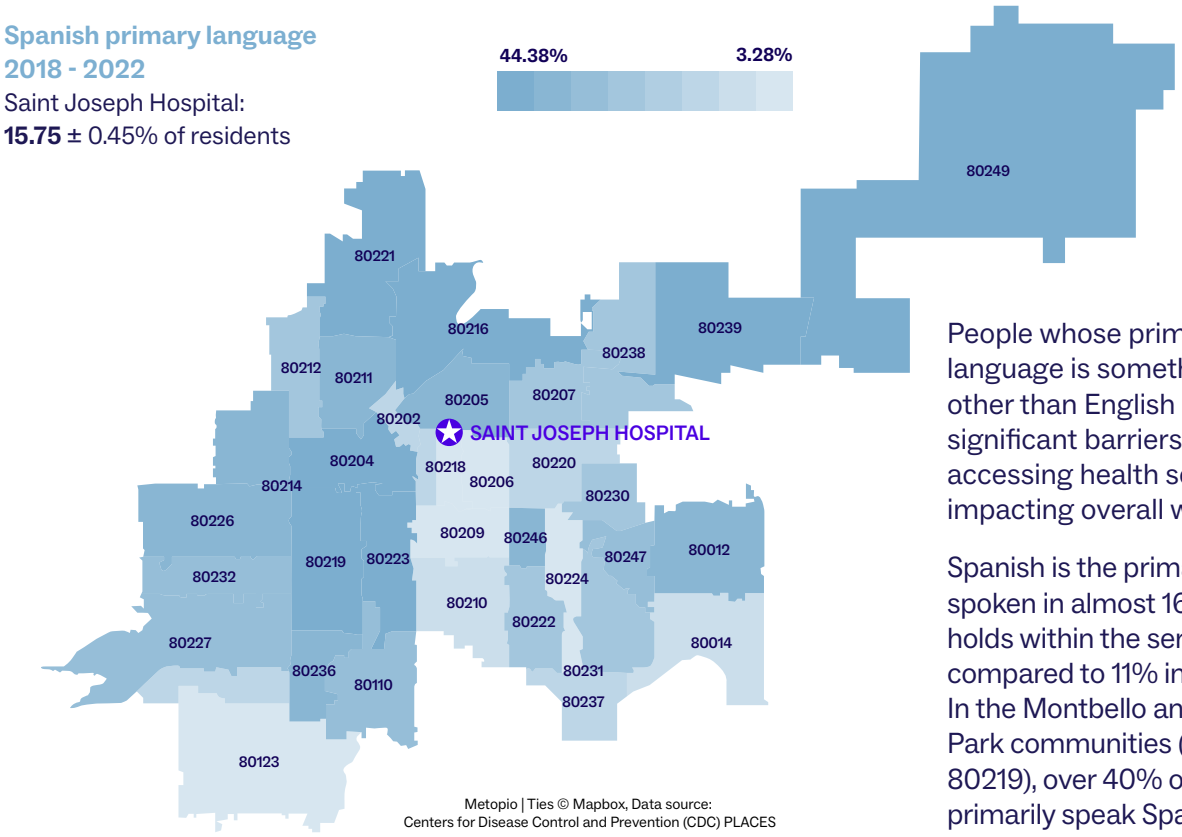
COMMUNITY STRENGTHS

- Engagement of large employers in offering career development opportunities that contribute to living wage jobs and economic stability.
- Collaboration with economic and workforce development organizations in the previous Implementation Strategy, which allows for continued advancement of existing programs.
- Potential for alignment with public health and government agencies on community strategies to address the need.

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.

"Establishing a cultural or linguistic connection is crucial for patients to feel safe and supported in their healthcare interactions."
— Community Stakeholder



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

Spanish is the primary language spoken in almost 16% of households within the service area compared to 11% in Colorado. In the Montbello and Harvey Park communities (80239, 80219), over 40% of households primarily speak Spanish.

DISPARITIES, EQUITY & ACCESS TO CARE

Within the service area, Hispanic/Latino residents are less likely to have visited a general doctor than White residents.	The public survey reported that 47% of respondents had unmet healthcare needs and 19% were uninsured or underinsured.	One in three residents said they were unable to get a doctor's appointment when one was needed.

COMMUNITY STRENGTHS

- Established collaboration and shared alignment with local Federally Qualified Health Centers and public health agencies to improve access to care.
- On-going Implementation Strategies to address access to care with community collaborators can be 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

Saint Joseph Hospital conducted the previous CHNA in 2021, and the significant health needs were identified as Mental Health, Economic Stability, and Health Equity. 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.

Saint Joseph Hospital 2022 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2022-2024*
Mental Health	• Provide mental health and wellness programs in the service area • Implement follow-up connection to resources after Emergency Department admission for suicide attempt/ideation • Offer services for perinatal mood and anxiety disorders (PMADs) across the continuum of care	• Completed eight program sessions through the Center for African American Health, which served 214 individuals from a vulnerable population. • Connected 292 patients to mental health resources after discharge for mental health crisis. • Provided 1,334 women with care for PMADs.
Economic Stability	• Prioritize locally owned BIPOC (Black, Indigenous, People of Color) businesses for external catering • Improve hospital's hiring pipeline with community collaborators • Develop an internship program for Denver Public School's (DPS) students to explore healthcare careers	• Directed $60,000 in catering purchases to local BIPOC businesses. • Hired 12 new hospital employees who were Cross Purpose participants, a not-for-profit that supports career development for at-risk community members. • Provided 24 DPS students Certified Nursing Assistant (CNA) training. • Provided 18 DPS students internships in the hospital's emergency department, and 12 internships in other clinical areas.
Health Equity	• Explore career internship options at the hospital for people with Intellectual and Development Disabilities (I/DD) • Improve birth weight outcomes for low-income, expectant families receiving care in the hospital's charity care clinics	• Collaborated with Project SEARCH, a local not-for-profit that helps young adults with I/DD live independently, to become an intern preparation and job training site. • Provided the Baby Bootique Program, which incentivizes expectant families for healthy choices, regular care, and education, with baby supplies and resources. • The Baby Bootique served 1,281 low-income families, of whom 14% identified as African American and 65% identified as Hispanic/Latino, of which 25% were Spanish only speakers.

*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

Saint Joseph 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:

Chuck Ault
Community Health Program Manager
Chuck.Ault@imail.org

Katie Koblenz
Community Health Front Range Director
Katie.Koblenz@imail.org

Katie Tiernan Johnson
Assistant Vice President Community Health
Katie.TiernanJohnson@imail.org

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	Denver Public Schools	Saint Joseph Hospital
Center for African American Health	Food Bank of the Rockies	Tepeyac Community Health Center
Denver Department of Public Health & Environment	Metro Caring	Uptown Community Health Center
Community Members		

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	Chuck Ault	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	4/11/2024	n=14	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 18% 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	5/03 - 5/17/2024	n=443 31% 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	• 13% Young Adult (18-25) • 74% Adult (26-64) • 12% Older Adult (65+) • 1% American Indian or Alaska Native • 2% Asian • 11% Black/African American • 14% Hispanic/Latino • 8% Multiracial • 1% Middle Eastern or Northern African • 64% White, Non-Hispanic or Latino • 53% Female • 45% Male • 2% Non-binary • 22% LGBTQIA Affiliation • 31% Child living in household

Summary of Primary Data Findings

Input Type	Findings
Stakeholder Survey	• Most pressing concerns include access to employment that pays a living wage, affordable/stable housing, and behavioral and mental health issues including suicide. • Underserved communities include people experiencing homelessness, immigrants, refugees, and low-income communities. • The least available services are social support services (housing, food), childcare services, and behavioral and mental health services.
Stakeholder Interviews	• Interviews validated and provided further context for the health needs prioritized during the stakeholder meeting: behavioral health, housing instability, access to healthcare, food insecurity, and provider shortages within primary and behavioral healthcare.
Public Survey	• Top 5 Reported Unmet Healthcare Needs for Saint Joseph Respondents – Dental care, 31% – Primary care, 20% – Mental/behavioral health care, 18% – Prescription medications, 16% – Substance Use/Addiction care, 12% • Top 9 Reported Household Challenges for Saint Joseph Respondents – Financial insecurity, 50% – Trouble finding a job, 28% – Food insecurity, 24% – Unreliable transportation, 24% – Housing instability, 22% – Safety concerns for self or family, 17% – Limited, unreliable internet access, 15% – Concerned about utilities being shut off, 14% – Social inequality (discrimination or prejudice), 12% • Top 7 Community Concerns for Saint Joseph Respondents – Cost of living, 70% – Homelessness, 61% – Unsafe driving, 47% – Theft and property crimes, 47% – Drug-related crimes, 42% – Gun related violence, 39% – Substance use and addictions, 38%

Community Resources

Resources to Address Significant and Sustaining Health Needs

Significant Health Need	Organization	Summary of Resources
Behavioral Health	WellPower	Behavioral health provider that serves the community and improves access to care.
	Signal Behavioral Health	Organization specializing in substance use treatment and behavioral health services.
Access to Care	Uptown Community Health	Federal Qualified Health Center that provides a medical home and improves access to care.
	Benefits in Action	Not-for-profit that provides healthcare benefits navigation and enrollment in Colorado.
Economic Stability	The Center for Community Wealth Building	Economic justice organization that provides community services and resources that improve earning potential and job opportunities.
	Cross Purpose	Not-for-profit organization that provides job training and preparation that improves earning potential and economic stability.
Child and Family Well-Being	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.
	Family Connects	Nurse home visitation for new parents with universal eligibility to provide family care.
	New Fathers Foundation	Not-for-profit hospital-based preparation program that provides peer support and workshops for expectant fathers.

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