

**2015 Community Health Needs Assessment
Good Samaritan Medical Center
Lafayette, Colorado**

December 11, 2015



Contributors

Boulder County Public Health

Health Planning and Epidemiology

Boulder, Colorado

Quantitative data component including the data dashboard

Broomfield County Public Health

Department of Health and Human Services

Broomfield, Colorado

Quantitative data component

Community Health Partners, Inc., WOSB

Myrna Candraia, President

Colorado Springs, Colorado

Report writer

Professional Research Consultants, Inc.

Omaha, Nebraska

Qualitative data survey and summary of qualitative results



Table of Contents

Introduction

Acronyms	4
The 2012 Community Health Needs Assessment and Hospital Implementation Plan	5
Executive Summary	7
Project Overview and Goals	8
Conducting the Community Health Needs Assessment	8
Community Served by the Hospital	9
Section I: Quantitative Review and Assessment	11
Source Material	11
Section II: Qualitative Survey and Assessment	12
Section III: Good Samaritan Medical Center Top Needs	54
Process and Selection of Top Needs	54
Next Steps	55
Appendices	
A. Prioritization of Top Needs Scoring Sheet	56
B. Requirements for Nonprofit Hospitals	58



Introduction

Acronyms Used in this Report

BPH – Boulder County Public Health

Broomfield – Broomfield County Public Health

CHNA – Community Health Needs Assessment

GSMC – Good Samaritan Medical Center

HIP – Hospital Implementation Plan

OKIS – Online Key Informant Survey

PRC – Professional Research Consultants



The 2012 Community Health Needs Assessment and Hospital Implementation Plan

In 2012 Good Samaritan Medical Center (GSMC) engaged the Center for Health Administration at the University of Colorado to assess the health status of the hospital's community. The resulting CHNA highlighted the health status of the counties that make up the hospital's community: Boulder and Broomfield. The health indicators were organized according to the Health Equity Model which takes into account a wide range of factors that influence health. This model groups the social determinants of health into four categories:

- Life course perspective: how populations are impacted differently during the various stages of life.
- Social determinants of health: societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life.
- Health factors: components of health behaviors and conditions, mental health and access, utilization and quality of health care.
- Population health outcomes: measures of quality of life, morbidity, mortality and life expectancy.

Each health indicator was rated in comparison to the state average. The health indicators selected for this community health needs assessment were as follows:

- Overall Health Status
- Access
- Cancer
- Diabetes
- Heart Disease and Cerebrovascular Disease
- HIV/AIDS
- Communicable Disease
- Injury
- Mental Health
- Obesity, Nutrition and Physical Activity
- Oral Health
- Sexual Health
- Substance Abuse
- Tobacco

Good Samaritan's senior leadership and Board of Directors reviewed, prioritized and approved the hospital's top community health need as being **Mental Health**.



Achievements

Some of the key actions and achievements related to mental health over the past three years include:

- Formed a formal partnership with Mental Health Partners of Boulder County.
- Under the partnership with Mental Health Partners and SCL Physicians, embedded behavioral health services in a busy, low-income clinic in Thornton. The pilot project allowed GSMC to support a Social Worker and a Nurse Practitioner who were able to provide interventions, monitoring and drug prescribing. In September 2013, the clinic began providing services to clinic patients and the community. Key achievements include:
 - Providing services to all ages of patients, including children age 14 and under.
 - A no-show rate of 18.8% - which was lower than expected.
 - Through October 1,597 patient encounters in PCP offices
 - High primary care provider satisfaction.

Due to the success of the pilot, the project was rolled out to another SCL Physician clinic in August 2014 with plans to place behavioral health services in all SCL Physician clinics in the GSMC service area by the end of 2016.

- Provide ongoing in-kind donation to community organizations that serve those affected by mental health issues: Mount Saint Vincent Home, Imagine! Foundation, Mental Health Partners, Bal Swan Children's Center, Devereux Cleo Wallace, Mental Health Center of Boulder and Broomfield counties, Foothills Behavioral Health Partners, and Senior Reach – a collaboration with Jefferson Center for Mental Health, the Seniors' Resource Center and Mental Health Partners.
- Several hospital staff members serve on Boards and or community committees that focus on mental health issues including Board Membership for Mental Health Partners and Mount Saint Vincent Home.

In addition to mental health, the hospital supports other areas of need in the community including support of organizations that address food insecurity, oral health needs for both adults and children, the Cancer Care Assistance Fund, and children safety programs among others.



2015 Executive Summary

The 2015 Community Health Needs Assessment for Good Samaritan Medical Center represents a systematic approach to identify top healthcare priorities for 2016-2018 to guide efforts to improve community health and wellness in the City of Lafayette, Colorado and Boulder and Broomfield Counties. For non-profit hospitals, the Needs Assessment also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

Identification and Prioritization of Health Needs

Two sets of data were reviewed to identify top priorities for the communities served by Good Samaritan. Quantitative data was obtained from the *Boulder County Health Compass* website, and qualitative data was collected from an Online Key Informant Survey performed by Professional Research Consultants, Inc.

Good Samaritan Community Benefit staff met on several occasions with Boulder Public Health and Broomfield Public Health to begin the process of identifying existing health needs facing the hospital in its service area. As a result, 12 priority health needs were identified: Access to Health Services; Cancer; Diabetes; Exercise; Nutrition and Weight; Heart Disease and Stroke; Immunizations and Infectious Diseases; Maternal, Fetal and Infant Health; Mental Health; Older Adults and Aging; Oral Health; Respiratory Diseases; and Substance Abuse, including Tobacco. A web page was developed by Boulder Public Health specific to these identified existing needs as a data dashboard. The dashboard included both Boulder and Broomfield County data and highlighted the top 12 identified existing needs as well as mortality data.

The Online Key Informant Survey was designed to capture the voices, thoughts, and healthcare experiences of community stakeholders serving vulnerable populations in the hospital's service area. The survey also helped Good Samaritan establish a partnership list which will be used to assist the hospital in addressing its top community health needs. Participants for the survey were identified by Good Samaritan, Boulder Public Health and Broomfield County Public Health, resulting in 300 individuals representing 29 community organizations that work to improve the health and social needs of Boulder and Broomfield residents, including low-income, minority, and the medically underserved populations. The survey was sent to all 300 individuals starting on October 19, 2015 and completed on November 6, 2015 with 53 individuals completing the survey (17.6% response rate). Participants were asked to review the *Health Compass* prior to participating in the survey.



Survey participants rated the scope and severity of each of the 12 health issues on a scale of 1 to 10. 1 is 'not very prevalent with only minimal health consequences' and 10 is 'extremely prevalent with very serious health consequences. Additional open-ended questions were asked of respondents giving ratings of 9 or 10. Participants ranked each need and a score was calculated resulting in the following:

1. Older Adults and Aging – 7.14
2. Mental Health – 7.02
3. Cancer – 6.60
4. Substance Abuse, including Tobacco – 6.57
5. Exercise, Nutrition & Weight – 6.52
6. Heart Disease & Stroke – 6.18
7. Diabetes – 5.96
8. Immunizations and Infectious Diseases – 5.76
9. Oral Health – 5.67
10. Access to Health Services – 5.36
11. Respiratory Diseases – 5.21
12. Maternal, Fetal & Infant Health – 4.98

Selection of Top Needs

On December 7, 2015, Good Samaritan hosted a one-time facilitated Community Health Needs Task Force session. Community representatives included public health, older and adult aging services, mental health, community food bank, and the local community health center. The hospital was represented by Mission, Community Benefit, Nursing, Palliative Care, Performance Improvement, Communications, Business Development, and the Emergency Department.

The meeting consisted of a presentation covering a history of the requirements for the community health needs assessment, top needs selected in 2012 and progress made on those needs, a review of each of the new 12 needs including survey participant comments, and a list of resources identified by survey participants. The role of the Task Force was clarified: review and discuss the quantitative and qualitative data and, based on scope/severity, impact and available resources, score each of the 12 needs.

At the end of the Task Force meeting, participants used a scoring sheet which resulted in the following rank of top needs the hospital should address:

1. Mental Health – 9.50
2. Access to Health Services – 8.56
3. Older Adults & Aging – 8.33
4. Exercise, Nutrition & Weight – 7.22
5. Heart Disease & Stroke – 7.06
6. Substance Abuse, Including Tobacco – 6.83



7. Cancer – 6.72
8. Diabetes – 6.39
9. Maternal, Fetal & Infant Health – 5.72
10. Respiratory Diseases – 5.33
11. Immunizations & Infectious Diseases – 5.22
12. Oral Health – 4.16

The list of top needs scored by the Task Force were vetted by Executive Leadership at Good Samaritan and based on the hospitals ability to affect the top needs, they selected **Mental Health** and **Access to Health Care**. These top needs will be the focus of the 2015-2018 Hospital Implementation Plan.



Project Overview and Goals

This Community Health Needs Assessment (CHNA) of Good Samaritan Medical Center (GSMC) represents the examination of data sources that are used to determine health status, behaviors and needs within its healthcare service area. This CHNA will be used to guide GSMC in providing superior health and wellness services to its catchment communities through the establishment of a Hospital Implementation Plan (HIP). The catchment or service area is defined as Boulder and Broomfield counties.

A CHNA provides communities with a roadmap to determine the needs, strategies, resources to systematically impact and improve a community's health status goals

Conducting the Community Health Needs Assessment

Quantitative and qualitative data sources were used to inform this report. Quantitative data was obtained from the Boulder County *Health Compass* website, and qualitative data was collected from an Online Key Informant Survey (OKIS) performed by Professional Research Consultants, Inc. (PRC).

Quantitative Data

GSMC Community Benefit staff met on several occasions with Boulder Public Health (BPH) and Broomfield Public Health (Broomfield) to begin the process of identifying existing health needs facing the hospital in its service area. As a result, 12 priority health needs were identified: Access to Health Services; Cancer; Diabetes; Exercise; Nutrition and Weight; Heart Disease and Stroke; Immunizations and Infectious Diseases; Maternal, Fetal and Infant Health; Mental Health; Older Adults and Aging; Oral Health; Respiratory Diseases; and Substance Abuse, including Tobacco. A web page was developed by BPH specific to these twelve needs. The dashboard is specific to the GSMC service area, highlights the top 12 identified existing needs, and includes mortality data. The web page can be accessed at <http://www.bouldercountyhealthcompass.org/> - Under "Local Efforts" select Hospitals: Good Samaritan Medical Center.

Qualitative Data

Qualitative data input includes primary research gathered through the OKIS. This survey was designed to capture the voices, thoughts, and healthcare experiences of community stakeholders serving vulnerable populations in the hospital's service area. The survey also helped GSMC establish a partnership list which will be used to assist the hospital in addressing its top community health needs. Participants for the survey



were identified by GSMC, BPH and Broomfield resulting in 300 individuals representing 29 community organizations that work to improve the health and social needs of Boulder and Broomfield residents, including low-income, minority, and the medically underserved populations. The survey, including a link to the GSMC *Health Compass* page with a request to review prior to taking the survey, was sent to all 300 individuals starting on October 19, 2015 and completed on November 6, 2015 with 53 individuals completing the survey (17.6% response rate).

Community Served by the Hospital

GSMC is an acute care facility in the North Denver Metropolitan Area providing healthcare services to a wide array of communities. As the leading acute care provider in its primary service area, GSMC treats about one in five inpatients in the area, highest among hospitals in the market. The hospital has 234 licensed beds in a 477,000 square foot campus offering a variety of services including cardiovascular care, a Center for Integrative Medicine, a comprehensive cancer center, a Level II neonatal unit, Level II trauma center, robotic-assisted surgical services, and stroke center, among others. GSMC was recognized in 2014 by The Joint Commission as a *Top Performer on Key Quality Measures®*.

Geographic Area

GSMC is located in the city of Lafayette, Colorado. While Lafayette is situated in Boulder County, the hospital service area includes communities in both Boulder and Broomfield counties. In preparing for the 2015 CHNA, GSMC selected the counties of Boulder and Broomfield as the defined community for its CHNA in order to focus resources and planning on the most local geographic area.

Demographic Constituents

According to the 2014 US Census Data:

Population: The estimated population of Lafayette is 20,493, representing a 13% change from 2010.

Gender: Data for 2014 is not available. In 2010, the population of males and females is nearly equal (50.4% female).

Age: Data for 2014 is not available. In 2010, persons <5 years = 9.6%, persons <18 years = 31.3%, persons 18 to 64 years = 53.4%, and persons 65 years and over = 5.7%.



Racial and Ethnic Diversity: Data for 2014 is not available. The population is primarily comprised of whites (89.2%), Hispanic/Latinos (8.8%), Asian (4.2%), and the remainder is made up of Blacks/African American, American Indian/Alaska Natives.

Education: 97.5% of persons age 25+ are high school graduates and 57.2% of persons aged 25 and over have earned a Bachelor's degree or higher.

Language: 11.9% of persons age 5 years and over speak a language other than English in the home.

Economics: The median household income in 2014 was \$108,857 as compared to the state average of \$59,448. The percentage of persons living in poverty in the City of Lafayette is 2.5%.

According to 2015 *County Health Rankings* data compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation:

Overall Health Rank: This measure ranks the overall health of county citizens for all counties in Colorado. Boulder County is ranked 4th and Broomfield 13th.

Health Status: The percent of persons with poor or fair health is 9% in Boulder County and 9% in Broomfield County as compared to the state average of 13%.

Health Behaviors: Adult obesity is 15% in Boulder County and 20% in Broomfield County. All other behaviors are lower in both Boulder and Broomfield versus the state average except alcohol-impaired driving deaths in Boulder County, which is 36%, above the state average of 34%.

Access to Care: Access to primary care physicians, dentists, diabetic monitoring and mammography is better for persons residing in Boulder and Broomfield counties except mental health providers. Broomfield has lower access to mental health providers at 1,008:1 as compared to 1262:1 at the state level.



Section I: Quantitative Review and Assessment

Source Materials

The quantitative source material for the GSMC CHNA can be found on the Boulder County *Health Compass* website accessed at <http://www.bouldercountyhealthcompass.org/> - Under “Local Efforts” select Hospitals: Good Samaritan Medical Center.

Identified Health Needs

Twelve identified health needs on the Boulder County *Health Compass* represent areas of opportunities for GSMC.


<i>Top 12 Health Issues for Boulder and Broomfield Counties (in alphabetical order)</i>	
<i>Access to Health Services</i>	<i>Maternal, Fetal and Infant Health</i>
<i>Cancer</i>	<i>Mental Health</i>
<i>Diabetes</i>	<i>Older Adults and Aging</i>
<i>Exercise, Nutrition, and Weight</i>	<i>Oral Health</i>
<i>Heart Disease and Stroke</i>	<i>Respiratory Diseases</i>
<i>Immunizations and Infectious Diseases</i>	<i>Substance Abuse, including Tobacco</i>



Section II: Qualitative Survey and Assessment

Professional Research Consultants, Inc. (PRC) performed the qualitative work for Good Samaritan Medical Center, representing input from persons who represent the broad interests of the community. Their full report has been embedded in this report. Citations to the PRC report will be cited as the page number of the Good Samaritan Medical Center report.





Online Key Informant Survey 2015 Prioritization of Health Issues

Boulder & Broomfield Counties, Colorado

Prepared for:
Good Samaritan Medical Center

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0753-02
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Table of Contents

Introduction	4
Project Overview	5
Purpose	5
Process	5
Participation	8
Prioritization Results	10
Prioritization of Health Issues	11
Description of Health Issues	12
Older Adults & Aging	13
Prioritization Results	13
Perceptions of Needs	13
Mental Health	15
Prioritization Results	15
Perceptions of Needs	15
Cancer	18
Prioritization Results	18
Perceptions of Needs	18
Substance Abuse, Including Tobacco	20
Prioritization Results	20
Perceptions of Needs	20
Exercise, Nutrition & Weight	23
Prioritization Results	23
Perceptions of Needs	23
Heart Disease & Stroke	25
Prioritization Results	25
Perceptions of Needs	25
Diabetes	27
Prioritization Results	27
Perceptions of Needs	27
Immunizations & Infectious Diseases	29
Prioritization Results	29
Perceptions of Needs	29



Oral Health	30
Prioritization Results	30
Perceptions of Needs	30
Access to Health Services	31
Prioritization Results	31
Perceptions of Needs	31
Type of Care Most Difficult to Access	33
Respiratory Diseases	34
Prioritization Results	34
Perceptions of Needs	34
Maternal, Fetal & Infant Health	35
Prioritization Results	35
Perceptions of Needs	35
Other Comments	37
Resources	38
Resources Available to Address the Significant Health Needs	39





Introduction



Professional Research Consultants, Inc.



Project Overview

Purpose

This Online Key Informant Prioritization Survey was implemented as a follow-up to a broader Community Health Needs Assessment (CHNA) in order to share key findings from the assessment and solicit input from community stakeholders (or key informants, those individuals who have a broad interest in the health of the community) in prioritizing the significant health needs identified from the assessment. Subsequently, this information may be used to inform decisions and guide efforts to improve health and healthcare services in Boulder and Broomfield Counties, Colorado.

This Online Key Informant Prioritization Survey was conducted on behalf of Good Samaritan Medical Center by Professional Research Consultants, Inc. (PRC) during October and November, 2015.

Process

A list of recommended participants was developed by Good Samaritan Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Announcement

Initially, Good Samaritan Medical Center announced the upcoming survey to these individuals via email, asking them to review information provided under "Good Samaritan Service Area Health Indicators" on the *Boulder County Health Compass* website (available at the time of this writing at: <http://www.bouldercountyhealthcompass.org/index.php?module=Tiles&controller=index&action=display&id=50313611796385584>).



BOULDER COUNTY HEALTH COMPASS
Measuring health, sharing solutions.

Good Samaritan
MEDICAL CENTER | BCG Health

Good Samaritan Medical Center (GSMC) is dedicated to improving the health of our Front Range residents - with special attention to the poor and vulnerable. GSMC conducts Community Health Needs Assessments as part of a tradition of engaging in community health initiatives, community benefit and strategic planning. Now, due to provisions of the Affordable Care Act, Community Health Needs Assessments (CHNAs) are conducted to identify the health assets, as well as health needs. This can only be accomplished by partnering broadly with others within the community to address key community health issues.

The select group of indicators below provides an overview of the major health focus areas for Boulder County and Broomfield County. Clicking on an individual indicator below provides detailed information on that particular health indicator for the respective county. The *Indicator Comparison Report* provides percent, source, and measurement period for each of these Boulder County and Broomfield County health indicators.

County Health Rankings

Good Samaritan Service Area Health Indicators

The "Good Samaritan Service Area Health Indicators" section of the website (above) outlines data for 12 health topic areas identified as significant needs from the Community Health Needs Assessment. These include (in alphabetical order):

- Access to Health Services
- Cancer
- Diabetes
- Exercise, Nutrition, and Weight
- Heart Disease and Stroke
- Immunizations and Infectious Diseases
- Maternal, Fetal, and Infant Health
- Mental Health
- Older Adults and Aging
- Oral Health
- Respiratory Diseases
- Substance Abuse, including Tobacco

On the website, each indicator displayed data for both Boulder and Broomfield counties (see the graphic that follows), and users could click on specific measures to get more detail.





The announcement also told these potential participants that they would soon be receiving an email invitation from PRC to take part in the Online Key Informant Prioritization Survey.



Invitation

Following the announcement, PRC emailed invitations to potential participants including a link to take part in the Online Key Informant Prioritization Survey. Before beginning the survey, participants were asked to confirm that they had reviewed the data referenced in the announcement; those who had not, were given the opportunity to review the materials at that time before proceeding with the survey.

The survey was available online over the course of four weeks, and reminder emails were sent as needed to increase participation.

Administration

In the Online Key Informant Prioritization Survey, respondents were asked (after reviewing the assessment data) to rate the scope and severity of each of the 12 health issues on a scale of 1 to 10, where 1 is “not very prevalent with only minimal health consequences” and 10 is “extremely prevalent, with very serious health consequences.” Results of this prioritization exercise are presented in the Prioritization Results section of this report.

Those respondents rating any of the health issues as a “9” or “10” were further asked open-ended questions about those health issues. For each, a series of questions asked them to describe any specific population(s) impacted, what they believe must be done (or improved) to address this health issue, and if there is any other information that needs to be considered to address this health issue. These qualitative descriptions for each health issue are provided in the Description of Health Issues section of this report. *Note that this qualitative input reflects the perceptions of those participating and is not intended to be representative, all-inclusive or definitive.*

Participation

In all, 53 community stakeholders took part in the Online Key Informant Prioritization Survey, as outlined below:

Online Key Informant Prioritization Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	7	1
Public Health Representative	15	10
Other Health Provider	49	10
Social Services Provider	55	8
Community/Business Leader	169	24



These participants included representatives of the following organizations:

- Adams 12 Five Star School District
- Association for Community Living
- Boulder County
- Boulder County Public Health
- Broomfield Senior Services
- Broomfield Teen Council
- Carbon Valley Chamber of Commerce
- City and County of Broomfield Recreation Services
- City and County of Broomfield, Public Health Division
- Coal Creek Meals on Wheels
- Colorado Music Festival and Center for Musical Arts
- Dental Aid
- Good Samaritan Medical Center
- Healthy Learning Paths
- Homeless Outreach Providing Encouragement
- Imagine Foundation
- Kaiser Permanente
- LiveWell Longmont
- Mental Health Partners
- Out Boulder
- Sister Carmen Community Center
- St. Benedict Health and Healing Ministry
- The Early Childhood Council of Boulder Co.
- TLC Learning Center
- Town of Frederick
- Tri-County Health Department
- TRU Community Care
- Via Mobility Services
- Wild Plum Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

African-Americans, Asians, Ethnic Minorities, Hispanics, Lesbian, Gay, Bisexual and Transgender (LGBT), Middle Eastern, Native American, Non-White, Pacific Islanders, Refugees, Undocumented Residents

Medically underserved populations represented:

African-Americans, Children, Children With Disabilities, Disabled, Elderly, HIV/AIDS Patients, Homebound, Homeless, Lesbian, Gay, Bisexual and Transgender (LGBT), Low-Income Residents, Medicare/Medicaid Recipients, Mentally Ill, Teen Mothers, Teens, Undocumented Residents, Unemployed Residents, Uninsured/Underinsured Residents, Veterans, WIC Recipients, Young Adults





Prioritization Results



Professional Research Consultants, Inc.



Prioritization of Health Issues

After reviewing findings on the *Boulder County Health Compass* website, respondents were initially asked to evaluate and assign a numerical score (1-10) to each of the health issues, based on their perception of the scope and severity, with "1" being "Not very prevalent, with only minimal health consequences," to "10" being "Extremely prevalent, with very serious health consequences."

The following table illustrates the mean scores calculated from the responses, resulting in a rank ordering of the 12 health issues.

Priority of Health Issues		
Rank	Health Issue	Mean Score
1	Older Adults & Aging	7.14
2	Mental Health	7.02
3	Cancer	6.60
4	Substance Abuse, Including Tobacco	6.57
5	Exercise, Nutrition & Weight	6.52
6	Heart Disease & Stroke	6.18
7	Diabetes	5.96
8	Immunizations & Infectious Diseases	5.76
9	Oral Health	5.67
10	Access to Health Services	5.36
11	Respiratory Diseases	5.21
12	Maternal, Fetal & Infant Health	4.98

Scale: 1 = Not very prevalent, with only minimal health consequences
10 = Extremely prevalent, with very serious health consequences





Description of Health Issues



Professional Research Consultants, Inc.



Older Adults & Aging

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Older Adults and Aging as the #1 health issue.

Rank	Health Issue	Mean Score
1	Older Adults & Aging	7.14

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Meet Older Population's Needs

Our population is growing every day and there is a scramble to meet the needs. - Community/Business Leader

Improve self-sufficiency, caregiving and respite services, long-term care, wellness, nutrition and medical care. - Public Health Representative

We have a disproportionate increase in the number of older adults living in our community. I do not think we have adequately met their psychosocial needs. I am concerned as the numbers increase this deficit will become even greater. - Other Health Provider

Current population of baby boomers is aging which will bring about high demand for services. - Social Services Provider

Increased support, especially with people on low, fixed incomes. - Social Services Provider

Improve Transportation Options

Access to services can be a challenge for those who can no longer drive, or do not have family or friends to get them to health care facilities. - Social Services Provider

Better access to transportation for doctors' visits and to pick up medications. - Social Services Provider

Access to transportation. - Social Services Provider

Promote Nutrition

We must continue to care for our oldest population; in particular they need access to healthy foods that are affordable. - Public Health Representative

Facilitate End-of-Life Conversations

Access to end of life conversations. - Social Services Provider

Increase Affordable Housing

More affordable housing for seniors. - Community/Business Leader



Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Co-Occurring Diagnoses

Mental health and addictions issues are underidentified among older adults. - Other Health Provider



Mental Health

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Mental Health as the #2 health issue.

Rank	Health Issue	Mean Score
2	Mental Health	7.02

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Children
- Families
- LGBT Residents
- Low-Income Residents
- Mentally Ill
- Minorities
- Non-English Speakers

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Improve Access to Care

There need to be more services and providers for low income people. We need more mental health professionals that specialize in children and youth. We need more bed space at affordable rates for those needing that level of care. - Community/Business Leader

All populations in Boulder and Broomfield Counties are impacted by mental health issues. People with lower and middle incomes have more difficulty in accessing mental health treatment. There is a lack of psychiatric beds for treatment of severe depression in Colorado. In addition, youth who identify as LGBTQI are at higher risk than other populations. And young children in less resourced families are less likely to receive needed treatment for social and emotional developmental delays which can lead to poor mental health outcomes down the road. - Public Health Representative

Available resources need to be known ASAP. - Other Health Provider

increase the number of early childhood mental health professionals and move mental health



into primary care. - Social Services Provider

Increasing access to behavioral healthcare. - Other Health Provider

Improve System of Care

Improve system of care for mental health treatment, develop provider network of private mental health providers and centralized billing service to allow for lower income and middle income clients to access services. Improve system of care around young children and their families to ease the process of accessing treatment when developmental delays are identified. Increase the number of beds available in Colorado. Support inclusive youth engagement and civic engagement activities. Create easy process or sliding fee scale for youth sports and projects to allow lower income and middle income youth to participate in activities. - Public Health Representative

Better training for mental health workers, not just putting LGBT friendly on their website for the business bump, but backing it up with credentials. We would also benefit from better records systems and insurance not covering mental health care. - Community/Business Leader

Engage mental health providers. - Other Health Provider

Teaching skills for prevention especially to children. Open communication around mental health. Better trained mental health professionals. Improved communication between mental health professionals and primary care physicians, team approach. - Social Services Provider

The community needs to consider how integrated behavioral health from the State Innovation Model will lead to greater identification of mental illness, but also ensure that access to on-going treatment is available as necessary. - Public Health Representative

Address Suicide Prevention

Reduce suicide, with a prioritization of reducing suicide among youth who identify as LGBTQI. Improve early childhood social and emotional development and reducing post-partum depression. - Public Health Representative

Suicide rate. - Other Health Provider

Suicide is the sixth leading cause of death in Broomfield and seventh leading cause of death in Boulder. Nationally 51% of all suicides are gun related. Children are suffering from anxiety issues as well as depression. There needs to be more focus on healthy mental health skills taught to children. - Social Services Provider

Suicide, which must be part of mental health. - Community/Business Leader

I think that the teen suicide rate needs to be broken out and addressed separately. It is a huge problem in Boulder County and has devastating consequences. - Other Health Provider

Reduce Stigma

Removing the stigma of needing mental health supports, covering the services in insurance and protecting people's privacy. Access to services for people with disabilities is very important, as the number of doctors/therapists taking Medicaid is not growing. - Social Services Provider

More value in paying attention to the neighbor work to strengthen community connections. Dealing with the stigma about mental health. Changing the language to address the organ the issue is addressing/treating, let's use brain health instead of mental health. We do for any other disease, such as heart disease. - Public Health Representative

Constant challenge to acknowledge there is a real problem and lead to many other issues. - Community/Business Leader

Reduce Cost/Remove Insurance Barriers

More availability at reasonable cost for care. - Community/Business Leader

Improved access to care, more Medicare and Medicaid providers, improved culture around seeking help. - Public Health Representative

Low income people have trouble accessing mental health care, especially in emergency or urgent situations. Mental Health Partners usually cannot get them in right away. There is also a lack of mental health care for children and young adults. There is an insufficient amount of facility and bed space available, especially at affordable prices for those needing treatment. - Community/Business Leader



Increase Bilingual Providers

Need more mental health professionals who are bilingual and bi-cultural. - Social Services Provider

So many people are impacted here from the individuals to the family and caregivers. Those who are poor and can't seek treatment, non-English speakers who seek treatment and they only can see an English-speaking counselor. - Public Health Representative

Increase Community Collaboration

All organizations need to work together and the health care reimbursements must be changed. - Other Health Provider

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Prevalence

People of all ages report needing mental health days. - Social Services Provider

I think all populations are impacted by this health issue. We have many fragmented community resources, but not well publicized to community - Other Health Provider

Adolescents and adults for treatment, early childhood for prevention. People with co-occurring substance abuse, LGBTQI people. - Public Health Representative

Children & Adolescents

Young children aged birth to 5 and those exposed to toxic stress. - Social Services Provider

There are already Boulder County initiatives in place to reduce suicide. Promote a Positive Youth Development (PYD) approach for youth-serving organizations throughout Boulder County. Support programming that prioritizes reducing suicide among youth who identify as LGBTQI. Support evidence-based programming and policy interventions for people 6-25. Support a more coordinated and cohesive service system for youth. Improve early childhood social & emotional development and reduce post-partum depression. Increase access to screening and treatment for early childhood development delays. Increase support for families with young children. Decrease adverse childhood experiences among young children - Public Health Representative

LGBT Community

Transgender people are most affected by health care issues and also can be re-injured by a system that doesn't know how to treat them with respect or solve their issues. - Community/Business Leader

Just putting up a safe zone sign or saying you're LGBT friendly on your website isn't enough. If you don't do the actual legwork to make sure your space is safe and that you aren't causing more harm to already harmed people. - Community/Business Leader



Cancer

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Cancer as the #3 health issue.

Rank	Health Issue	Mean Score
3	Cancer	6.60

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Elderly
- Low-Income Residents
- Men
- Women

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Improve Cancer Screening

Improved screening and enhanced diet and exercise to reduce risk factors and reduce smoking. - Public Health Representative

Early screening to minimize disease progression. - Public Health Representative

Continue with annual mammograms after age 40 and encourage self-breast-exam monthly for early detection. - Social Services Provider

More Prevention Education

More research and more education based upon prevention. Take prevention beyond procedures such as colonoscopies and mammograms. Prevention must include education about lifestyle choices that prevent cancer. - Social Services Provider

Overall, the need for increasing prevention efforts addressing health equity, improving access to healthy foods and active communities can improve many health conditions. Cancer is one of them. - Public Health Representative

Improve Access to Care

Health equity and access to services. Prevention and more resources allocated to healthy



eating and active living. - Public Health Representative

People without access to a medical home and primary care physician and people with poor lifestyle habits, smoking, poor nutrition and lack of exercise. - Social Services Provider

Increase Number of Specialists

Greater expertise in all areas of cancer and prevention. - Community/Business Leader

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Cultural/Language Barriers

In delivering a prevention program, it must include cultural needs as well as language needs. For example, meeting language needs is key to understanding. The quality and accuracy of prevention programs is essential as well. People delivering prevention programs must have a depth of knowledge in medicine, meet with individuals face to face to engage people, answer questions and work with people on an ongoing basis for change. There has been millions of dollars spent in CO without evidence based outcomes, therefore behavior changes must be tracked for real outcomes. It is not enough to count the people we contact, we must look at how people change behaviors. - Social Services Provider

Gender Considerations

Women with breast cancer. Men with prostate cancer. - Public Health Representative

Women and men are both affected, but women more-so, as breast cancer has a higher incidence. - Social Services Provider



Substance Abuse, Including Tobacco

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Substance Abuse as the #4 health issue.

Rank	Health Issue	Mean Score
4	Substance Abuse, Including Tobacco	6.57

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Adolescents
- Children
- Low-Income Residents

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Reduce Marijuana Use

Reduce marijuana abuse and youth use. Reduce prescription drugs abuse and youth use. Reduce alcohol abuse and youth use. - Public Health Representative
Marijuana. - Social Services Provider

Improve Access to Treatment Programs

We need to increase the access and availability of high quality substance use disorder treatment programs. - Other Health Provider

Increase Prevention Efforts

Tie in with mental health services and do more prevention; marijuana issue in Colorado makes it more challenging - Other Health Provider

Reduce Cost-Related Barriers

Increased access to services at affordable prices or no cost. - Community/Business Leader



Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Community Collaboration

Efforts are already underway in Boulder County to increase community collaboration to reduce substance abuse. Increase and align community substance abuse prevention messaging. Increase access to skill building opportunities for parents and adults working with youth to reduce youth use. Support pro-social and youth development activities for youth in Boulder County. Change consequences for youth charged with minor in possession to support reducing substance abuse. Support local policies to reduce youth marijuana use. Assess and support alcohol retailers in reducing youth access to alcohol. Increase access to brief intervention and treatment for youth substance use and adult abuse. - Public Health Representative

Marijuana Regulation

Support positive norms around substance use, regulate marijuana and ensure protections for youth in communities that allow retail marijuana, support state wide and pharmacy led take back process for prescription drugs, support mental health work, support youth engagement work. - Public Health Representative

With the legalization of marijuana, Boulder County is demonstrating a disproportionate increase in substance use disorders including addictions. - Other Health Provider

LGBT Community

Substance abuse prevalence is equal across most economic, racial and ethnic groups. However, LGBTQI populations are most disparately affected. - Public Health Representative

Children & Adolescents

Youth and adult substance users. Infants and children exposed to substances and resulting risky behavior. People with co-occurring substance use and mental health issues. - Public Health Representative

Prescription Drug Abuse

Prescription drug abuse. It's serious because my daughter died from it. - Public Health Representative

Prevalence

Impacts all of the community. - Other Health Provider



Most Problematic Substances

Key informants (who rated scope and severity of Substance Abuse as a "9" or "10") most often identified **prescription medications, alcohol and marijuana** as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Prescription Medications	0.0%	40.0%	60.0%	5
Alcohol	60.0%	20.0%	0.0%	4
Marijuana	20.0%	20.0%	20.0%	3
Heroin or Other Opioids	20.0%	0.0%	0.0%	1
Methamphetamines or Other Amphetamines	0.0%	20.0%	0.0%	1
Tobacco	0.0%	0.0%	20.0%	1



Exercise, Nutrition & Weight

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Exercise, Nutrition and Weight as the #5 health issue.

Rank	Health Issue	Mean Score
5	Exercise, Nutrition & Weight	6.52

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Children
- Hispanics
- Low-Income Residents

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

More Prevention Education

More support, money, to organizations working on prevention. More support to addressing policies that unfairly impact our most vulnerable populations. Physicians also need to address the complete person when they are seen in the office. Ask about food access, safety and transportation issues. - Public Health Representative

Personal outreach to these populations to lead change. - Community/Business Leader

Overall, the need for increasing prevention efforts, addressing health equity, improving access to healthy foods and active communities can improve many health conditions. More focus needs to be given to the upstream, root causes, of these issues. We need to address inequities in our community, particular in our most vulnerable populations. - Public Health Representative

Education. - Social Services Provider

Many local organizations may be in a better position to address issues that their community is facing. They need the financial support to do so. - Public Health Representative

These issues are not new and they are not leaving us any time soon. The community needs to step up to the plate and put their dollars where it will have the greatest impact to change behaviors. The CDC, Institute of Medicine, American Academy of Family Medicine and American Academy of Pediatrics have all voiced the need for ongoing education to educate



families and individuals about the importance of lifestyle choices as they relate to health. - Social Services Provider

Improve Access to Healthful Food

Access to healthy affordable food. - Social Services Provider

Food industry, availability at reasonable cost and better quality food. - Community/Business Leader

Address Personal Factors

Families must be willing to make changes. - Community/Business Leader

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Breastfeeding

Breastfeeding. - Social Services Provider



Heart Disease & Stroke

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Heart Disease and Stroke as the #6 health issue.

Rank	Health Issue	Mean Score
6	Heart Disease & Stroke	6.18

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Homeless
- Low-Income Residents
- Men
- Women

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Increase Prevention Education

Action and implementation of prevention. Heart disease and stroke have been too high for a long time, despite all of our pharmaceuticals. Strong commitment into prevention programs through education are necessary. - Social Services Provider

More education. - Community/Business Leader

Prevention with education. - Social Services Provider

Move web based information for all age groups. - Other Health Provider

Increase Community Collaboration

We must all work together in a collective impact way. Ask funders to support organizations currently doing great jobs. Move from isolate impact programs to collective impact. Work upstream and on prevention. - Public Health Representative



Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Prevalence

Heart disease and stroke - as well as cancer - are impacting all adult groups in high numbers. -
Social Services Provider



Diabetes

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Diabetes as the #7 health issue.

Rank	Health Issue	Mean Score
7	Diabetes	5.96

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- African-Americans
- Children
- Hispanics
- Native Americans
- Seniors

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Better Nutrition

There must be more attention on prevention in youth and the pre-diabetes population. Latino families need better access to affordable healthy food and the skills to use it. Long work hours, unfamiliarity with healthy food preparation and food marketing combine to add many pounds on to young and adult bodies. - Community/Business Leader

Better nutritional habits. Obesity is a huge problem and is becoming "family" issues. - Community/Business Leader

Looking at healthier food options. Boulder has a variety of eateries to choose from. Broomfield has a high level of fast food restaurants with limited healthy choices. Why is this? Schools are making progress with food programs, but still have significant room for improvement. Businesses and local government needs to lead healthy practices throughout the community. - Social Services Provider

Early Detection

Early detection and education about nutrition. - Social Services Provider



More Prevention Education

| *Wide scale education for prevention before the disease starts. - Social Services Provider*



Immunizations & Infectious Diseases

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Immunizations and Infectious Diseases as the #8 health issue.

Rank	Health Issue	Mean Score
8	Immunizations & Infectious Diseases	5.76

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Children
- Families

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Improve Communication

More television or web information regularly, before or after school or work hours. - Other Health Provider

More positive information on immunizations. - Community/Business Leader

Address Parents' Perceptions

Parents must see the big picture and the overall importance of immunizing their children. - Community/Business Leader



Oral Health

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Oral Health as the #9 health issue.

Rank	Health Issue	Mean Score
9	Oral Health	5.67

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

(No populations identified)

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Better Nutrition

As improving nutrition, education in long-term effects needs to be addressed. - Community/Business Leader

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Local Resources

*We have excellent dentists and oral care in this community. - Community/Business Leader
Dental care. - Other Health Provider*



Access to Health Services

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Access to Health Services as the #10 health issue.

Rank	Health Issue	Mean Score
10	Access to Health Services	5.36

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Children
- Lesbian, Gay, Bisexual and Transgender (LGBT) Residents

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Increase Transportation Options

Access to affordable health care using available, affordable and accessible transportation options, especially for older adults and people with disabilities. - Community/Business Leader

Access to healthcare includes physical access as well as insurance coverage. I believe access to medical facilities for people unable to drive should be a consideration as well in this category. - Social Services Provider

Improve Insurance Coverage/Reduce Cost-Related Barriers

More insurance options. - Other Health Provider

Cost is always an issue and as insurance becomes more challenging, this needs to be addressed. - Community/Business Leader

Increase Number of Providers

Increase the number of primary care providers. - Social Services Provider

Expansion of FQHCs as well as private providers who are willing to accept Medicaid and CHP. - Social Services Provider

VIA is a wonderful source and be more inclusive throughout Boulder County and beyond. - Community/Business Leader

Access to preventative care and impact of preventative care. - Public Health Representative



Improve Communication

Comprehensive training for all staff, including front desk staff and nursing staff, about how to support LGBT clients and use appropriate language. Many transgender people have told me they will not go back to the doctor, even if they know that they need to, because past experiences have been so negative. They have been called the wrong name, wrong pronoun, given very shaming health guidance, and all around bad experiences with medical settings. - Community/Business Leader

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

LGBT Community

Hire more LGBT people in your organizations, overhaul all intake materials to be more appropriate for gender identity and sexuality options. Update EMR systems to include a chosen name and pronouns category to make sure all staff have access to the most right information. We can also all work towards general awareness and acceptance for LGBT people. - Community/Business Leader

By far, the biggest problem facing LGBT, lesbian, gay, bisexual, transgender, people in our community is access to care. People either don't have jobs with healthcare, can't afford their own healthcare, or have low-paying jobs with some healthcare, but that doesn't cover transgender hormones or other necessary care. We need sliding scale services to make out of pocket costs affordable and more outreach about affordable care options and low income plans that have LGBT specific training. Unfortunately being forced to access care for poor people often also means accessing substandard care that doesn't know how to help LGBT people, specifically transgender people, who are disproportionately more likely to delay access to care from One Colorado's Transparent report, mostly for fear of not being treated appropriately. I am happy to talk to you or anyone else more about how to increase training or do more direct outreach to our community. You can email me at scornell@outboulder.org. - Community/Business Leader

Transportation

Those with transportation challenges and living in smaller communities. - Community/Business Leader



Type of Care Most Difficult to Access

Key informants (who rated scope and severity of Access to Care as a "9" or "10") most often identified **mental health care**, **primary care** and **specialty care** as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	66.7%	33.3%	0.0%	3
Primary Care	33.3%	33.3%	0.0%	2
Specialty Care	0.0%	33.3%	33.3%	2
Chronic Disease Management	0.0%	0.0%	33.3%	1
Hormone Therapy	0.0%	0.0%	33.3%	1



Respiratory Diseases

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Respiratory Diseases as the #11 health issue.

Rank	Health Issue	Mean Score
11	Respiratory Diseases	5.21

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Children

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Increase Education

- Greater awareness. - Community/Business Leader
- Education. - Social Services Provider
- Never enough education. - Community/Business Leader

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Environmental Factors

- Look at environmental factors in schools where children may be exposed, other environmental factors related to airborne chemicals or other triggers. - Social Services Provider



Maternal, Fetal & Infant Health

Prioritization Results

After reviewing community health data and considering the scope and severity of 12 local health issues, key informants ranked Maternal, Fetal and Infant Health as the #12 health issue.

Rank	Health Issue	Mean Score
12	Maternal, Fetal & Infant Health	4.98

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Low-Income Residents
- Minority Populations
- Non-English Speakers
- Undocumented Residents
- Teenage Mothers

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Increase Prenatal Care

*Increase prenatal capacity of FQHCs. - Social Services Provider
Reproductive health. - Community/Business Leader*

Increase Awareness

Provide web or television communication. - Other Health Provider

Promote Cultural Change

Early interventions, health education, more familial support and better maternity/paternity leave policies. Greater emphasis on family values, shift culture over in area on what we value. - Public Health Representative

Address Undocumented Residents

Reducing their fear of being reported. - Social Services Provider



Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Local Programs

This is a strong program in our community but can always be improved. - Community/Business Leader



Other Comments

Apart from the 12 health issues specifically addressed in the Online Key Informant Prioritization Survey, respondents were given the opportunity to identify and describe other health/community issues that they believe are important. The following represent their comments:

Chronic Disability Management

Chronic disability management. For example, children and adults with special needs. Lack of funding and services to adequately help all those in need of day programs. Housing and therapies. - Social Services Provider

Disparities

Disparities by age, race, ethnicity, sexual orientation, immigration status and income. - Public Health Representative

Health disparities related to obesity and chronic disease, while we are an extremely healthy community overall, that is not the case for our most vulnerable community members. - Public Health Representative

There is no respite care program for homeless individuals. People experiencing homelessness and recovering from a medical crisis need a safe place to recover and heal. - Community/Business Leader

Lack of Family Friendly Policies

Lack of family friendly policies, paid medical and sick leave, paid family leave, maternity and paternity leave. - Public Health Representative

LGBTQ Community

We need general practitioners and family doctors that are trained on LGBTQ issues. Hormones and other specialty care are getting a lot better and mental health workers generally have more buy-in to offer services, but general doctors are still the highest need in our community. - Community/Business Leader





Resources



Professional Research Consultants, Inc.



Resources Available to Address the Significant Health Needs

Finally, survey respondents scoring the scope and severity of any of the tested health issues as a "9" or "10" were further asked to list up to five potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health need. These resources are listed below; this list is not exhaustive, but rather outlines those resources identified in the course of conducting this prioritization survey.

Access to Health Services

- Boulder Valley Women's Health Center
- Clinica
- Insurance
- Mental Health Partners
- OASOS
- Rehab and Senior Living
- Salud
- Via Mobility Services

Exercise, Nutrition, and Weight

- Boulder County Public Health
- Dieticians
- Healthy Learning Paths for Prevention
- LiveWell Longmont
- Move
- Recreation Center
- Schools

Cancer

- Boulder Community Health
- Clinica
- Exempla Good Samaritan Center
- LiveWell Longmont
- Longmont Community Hospital
- Primary Care Providers
- Private Providers
- Salud

Heart Disease and Stroke

- American Heart Association
- American Planning Association
- Boulder Community Hospital
- Boulder County Centers
- Boulder County Public Health
- Healthy Learning Paths for Prevention
- Hospitals
- Kaiser
- LiveWell Longmont
- Medical Offices
- Primary Care Providers
- Urgent Care Centers

Diabetes

- Boulder Community Health
- Exempla Good Samaritan Center
- Healthy Learning Paths for Prevention
- Longmont United Hospital
- Private Providers
- Schools

Immunizations and Infectious Diseases

- Boulder Hospitals
- Churches
- Community Services
- Kaiser
- Medical Offices
- Recreation Center
- Schools
- Urgent Care Centers



Maternal, Fetal, and Infant Health

Boulder County Public Health
 Boulder Hospitals
 Clínica
 Community Medical Centers
 Medical Offices
 Public County Offices for Resources
 Salud
 Sister Carmen Family Resource Center
 Urgent Care Centers

Mental Health

Boulder and St. Vrain Valley School Districts
 Boulder County Public Health
 Clínica Family Services
 Colorado 9-25
 Colorado Crisis Centers
 Colorado Recovery
 Emergency Rooms
 Healthy Learning Paths for Prevention
 Hospitals
 Imagine
 Insurance
 LAUNCH Together
 Longmont Compass
 Mental Health Partners
 Naropa's Sliding Scale Counseling Center
 OASOS
 Primary Care Providers
 Private Providers
 Salud Family Health Centers
 Schools
 SCL Health Physician Clinic
 State Innovation Model
 Trans Health Task Force
 Windhorse

Older Adults and Aging

Boulder County Aging Services
 Care Connect
 Coal Creek Meals on Wheels
 County and City Governments
 Hospitals
 LiveWell Longmont
 Longmont Senior Center
 Medicare
 Mental Health Partners
 Primary Care Providers
 Private Providers
 Senior Community Center
 Sister Carmen Family Resource Center
 Via Mobility Services

Oral Health

Schools

Respiratory Diseases

National Jewish Hospital
 Primary Care Providers

Substance Abuse, Including Tobacco

Alternatives for Youth
 Boulder and St. Vrain Valley School Districts
 Boulder County Public Health
 Boulder County Reducing Substance Abuse Coalition
 Center for Change
 Clear View Behavioral Health
 CU Boulder
 Emergency Rooms
 Healthy Youth Alliance
 Hospitals
 Mental Health Partners
 Phoenix Multi-Sport
 Private Providers



Section III: Good Samaritan Medical Center Selection of Top Needs

On December 7, 2015, Good Samaritan hosted a one-time facilitated Community Health Needs Task Force (Task Force) session. Community representatives included public health, older and adult aging services, mental health, community food bank, and the local community health center. The hospital was represented by Mission, Community Benefit, Nursing, Palliative Care, Performance Improvement, Communications, Business Development, and the Emergency Department.

Process and Selection of Top Needs

The Task Force meeting consisted of a presentation covering a history of the requirements for the community health needs assessment, top needs selected in 2012 and progress made on those needs, a review of each of the new 12 needs including survey participant comments, and a list of resources identified by survey participants. The role of the Task Force was clarified: review and discuss both the quantitative and qualitative data and, based on scope, severity, and ability of the hospital to impact, score each of the twelve needs. The Scoring Tool is shown on Appendix A.

Results

According to the Task Force, the scores and rank for each priority were:

Task Force Score of Health Issues		
Rank	Health Issue	Mean Score
1	Mental Health	9.50
2	Access to Health Services	8.56
3	Older Adults & Aging	8.33
4	Exercise, Nutrition & Weight	7.22
5	Heart Disease & Stroke	7.06
6	Substance Abuse, Including Tobacco	6.83
7	Cancer	6.72
8	Diabetes	6.39



9	Maternal, Fetal & Infant Health	5.72
10	Respiratory Diseases	5.33
11	Immunizations & Infectious Diseases	5.22
12	Oral Health	4.61

Scale: 1 = Not very prevalent, with only minimal health consequences

10 = Extremely prevalent, with very serious health consequences

Top needs scored by the Task Force were vetted by Executive Leadership at GSMC and based on the hospitals ability to affect the top needs, the decision was made to address **Mental Health** and **Access to Health Care**. These top needs will be the focus of the 2015-2018 Hospital Implementation Plan (HIP).

Other Needs Not Being Addressed by the Hospital

All needs on the list of top needs are important to GSMC, yet the hospital is realistic that in order to make a difference in the lives of those affected by mental health issues and accessing such care, the hospital must focus its leadership and time on the selected needs. Limitations of funding and staff expertise at the hospital level, absence of state grants to support lower ranking work, as well as input from the Task Force were seen as barriers to effectively addressing and impacting the other needs.

Next Steps

This report and identified top needs were sent to the Foothills Board for review, comment and approval. Once approval has been obtained, GSMC will develop the 2015-2018 HIP. Task Force members were offered the opportunity to participate in the development and implementation of the Plan.



Appendix A: Prioritization of Top Needs Scoring Sheet



2015 Community Health Needs Assessment Good Samaritan Medical Center Prioritization Exercise

Please complete both sides of this worksheet and turn it in when finished. Your time and expertise is both appreciated and critical to our success. Thank you!

Please rate the following health issues on based on scope and severity:

- How big is the issue?
- How many people are affected by this health issue?
- Is it recognized as a health issue in the community, among key informants?
- To what degree does this health issue lead to death or disability, impair quality of life, or impact other health issues?

	<p style="text-align: center;">NOT very prevalent at all, with only minimal health consequences</p>										<p style="text-align: center;">EXTREMELY prevalent, with very serious health consequences</p>
	1	2	3	4	5	6	7	8	9	10	
1. Older Adults & Aging	1	2	3	4	5	6	7	8	9	10	
2. Mental Health	1	2	3	4	5	6	7	8	9	10	
3. Cancer	1	2	3	4	5	6	7	8	9	10	
4. Substance Abuse, including Tobacco	1	2	3	4	5	6	7	8	9	10	
5. Exercise, Nutrition & Weight	1	2	3	4	5	6	7	8	9	10	
6. Heart Disease & Stroke	1	2	3	4	5	6	7	8	9	10	
7. Diabetes	1	2	3	4	5	6	7	8	9	10	
8. Immunizations & Infectious Diseases	1	2	3	4	5	6	7	8	9	10	
9. Oral Health	1	2	3	4	5	6	7	8	9	10	
10. Access to Health Services	1	2	3	4	5	6	7	8	9	10	
11. Respiratory Diseases	1	2	3	4	5	6	7	8	9	10	
12. Maternal, Fetal & Infant Health	1	2	3	4	5	6	7	8	9	10	



Please rate the following health issues on our ability to impact as an organization:

- What is the likelihood of our hospital/organization having a positive impact on this health issue, given available resources?
- This should reflect our ability to address this issue independently or in conjunction with potential community partners.

	NO ability to impact										GREAT ability to impact									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
1. Older Adults & Aging	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
2. Mental Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
3. Cancer	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
4. Substance Abuse, including Tobacco	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
5. Exercise, Nutrition & Weight	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
6. Heart Disease & Stroke	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
7. Diabetes	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
8. Immunizations & Infectious Diseases	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
9. Oral Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
10. Access to Health Services	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
11. Respiratory Diseases	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
12. Maternal, Fetal & Infant Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10



Appendix B: Requirements for Nonprofit Hospitals

For non-profit hospitals, the Community Health Needs Assessment (CHNA) serves to satisfy certain general requirements of the Affordable Care Act of 2010 (ACA). Final requirements for non-profit hospitals that apply to this CHNA are outlined in General Requirements of the ACA, Requirements for Charitable 501(c)(3) Hospitals 26 C.F.R. § 1.501(r)-3 (2015). The following table has been established to assist auditors and compliance officers with assurance that Good Samaritan Medical Center meets regulatory compliance associated with Final Rule 501(r)-3 Requirements.

Requirement		Report Page #
B.(6) Documentation of a CHNA.		
(i) The CHNA report adopted for the hospital facility by an authorized body of the hospital facility must include:		
(A)	A definition of the community served by the hospital facility and a description of how the community was determined.	9
(B)	A description of the process and methods used to conduct the CHNA.	8
(C)	A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.	12
(D)	A prioritized description of the significant health needs of the community identified through the CHNA, along with:	11
	A description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.	54
(E)	A description of the resources potentially available to address the significant health needs identified through the CHNA.	52-53
(ii) A hospital facility's CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report:		
	Describes the data and other information used in the assessment,	8
	Describes the methods of collecting and analyzing this data and	8
	Identifies any parties with whom the hospital collaborated, or	8
	In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.	11



(iii) A hospital facility's CHNA report **will be considered** to describe how the hospital facility took into account input received from persons who represent the broad interest of the community it serves if it:

Summarizes any input provided by such persons and how and over what time period such input was provided;	22-48
Provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and	21
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.	21

