

Community Health Needs Assessment, December 2015
Strategic Implementation Plan, March 2016
Lutheran Medical Center



**Community Health Needs Assessment 2015
Lutheran Medical Center**

Executive Summary

Lutheran Medical Center, a community-based, acute-care hospital located in Wheat Ridge, Colorado, is committed to improving the health of its community. In so doing, Lutheran worked closely with community partners to conduct a Community Health Needs Assessment (CHNA) during 2015 and early 2016. The goal for the CHNA is to determine current and projected future health care needs in the Lutheran service area and to identify gaps in services to improve health care in Jefferson County, Colorado and the surrounding regions. The CHNA features extensive background research, including demographic analysis and literature review; a community survey reflecting the input of community members who may seek services from Lutheran; and interviews and focus groups with key stakeholders, including other health care and public health professionals. Key findings have identified gaps and unmet needs for healthcare in the service area and will inform recommendations and strategic implementations for the Lutheran service delivery model to fill the gaps. Key findings for this CHNA are: (1) access to healthcare; (2) chronic disease management; (3) behavioral health; and (4) obesity. Details of the research methodology and strategic implementations will be addressed in a final follow up CHNA in the first quarter of 2016.

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Community Health Needs Assessment 2015 Lutheran Medical Center

Project Overview

Community health is an integral part of the Lutheran mission. Recognizing the most urgent health care needs in our service area is critical to delivering appropriate and relevant care. The Lutheran Community Health Needs Assessment (CHNA) outlines key findings relative to systemic comprehensive health assessments conducted in collaboration with partner agencies serving Jefferson County. The resulting CHNA process has illuminated pressing health issues in Jefferson County and informs thoughtful and effective strategies to create positive changes in health outcomes.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain a tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by PPACA, Section 501(r) of the Code requires nonprofit hospitals to conduct a CHNA least once every three years. As part of the CHNA, each hospital is required to collect input from stakeholders in the community – residents, public health experts, members of low- income, ethnically diverse, and medically underserved populations, and individuals with chronic conditions. Lutheran regularly conducts CHNAs to identify needs and resources in its service area and to guide strategic responses to health issues. The CHNA process described herein was completed in 2015 in compliance with these federal requirements. Lutheran submits this Community Health Needs Assessment in response to the federal requirements described in section 501(r) of the Internal Revenue Code and related excise tax and reporting obligations, applicable to hospital organizations that are (or seek to be) recognized as described in section 501(c)(3) of the Code.



Lutheran mission: To 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.

Hospital Summary

Lutheran Medical Center is a community-based, acute-care hospital located in Wheat Ridge, Colorado. Local and national ratings organizations regularly recognize Lutheran for clinical excellence, patient safety and patient experience. Lutheran's premier services include a five-star birthing center, Heart and Neurovascular Center, robotic surgery, Primary Stroke Center, Comprehensive Cancer Center, Orthopedics, a Level III Trauma Center, and emergency services,



including the first Senior Emergency Department in Colorado. Senior-focused services also include Senior Behavioral Health and a Senior Surgery Center. Lutheran also operates West Pines, a behavioral health and addiction treatment center; Lutheran Hospice at the Collier Hospice Center; Bridges Health and Wellness; and Colorado Lutheran Home and Apartments, providing services ranging from independent living to assisted living and skilled nursing care.

Lutheran Medical Center began in 1905 as the Evangelical Lutheran Sanitarium – a tent colony for tuberculosis patients. By 1961 the sanitarium evolved into an acute-care, community hospital. Today, Lutheran is owned by SCL Health, a faith-based, nonprofit healthcare

organization that operates eight hospitals, more than 190 ambulatory service centers, home healthcare and safety net services in three states — Colorado, Kansas and Montana.

Source: Healthgrades® 2015
America's 100 Best Hospitals Award™

Lutheran offers state-of-the-art facilities, 338 beds, personalized care, and health care that are continuously evaluated and enhanced. Lutheran has been repeatedly recognized for quality, safe care and outstanding patient outcomes. In 2014, the hospital provided 73,000 emergency visits; 17,700 admissions; and its physicians performed 2,900 inpatient and 4,000 outpatient surgeries resulting in a community benefit exceeding \$44 million. Lutheran has implemented several successful quality initiatives, including those that work to help prevent avoidable readmissions to the hospital, especially among heart patients, as well as programs that focus on the special needs and wellbeing of its growing elderly population.



The hospital has won numerous awards over the past several years, including *Healthgrades 2015 America's 100 best Hospitals Award*, placing Lutheran among the top 2% of more than 4,500 hospitals nationwide. In 2015, 2014, 2013, and 2012, *Healthgrades* named Lutheran among the top 5% in the nation for clinical excellence. Further, the American Nurses Credentialing Center awarded Lutheran the Pathway to Excellence® designation for its commitment to creating a positive nursing practice environment. Lutheran is now among those hospitals – one of just three designated in Colorado to receive this distinguished recognition.

Finally, The Joint Commission – the leading accreditor of health care organizations in the US – recognized Lutheran as a Top Performer on Key Quality Measures. Lutheran is recognized for exemplary performance in evidence-based clinical processes shown to improve care for heart attack, pneumonia, surgery, children's asthma, stroke, and venous thromboembolism, as well as inpatient psychiatric services and immunization for pneumonia and influenza.

Defined Community and Population

While Lutheran serves the entire Denver Metro area, for purposes of this CHNA, Lutheran defines its community as Jefferson County. Lutheran chose Jefferson County since a significant portion of its inpatient Primary Service Area (PSA) is derived from zip codes within Jefferson County and because the Lutheran 2012 CHNA health concerns for residents in Denver, Clear Creek and Gilpin counties were aligned with those in Jefferson County. The 2014 Lutheran PSA market share by zip code and hospital are as shown on the attached chart.¹ The attached map outlines the hospital's immediate service area.² According to the US Census Bureau 2014, Jefferson County is home to 558,503 people across 764 square miles. Almost 21% of the population is youth under age 18 and 14.7% are persons over age 65. The median age is 40.4 years old. The population is 78.8% White; 15.2% Latino; 1.3% Black; 2.8% Asian; 1.2% Native American/Alaskan Native; and 2.3% are two or more races.³



2014 Market Share (Inpatient Discharges)*							
PSA	City	County	Lutheran	Good Samaritan	St. Joseph	Other	Total
80033	Wheat Ridge	Jefferson	50%	7%	10%	33%	100%
80002	Arvada	Jefferson	46%	9%	6%	39%	100%
80004	Arvada	Jefferson	46%	14%	5%	35%	100%
80003	Arvada	Jefferson	32%	17%	6%	45%	100%
80005	Arvada	Jefferson	31%	19%	5%	45%	100%
80215	Denver	Jefferson	31%	2%	11%	56%	100%
80214	Denver	Jefferson	30%	1%	13%	57%	100%
80212	Denver	Denver	29%	3%	14%	55%	100%
80007	Arvada	Jefferson	29%	18%	6%	47%	100%
80403	Golden	Jefferson	27%	9%	7%	57%	100%
80401	Golden	Jefferson	24%	3%	12%	61%	100%
80211	Denver	Denver	18%	1%	13%	68%	100%
80228	Denver	Jefferson	17%	1%	13%	70%	100%
80422	Black Hawk	Gilpin	14%	6%	8%	71%	100%
80232	Denver	Jefferson	14%	1%	18%	68%	100%
80226	Denver	Jefferson	14%	1%	15%	71%	100%
80021	Broomfield	Jefferson	12%	31%	4%	54%	100%
80221	Denver	Adams	8%	10%	7%	75%	100%
80225	Denver	Jefferson	7%	0%	7%	86%	100%
TOTALS			26%	8%	10%	56%	100%

(1) PSA is defined as zip codes where 75% of inpatients reside (including all payer categories).
(2) Excludes Normal Newborns, Psychiatric and Rehabilitation Discharges.

Colorado boasts the largest school district with 85,000 students in 154 schools over 780 square miles. About 35%, or close to 30,000 students, live in or near poverty and qualify for free and reduced lunch. Jefferson County now has the highest number of homeless students – more than 3,000 – of any school district in Colorado.⁵ 15.2% of children live in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits; 33% of children in Jefferson County experience one or more adverse childhood events.

To be self-sufficient in Jefferson County and to meet all basic needs without public or private supports, a family of four (two adults and two children) would need to earn \$62,952 a year. In contrast, if both adults worked 40 hours per week at minimum wage with no days off, they would only earn \$32,365 to support their family. To meet the self-sufficiency standard, each adult would need to earn a minimum of \$14.90 hourly. The median household income is \$64,984; 36% of households earned less than

During the past ten years across the country, suburban poverty has risen by a stunning 53%. In fact, the fastest growing population in Jefferson County is low-income and extremely low income families, which now includes more homeless children than even the most urban neighborhoods in Denver County.⁴ Sadly, according to the 2011 U.S. Census, suburbs across nation – once the beacon of the American dream – had the largest and fastest growing poor population in the nation from 2000 to 2010. Jefferson County in



Lutheran Medical Center service area:
Jefferson County, Colorado.





“Our vision is to distinguish ourselves as a premier person-centered health system and trusted partner.”

...Grant Wicklund, *President and CEO*,
Lutheran Medical Center

\$50,000; 15.3% earned less than \$25,000. 12.6% of children under 18 lived in families with incomes below the Federal Poverty Line (FPL; \$23,550 for a family of four)⁶ and 8.6% of total persons lived below the FPL.⁷ Of those ages 25 and older, 93.7% have graduated high school.⁸

In Jefferson County, 78% of the workforce drives alone to work; 68% of residents live within a half mile of a park;⁹ 24.3% of children (aged 1-14 years) bike, walk or skateboard to school at least one day a week;

and only 39.1% of children get recommended amounts of physical activity each day. 17.7% of adults consume less than one serving of vegetables per day; 35% of adults consume less than one serving of fruit per day;¹⁰ and 40% of parents whose child is obese, in contrast to less than 30% of other parents, reported that they had to rely on low cost food to feed their children due to financial constraints;¹¹ Over 87% of Jefferson County residents have insurance coverage; however, 10.4% of adults did not see a doctor due to cost.

CHNA Process and Methodology

A hospital’s CHNA helps to identify needs such as access to care, cancer, mental health, diabetes, obesity, respiratory issues, heart disease, injury, and underserved populations. These conditions often influence a person's ability to recover after acute care or to maintain good health resulting in greater numbers of emergency visits and hospital admissions. CHNA planning at Lutheran was based on best practices for community health assessment developed by leading organizations such as the Catholic Health Association with the purpose of identifying three to four priority areas for FY2016-2018.

The CHNA process incorporated an overview of county demographics, reviews of existing public data and the hospital’s 2012 CHNA identified health needs (shown in Appendix A), direct engagement and input from community stakeholders representing the broad interest of the community, and collaborations with local public health and other area health providers. The process began in 2014 with early discussions with Jefferson County Public Health (JCPH) officials. Community Development staff continued to engage JCPH experts throughout 2015. In



fact, JCPH shared extensive data and demographic information that is integral to this report. In addition to public health, Lutheran sought input and engagement from community members, community organizations, business leaders, non-profit partners especially those representing the medically underserved, and internal stakeholders at Lutheran. These partners actively participated in the qualitative review and assessment prioritization components of CHNA. Partners included but were not limited to Jefferson County Public Health, Metro Community Provider Network, Medical Staff at Lutheran Medical Center, West Chamber Serving Jefferson County's Youth Leadership Jefferson County, municipalities, area non-profits, and civic, community, and business leaders. The Lutheran assessment encompassed three major components:



Quantitative Review and Assessment

The quantitative data review and assessment phase began with a review of relevant demographic and population data for Jefferson County as outlined earlier in this report. Lutheran's top three health needs identified in the hospital's 2012 CHNA were also reviewed and their relevance was considered as part of this year's assessment: (1) to reduce the incidence of obesity; (2) to raise awareness regarding the risks of and ways to prevent or manage hypertension; and (3) to minimize the risk and number of falls for the elderly.

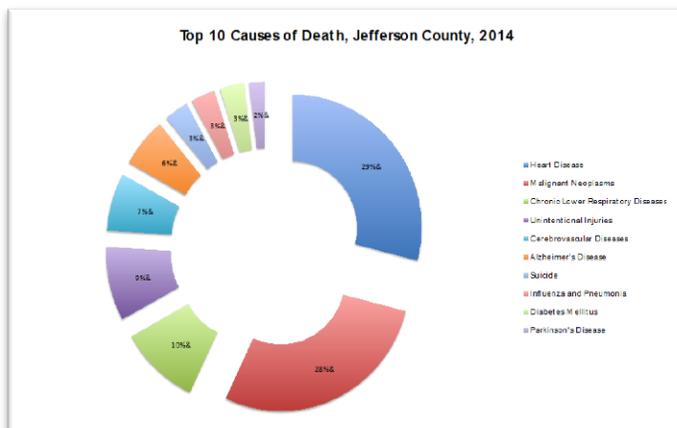
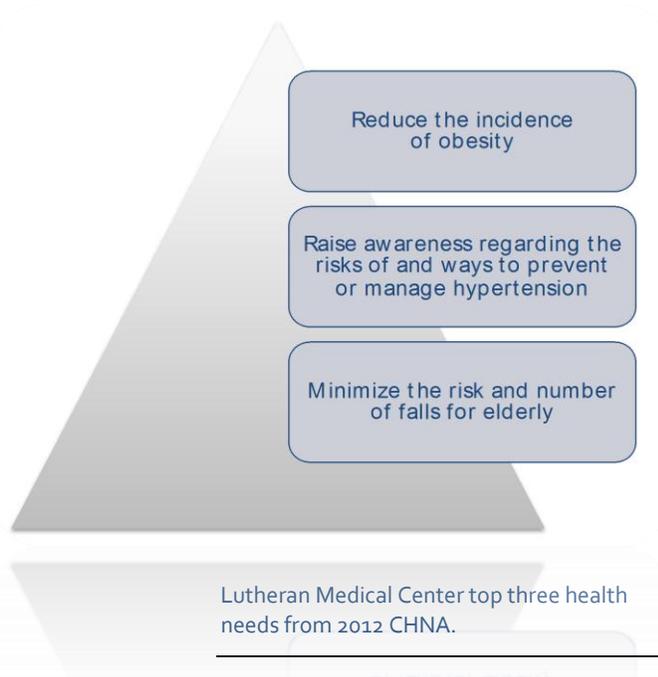
In addition, Community Development staff completed an analysis of existing health-related data including but limited to state, county and local findings. State data included review of the findings of the assessments collected from the Colorado Department of Public Health and Environment (CDPHE) Colorado Behavioral Risk Factor Surveillance System Survey (2003-2010). This survey helped gather information about adult behaviors that impact health, such as substance abuse, nutrition and exercise habits, and smoking. The national Youth Risk Behavior Survey (2003-2010) complements adult indicators, highlighting behaviors impacting student health in 9th through 12th grades. Jefferson County Profiles, Jefferson County



Public Health, and Jefferson County Health Rankings were also consulted as well as JCPH’s recent Community Health Improvement Plan (CHIP).

Identifying needs for medically underserved, low-income, and minority populations was augmented by review of Metro Community Provider Network’s (MCPN) 2015 CHNA. MCPN is a 501(c)(3) not-for-profit organization with a mission to provide excellent health-related services focusing on the underserved. Operating in Colorado since 1989, MCPN has provided integrated primary care, oral health, and behavioral health services in

accordance with its mission. Service provision from MCPN reaches the largest number of underserved individuals in Colorado and has one of the largest population bases of any Community Health Center (CHC) in the State. MCPN has several locations in Jefferson County.



Heart disease is the leading cause of death in Jefferson County.

The *Bridges to Care: Needs Statement for MCPN* also was reviewed. The Bridges to Care needs assessment, which included Jefferson County, defined the characteristics of patients who over-utilized hospital services, resulting in both higher cost to the health care system and lower connection to continuity of care. Identified in the report as super-

utilizers, this population regularly presents with numerous risk factors or multiple social determinants of health including homelessness or behavioral health issues. Often this leads to frequent use of emergency departments and/or in-patient hospital care even when the best treatment option is a clinical or medical home setting. In Jefferson County, heart disease is the leading cause of death in Jefferson County at 29%, followed by malignant neoplasms at 28% as shown in the attached chart. Additionally, 10% of deaths are caused by chronic lower respiratory diseases; 9% by unintentional injuries; and 7% by cerebrovascular diseases. Diabetes mellitus is a lower ranked cause of death at 3%.¹²



Qualitative Review and Assessment

During the qualitative review phase, Lutheran took into account input from persons representing the broad interests on the community it serves. Initially, the leading healthcare concerns were identified by taking into account the top three Lutheran concerns from the 2012 CHNA, the results of the county's recent CHIP and input from public health department experts, followed by consideration and input by Metro Community Provider Network's (MCPN), a federally qualified health clinic and Jefferson County's leading causes of death. Together, this helped inform

Lutheran about the healthcare needs and priorities for people with general health concerns, men, women and families living in poverty, and individuals experiencing barriers to access to healthcare. Once the top eight health concerns were known, Community Development staff designed a survey tool seeking input from key stakeholders representing the broad interests of the community Lutheran serves. Participants included, but were not limited to, physicians, Lutheran Medical Center Foundation Board of Directors (community volunteer board), municipal government, non-profit agencies, community and business leaders, and youth.

A customized survey tool was used to gather input from all relevant individuals and groups in the



CHNA sample survey tool.

community (see left). Some survey participants received the survey during a meeting such as Medical Executive Committee or Clinical Operations Council while others received the survey via electronic means. In all, Community Development staff sought input from over 200 individuals or organizations. Lutheran received ranking responses from 71.

Assessment Prioritization

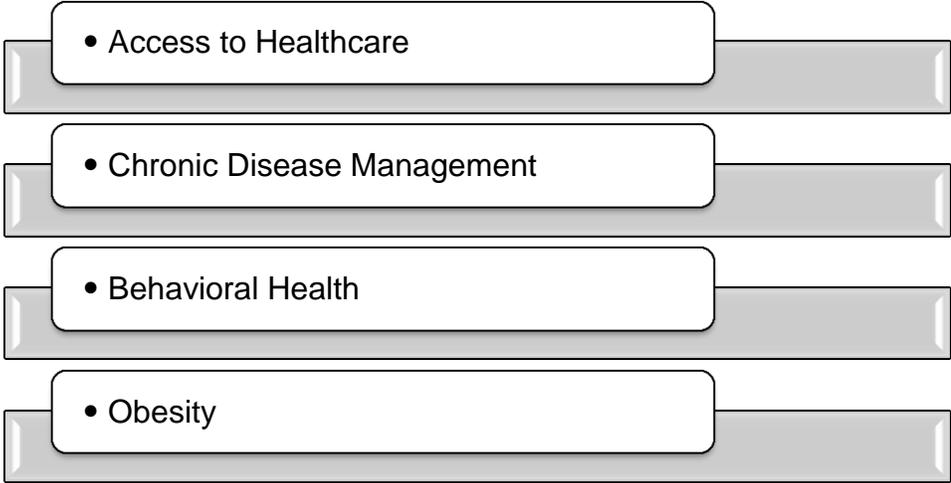
During the fall of 2015, Community Development staff continued the Assessment Prioritization phase based on analysis of the quantitative assessment; the qualitative assessment; and community input from the survey tool and in person sessions. Numerical rankings were completed and identified the following health priority issues for the Lutheran service area:



Health Priorities 2015		
Rank *	Health Issue	Mean Score
1	Access to Care	2.8
2	Chronic disease management (diabetes and cardiovascular)	3.4
3	Mental Health	3.5
4	Obesity (focus on active living, food access, healthy beverages)	4.2
5	Health in Early Childhood	4.2
6	Substance Abuse (alcohol, drugs, other)	4.5
7	Smoking/Tobacco Use	5.2
8	Wellness (K-12, workplace)	5.5

* Score: average ranking given by all respondents.

The final phase of the Lutheran CHNA was to identify leading health concerns. Here, Lutheran included consideration for, but was not limited to: (1) burden of scope; (2) severity and urgency of identified health needs; (3) the estimated feasibility and effectiveness of possible interventions; (4) health disparities associated with the need; and (5) the importance the community places on addressing the need. The top four priority issues for Lutheran’s service area are:



Description of Priority Needs

Descriptions of each significant community health need as identified in the 2015 CHNA for the Lutheran service area are as follows:



PRIORITY 1: ACCESS TO HEALTHCARE

Even though the Colorado Health Institute, Colorado Access to Care Index for Jefferson County (Region 21) was 8.1 out of ten, barriers to care continue.¹³ For those who remained uninsured at some point in the past 12 months, some of the more pressing barriers were that 14.4% did not seek care because they were uninsured; 12.6% did not have a Usual Source of Care; 13.8% could not get an appointment with a provider when needed; 12.4% could not afford specialist care; and 9.7% did not access needed mental health care. 17.7% of the population in Jefferson County remains underinsured. During the implementation phase, objectives will be developed for addressing access to include enrollment efforts as well as providing community-based events and activities that bring health care to families and children *where they live*. Access occurs at all levels of care and features health screenings that serve as a Point-of-Entry for clients, support groups, blood drives, and health fairs in addition to many other events that bring value to nearby communities and encourage preventive health care. Free events overcome financial barriers to care and local opportunities to engage with providers similarly, overcome transportation barriers.

PRIORITY 2: CHRONIC DISEASE MANAGEMENT

Chronic diseases include conditions such as diabetes and cardiovascular disease. During the implementation phase, objectives will be developed for addressing this issue and to help diagnose conditions early on so that interventions are more impactful and individuals have more opportunity to make changes in behavior to better manage their condition. This means that more individuals will be screened early on for chronic disease and consequently, more individuals will develop the skills to monitor and manage their chronic conditions.

PRIORITY 3: BEHAVIORAL HEALTH

Behavioral Health encompasses both mental health and substance abuse (alcohol, drugs, etc.). During the implementation phase, objectives will be developed for mental health efforts to reduce the stigma for people seeking care and to increase awareness of behavioral health issues and resources through education and outreach to patients, the community, and providers.



PRIORITY 4: OBESITY

Obesity was identified in the hospital's 2012 CHNA as a critical community health need and it remains a concern. CDPHE identified two of the groups at high risk for obesity as adults 45-64 years and those 65+ years, a demographic reflective of the community served by Lutheran. During the implementation phase, objectives will be developed that will not only address access to physical activity and nutritional education, but also health disparities and minimizing socio-economic gaps in accessing resources.

Resources Available to Meet Priority Health Needs

Lutheran has existing relationships with many key stakeholders in Jefferson County and throughout the Denver Metro area. To meet priority healthcare needs, Lutheran will leverage internal hospital staff expertise to partner with appropriate counterparts in the community who can most effectively address the priority needs. Below is a list of potential available resources:

- Action Center
- Arapahoe House
- Emergency Medical Services (EMS)
- Jefferson County Economic Development Council
- Jefferson County Public Health (JCPH) and JCPH Coalition teams
- Jefferson County Human Services
- Jefferson Center for Mental Health
- Live Well Colorado
- Local Civic and Community Organizations
- City of Arvada, Golden, Lakewood and Wheat Ridge
- Lutheran Medical Center Foundation Board of Director
- Lutheran Medical Center Senior Leadership
- Metro Community Provider Network
- Medical Staff, Lutheran Medical Center
- SCL Health
- Seniors Resource Center
- Weigh and Win
- West Chamber Jefferson County, Youth Leadership Program



Strategic Implementation Plan

The 2016 – 2018 Strategic Implementation Plan spans three years and highlights the overall approach for Lutheran in addressing priority health issues in the service area. Most importantly, Lutheran is working closely with Jefferson County Public Health (JCPH) leaders and the hospital is committed to participation in JCPH’s Community Improvement Plan efforts; in fact, in instances where our areas of priority are aligned, Lutheran will participate in the strategic efforts as presented in the county’s recent plan, updated December 2015. The plan includes the development of the Jeffco Community Health Improvement Network, a group of multi-disciplinary coalitions in Jefferson County, Colorado working together to increase health of county residents.

The Network aims to create system- and policy-level changes that make healthy choices easier for Jefferson County children and families, and is comprised of five coalitions, or “CoINs” (Coalitions Integrated in the Network). Lutheran representatives are being identified to serve on the various CoINs. By working together, partners throughout Jefferson County including Lutheran, plan to use a collective impact framework to collaboratively and strategically improve the health and well-being of our community.

In an effort to better align with JCPH’s goals and strategies, it was decided during the development of Lutheran’s Implementation Plan that, CHNA Priority Needs # 2 Chronic Disease Management and #3 Behavioral Health would be combined and renamed #2 Preventative Care and Behavioral Health.

1. Access – The aims for addressing access include efforts to provide community-based events and activities that bring health care to families and children *where they live*. Access occurs at all levels of care and features health screenings that serve as entry points for patients, support groups, and health screenings in addition to many other events that bring value to nearby communities and encourage preventive health care. Strategies to accompany this priority and objective include:

PRIORITY 1: ACCESS to HEALTHCARE

OBJECTIVE: Collaborate with JCPH to improve access by removing barriers and creating connectivity to appropriate health services and community resources.

- ⇒ Support 340b Pharmaceutical Plan offering assistance with enrollment in Prescription Drug Assistance programs for free or reduced prescriptions
- ⇒ Increase access for patients to service lines that support management of chronic conditions such as pain management, diabetic services, cardiovascular and cancer programs
- ⇒ Improve appropriate level of care alignment through navigator offerings (Metro Community Provider Network, Bridges to Care, Seniors Resource Center)
- ⇒ Identify barriers to accessing care including preventative care and continue to expand access through virtual health programs



2. Preventative Care and Behavioral Health – The aim for addressing preventative care behavioral health is that by integrating and networking services, primary care providers will be able to better direct their patients to preventive care, resources, and services. The goal is to diagnose conditions early on so that interventions are more impactful and individuals have more opportunity to make changes in behavior to better manage their condition. In addition, behavioral health efforts will reduce the stigma for people seeking care and overall increase awareness of behavioral health issues and resources through education and outreach to patients, the community, and providers. Strategies to accompany this priority and objective include:

PRIORITY 2: PREVENTATIVE CARE AND BEHAVIORAL HEALTH

OBJECTIVE: Collaborate with JCPH to create a comprehensive, county-wide plan to connect patients to comprehensive and cohesive preventive care, including behavioral health.

- ⇒ Assess community resources and needs for information connecting preventive care to available services, create an inventory of behavioral health resources and link patients with community resources that teach them how to better manage their condition such as Metro Community Provider Network, Bridges to Care and SRC
- ⇒ Increase health education opportunities through Cancer, Cardiovascular and other service lines to provide important messages such as warning signs of chronic conditions i.e. stroke and heart attack and improved healthy choices
- ⇒ Conduct, through JCPD collaborative, an awareness campaign to reduce the stigma around seeking behavioral health care services

3. Obesity – The aim will address access to physical activity and nutritional education. The risk of obesity and certain chronic disease rates are related, including decreased levels of physical activity and unhealthy food/beverage choices. Strategies for this priority and objective include:

PRIORITY 3: OBESITY

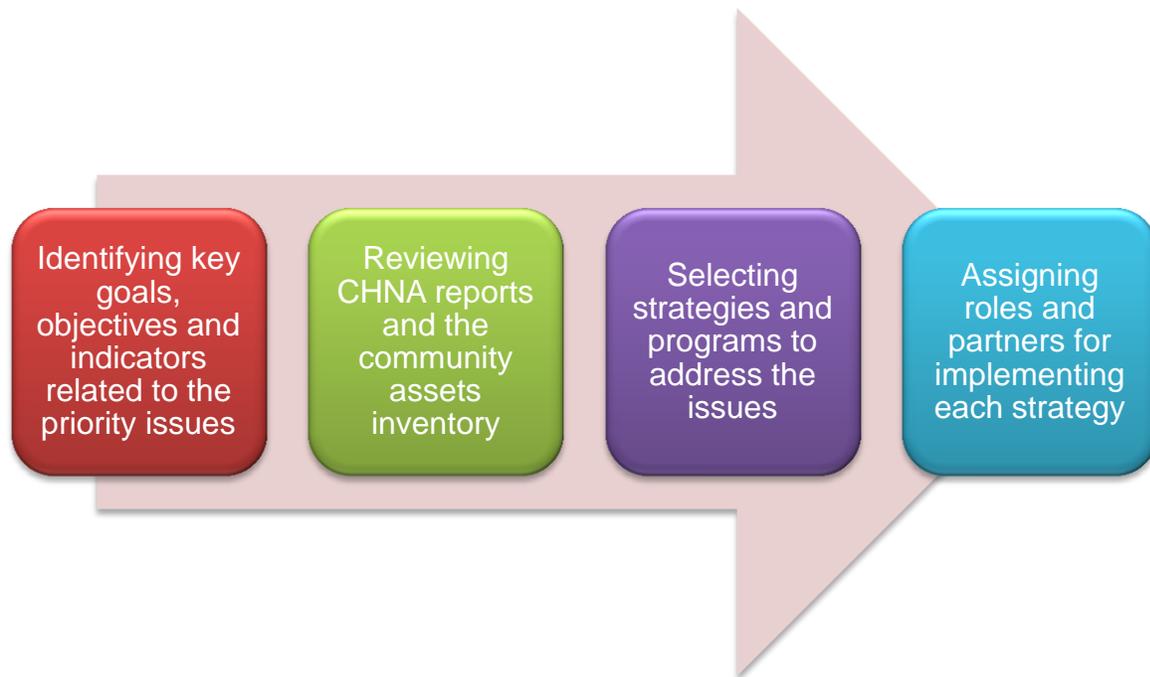
OBJECTIVE: Collaborate with JCPH to promote active living, healthy food access, and healthy beverage consumption.

- ⇒ Link individuals to wellness resources, including free/low-cost fitness and health classes, support groups, and counseling such as Weigh and Win and Bridges Integrative Health
- ⇒ Maintain high nutrition standards through the Colorado Healthy Hospital Compact
- ⇒ Partner with JCPH collaborative to develop culturally relevant educational materials and to target populations most at risk for obesity and lack of exercise
- ⇒ Increase breastfeeding rates and duration, through JCPH collaborative, and Women and Family Services



Conclusion

During the CHNA process, Lutheran conducted a Community Health Needs Assessment for Jefferson County and developed a Strategic Implementation Plan. The implementation plan features strategies that directly address the needs identified through the CHNA process. As stated earlier, the three redefined priorities are 1) Access to Healthcare, 2) Preventive Care and Behavioral Health, and 3) Obesity. The implementation phase includes:



As a nonprofit hospital, Lutheran is committed to improving the health of the communities it serves. This Community Health Needs Assessment and Implementation Plan demonstrates that the hospital will work independently and in partnership with Jefferson County Public Health's Community Health Improvement Network to positively impact the identified health needs in 2016–2018 to improve patient and community outcomes. The implementation plan is a living document that will be revised as needed, with input from the JCPH Network to include new partners, other hospital and system strategies, and activities, as well as new data. The final CHNA written report was shared with the Lutheran leadership team and subsequently, approved by the SCL Health Front Range, Inc. Board of Directors in December 2015. The Implementation Plan will be approved by the SCL Health Front Range, Inc. Board of Directors prior to May 15, 2016. This Community Health Needs Assessment and Strategic Implementation Plan are available to the community on the hospital's public website: www.Lutheranmedicalcenter.org.



Report Resources

- ⇒ Colorado Department of Public Health and Education
- ⇒ Jefferson County Economic Development Council
- ⇒ Jefferson County Public Health
- ⇒ Local Civic and Community Organizations
- ⇒ Local Municipalities
- ⇒ Lutheran Medical Center Foundation Board of Director
- ⇒ Lutheran Medical Center Senior Leadership
- ⇒ Metro Community Provider Network
- ⇒ Medical Staff, Lutheran Medical Center
- ⇒ SCL Health
- ⇒ Terrapin Resource Development, Inc.
- ⇒ West Chamber Jefferson County, Youth Leadership Program

¹ Colorado Hospital Association Discharge Data Program Database, 2015

² Jefferson County Transportation and Planning; accessed at <http://bikejeffco.org/wp-content/uploads/2011/02/Jeffco2.jpg>; 2015

³ US Census Bureau Website; Jefferson County, Colorado Quick Facts; 2014

⁴ <http://jeffco.us/human-services/news/2014/on-the-brink--suburban-poverty-explodes/>

⁵ <http://y100.dgslaw.com/Project/57/Jefferson-County-Jeffco-Schools-Foundation>

⁶ Census.gov; Population; SAIPE Main; SAIPE Data; Interactive SAIPE Data and Mapping Tool; 2014

⁷ US Census Bureau Website; Jefferson County, Colorado Quick Facts;

<http://quickfacts.census.gov/qfd/states/08/08059.html?cssp=SERP>; 2014

⁸ Colorado Department of Education; Graduation Statistics 2013-2014; Graduation and Completion data; District Level Data; Graduates and Completers by District, Gender and Race/Ethnicity (excel sheet); accessed 2015

⁹ CDC: Community Health Status Indicators (CHSI); 2015;

<https://mchdata.hrsa.gov/tvisreports/Documents/NeedsAssessments/2011/CO-NeedsAssessment.pdf>

¹⁰ <http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf>

¹¹ Colorado Maternal Child Health Needs Assessment Report; 2014

¹² Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, Colorado Department of Health and Public Education; 2014

¹³ http://www.coloradohealthinstitute.org/uploads/downloads/HSR_21_Combined_2015.pdf



*Appendix A:
Community Health Needs Assessment and Hospital
Implementation Plan
Lutheran Medical Center
2012*





***Appendix A:
Lutheran Medical Center
Community Health Needs Assessment
and Hospital Implementation Plan 2012***

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

- Category 1: Life course perspective: how populations are impacted differently during various stages of life.
- Category 2: 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.
- Category 3: Health factors: components of health behaviors and conditions, mental health and access, utilization, and quality of health care.
- Category 4: 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 CHNA were as follow:

- 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

The Lutheran senior leadership and Board of Directors reviewed, prioritized and approved Lutheran's top three community health needs:

- Reduce the incidence of obesity.
- Raise awareness regarding the risks of ways to prevent or manage hypertension.
- Minimize the risk and number of falls for elderly.

Preventive care and population health management are key initiatives for Lutheran. Reducing the incidence of obesity correlates to reduction of risks for key health issues such as coronary heart disease and stroke, Type 2 diabetes, and hypertension. Reducing the incidence of obesity aligns with Jefferson County Public Health (JCPH) community health improvement plan. Lutheran has strong community partnerships developed with JCPH and others. (*The Journal*, May–August 2013 has an article about CHNA/obesity).

Lutheran is committed to meeting and exceeding the needs of our growing senior population in Jefferson County. During the past 20 years, those living in Jefferson County over age 65 have nearly doubled. In 1990, Jefferson County had 53,255 individuals over age 65. By 2013, the population is projected to be 92,682, according to year 2000 census. This will present challenges to health care providers as “more than 90% of those over age 65 have a chronic conditions, and most have more than one.” (*Futurescan* 2009, Healthcare trends and implications 2009 – 2014, published in the Society of Healthcare Strategy and Market development of the American Hospital Association).

To address this growing population, Lutheran was the first Colorado hospital to establish a Senior Emergency Department, which offers easy access, personalized service, and exceptional care, while addressing key issues such as falls for the elderly. During hospitalization, Lutheran is addressing injury reduction for all populations with an emphasis on minimizing risk and number of falls for elderly. Lutheran is proud to be a NICHE (Nurses Improving Care for Healthsystem Elders) certified hospital. NICHE is the leading nurse driven program designed to help hospitals improve the care of older adults, including reducing fall risk.

Achievements



Some key actions and achievements over the past three years include:

- Recognized by Colorado Healthy Hospital Compact as a Founding Partner and Gold level hospital based on a rigorous set of nutrition standards (highest level awarded in 2014).
- Recorded over 8,745 pounds lost through Weigh and Win (an incentive-based program) from August 2012 through September 2015. Nearly 2,000 community and associates participated in the program.
- Implemented a health coach program; weight loss and preventing and managing hypertension have been a focus.
- Achieved a Live Well Colorado *HEAL* town and city designation for the City of Wheat Ridge in partnership with the Mayor, city leaders, and Live Well Wheat Ridge.
- Presented information about obesity and preventing and managing hypertension as a risk factor for cardiovascular diseases and provided information to reduce falls at home at Congressman Perlmutter's Senior Health Fair; provided additional presentations and classes on these topics for the community by Nutrition Services, Cardiac Rehab, Health Coach, and Bridges.
- Partnered with Jefferson County Public Health to advance work on obesity and tobacco use (risk factors for hypertension).
- Grew participation in *Focus on Fitness*, a cardiovascular program that helps to manage hypertension and other risk factors.
- Reducing falls for older adults is one of the areas of focus for Lutheran's *Nurses Improving Care for Healthsystem Elders* (NICHE) program.
- Partnered with Senior Resource Center (SRC) on *A Perfect Homecoming Program*; e.g. SRC staff members accompany vulnerable discharged patients to ensure physician appointments, prescription refills, food in the refrigerator, and that the senior's home is safe and free of trip hazards.
- Enhanced inpatient program to reduce falls for elderly patients including bed alarms, reduce call light response time, lift assists, and more.

