



2018 Community Health Needs Assessment: Executive Summary

October 2018

Executive Summary

Good Samaritan Medical Center (GSMC) is a community-based, acute care hospital in Lafayette, Colorado. A member of the Sisters of Charity of Leavenworth (SCL) Health System, the Medical Center opened in December 2004. GSMC offers a Primary Stroke Center, an Accredited Chest Pain Center and Cardiovascular Center of Excellence, a Level II Neonatal Care Unit, Level II Trauma Center, Integrative Health and Healing Center and innovative surgical, orthopedic, rehabilitation and women’s services.

GSMC has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy.

The GSMC service area includes 18 cities in 6 counties.

Good Samaritan Medical Center Service Area

City	ZIP Code	County
Arvada	80002, 80003, 90004, 80005, 80007	Jefferson
Black Hawk	80422	Gilpin
Boulder	80301, 80302, 90303, 80304, 80305, 80310	Boulder
Brighton	80601, 80602	Adams
Brighton	80603	Weld
Broomfield	80020, 80023	Broomfield
Broomfield	80021	Jefferson
Commerce City	80022	Adams
Dacono	80514	Weld
Denver	80221, 80229, 80233, 80234, 80241, 80260	Adams
Erie	80516	Boulder
Fort Lupton	80621	Weld
Frederick	80530	Weld
Golden	80403	Jefferson
Henderson	80640	Adams
Lafayette	80026	Boulder
Longmont	80501, 80503	Boulder
Longmont	80504	Weld
Louisville	80027	Boulder
Westminster	80030, 80031	Adams
Wheat Ridge	80033	Jefferson

Methodology

Secondary data were collected from a variety of local, county, and state sources to present a community profile, social determinants of health, health access, birth indicators, causes of death, health behaviors, preventive practices, chronic and communicable diseases, mental health, and substance abuse. When available, data were presented in the context of the service area counties, as well as Colorado to help frame the scope of an issue as it relates to the broader community. The report includes benchmark comparison data that compares Good Samaritan Medical Center data findings to Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Community stakeholder key informant interviews were used to gather data information and opinions from persons who represent the broad interests of the community served by Good Samaritan Medical Center. Sixteen (16) interviews were completed in August and September 2018.

Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the data from each section of the Community Health Needs Assessment report. Full data descriptions, findings, and data sources follow.

Community Profile

- On average, the population of the GSMC service area was 1,072,775 across six counties from 2012 to 2016: Adams (479,977), Boulder (313,961), Broomfield (62,449), Gilpin (5,708), Jefferson (558,810) and Weld County (278,065).
- Children and youth, ages 0-19 comprised over one-quarter of the population (27%); 34.9% were 20-44 years of age; 26% were 45-64; and 12% of the population were seniors, ages 65 or older.
- 6.5% of adults in Boulder County and 4.3% in Broomfield County identified themselves as lesbian, gay, or bisexual. These were higher rates than found in the state (4.1%).
- 64.7% of the population in the service area was White and 23.1% were Hispanic/Latino. Asians make up 3.5% of the population in the service area, 3.4% were American Indian or Alaskan Native, and 1.1% of the population in the service area was Black or African American.
- Three-quarters (75.6%) of the service area population speaks English only; 12.8% of the population speaks Spanish, 2.5% speaks an Asian/Pacific Islander language, and 2.3% speaks an Indo-European language.

Social Determinants of Health

- Over 13.4% of the population in Boulder County, 12.9% of Adams County, and 12.6% of Weld County were living at or below 100% of the Federal Poverty Level (FPL). 33.4% of Adams County and 30.9% of Weld County residents in the service area were considered low-income, living at or below 200% FPL.
- The median household income for the hospital service area ranged from \$13,750 in Boulder (80310- University of Colorado Residence Halls) to \$136,295 in Arvada (80007).
- The percent of students in Adams County eligible for the Free and Reduced-Price Meal (FRPM) program was 49.4%. In Weld County, 48.7% of students were eligible for the program. These were higher percentages than found in the state (41.6%).
- Of the population age 25 and over in the service area, 9.4% had not attained a high school diploma; 20.1% were high school graduates.
- The high school graduation rates ranged from 75.0% in Adams County to 87.7% in Boulder County. The Healthy People 2020 objective for high school graduation is 87%.
- Approximately 25% of homeless individuals in the area counties were chronically homeless, except for Weld County where 15% were chronically homeless.
- Community input indicated that the cost of living is prohibitive for many families and people are struggling to make ends meet; accessing medical care becomes secondary to being able to provide basic necessities.

Access to Health Care

- 89.7% of residents in the service area were insured.
- Stakeholder interviews indicated that even if people have insurance, their deductibles and copays are so high that it has become a barrier to accessing care.
- The percentage of uninsured children under the age of 18 was highest in Adams County and Gilpin County (8.2%). Broomfield County had the lowest rate of uninsured children in the service area (3.0%).
- 20.8% of adults in Boulder County and Broomfield County had an unmet medical need because they were not able to afford care or they were unable to schedule medical appointments.
- The ratio of the population to primary care physicians ranged from 2,910:1 in Gilpin County to 820:1 in Boulder County. Gilpin, Adams and Weld Counties had higher population to primary care physicians (fewer providers) than the state.
- Community input stated cost, transportation and mobility are all barriers to care.

Birth Indicators

- In 2016, there were 7,206 births in Adams County. Boulder County had 2,725 births, Broomfield County 718 births, Gilpin County 41 births, Jefferson County 6,033 births, and Weld County 4,318 births.
- In Adams County, 13.9% of births were to mothers who were teens under the age of 20. 14.2% of births in Weld County and 11.1% of births in Jefferson County were to teenage mothers. These rates of teen birth were higher than in the state (10.5%).
- All counties in the service area, with the exception of Gilpin County (76.9%), met the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.
- The infant mortality rate (the number of deaths of infants less than one year old per 1,000 live births) in Adams County was 6.5 and in Weld County was 6.3, which was higher than the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.
- All service area counties met the Colorado 2020 objective of 84.5% of infants being breastfed for some amount of time.

Leading Causes of Death

- The top two causes of death for all service area counties were cancer and heart disease. Lung disease and unintentional injuries ranked as the third and fourth highest causes of death. Stroke was the fifth highest cause of death for all service area counties except Jefferson County where Alzheimer's disease was the fifth highest cause of death.
- Adams County had the highest cancer death rates in the service area for digestive system cancer (82.3 per 100,000 persons), colorectal cancer (37.8) and lung cancer (40.6). Jefferson County had the highest area death rates for oral cavity cancer (14.2) and breast cancer (69.0). Gilpin County had the highest area death rates for respiratory system cancer (63.8).

Obesity, Nutrition and Physical Activity

- In the service area, Weld County had the highest rate of adult obesity. Over one-quarter of adults (27.9%) were obese and 65.7% were overweight or obese.
- At 15.1%, Weld County had the highest rate of child obesity in the service area.
- 18.5% of children, ages 1-14, in Adams County, 13.9% in Boulder County, 12.7% of children in Jefferson County and 15.6% of children in Weld County consumed one or more sugar sweetened beverage per day.
- 23.5% of adults in Adams County were sedentary and did not participate in any leisure time physical activity. 10.8% of adults in Boulder County, 11.4% of adults

in Broomfield County, 16.7% of adults in Gilpin County, 14.0% of adults in Jefferson County, and 21% of adults in Weld County were sedentary.

- Community members noted that accessing nutritious food and participating in healthy activities can be economically unavailable for many people.

Unintentional Injuries

- In 2017, falls were the second most common Emergency Department diagnosis for females and males at GSMC.
- Community stakeholders noted Colorado law doesn't require people to wear helmets for bike riding and other outdoor activities, which may contribute to unintentional injuries.
- Community input noted that distracted driving and texting while driving were factors in traffic accidents.

Chronic Disease

- Among service area counties, Adams County had the highest rate of adult diabetes (8.9%), compared to the state (6.8%).
- 3.2% of Weld County adults had been diagnosed with heart disease. This was a higher rate of heart disease than found in the state (2.8%).
- Community input noted there is a lack of awareness around symptoms, early identification and prevention of heart disease.
- The rate of hospitalization due to stroke was 285.3 per 100,000 persons in Adams County and 280.9 in Weld County. These rates exceeded the state rate of hospitalization due to stroke (250.6).

Cancer

- In the service area, Weld County had the lowest cancer incidence rate (388.1 per 100,000 persons) and Jefferson County had the highest cancer incidence rate (428.8).
- Gilpin had the highest incidence of breast cancer in the service area (138.6). Adams County had higher rates of cervical cancer (8.6), colon and rectum cancer (39.9) and lung and bronchus cancer (53.6) than the other service area counties and the state.
- Broomfield County had the highest area rates of melanoma (27.1) and Jefferson County had the highest rate of prostate cancer (124.7).
- Community stakeholders indicated that more people are being diagnosed with cancer in the Emergency Room. This indicated there were opportunities for more preventive screenings and early detection.
- Community input noted that cancer care was very costly and care can be more difficult to obtain depending on payor status.

Mental Health

- Among service area counties, Gilpin County had the highest ratio (1,480:1) of population to mental health providers (fewer providers). Boulder County had the best ratio (160:1) among service area counties. This exceeded the state ratio of 392:1.
- Community stakeholders identified a lack of mental health practitioners as a challenge to finding timely care.
- In Adams County (3,189.4) and Weld County (3,254.1), the rate of hospitalizations for mental health diagnoses, per 100,000 persons, was higher than the state (2,833.8).
- Stigma surrounding mental health continues to be a barrier to obtaining care.
- Among postpartum women, 13.1% in Adams County and 10.9% in Weld County had experienced symptoms of depression. These rates were higher than found in the state (9.6%).
- Another issue noted by stakeholders was insufficient inpatient services for mental health.

Substance Abuse

- Among service area counties, Boulder County had the highest rate of adult marijuana use (20.1%).
- Gilpin County (27.4%), Broomfield County (20.5%), Boulder County (19.1%) and Jefferson County (18.8%) had higher rates of binge drinking than found in the state (18.2%).
- Community input noted available substance abuse treatment options were insufficient to address the needs of the community.
- In Gilpin County, 32.7% of adults smoked cigarettes.
- 3.5% of children in Adams County were exposed to cigarette smoke in cars. This was higher than the state rate (3.3%).
- 5.7% of pregnant women in Adams County, 4% in Boulder County, 4.4% in Jefferson County and 6.5% in Weld County smoked during their pregnancies.

Identification of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Preliminary List of Health Needs

- Access to health care
- Chronic disease (arthritis, asthma, cancer, diabetes, heart disease, lung disease, stroke)
- Dental care
- Housing
- Overweight and obesity
- Mental health
- Substance abuse
- Unintended injuries

Significant Health Needs

Hospital representatives and community leaders were asked to rank order the preliminary list of health needs according to highest level of importance in the community. This prioritization process resulted in the following significant community health needs:

- Access to health care
- Cancer
- Cardiovascular disease (Heart disease and stroke)
- Lung disease
- Mental health and substance abuse
- Overweight and obesity
- Unintentional injuries

Community stakeholders were asked to rank order the health needs according to highest level of importance in the community. Community input resulted in the following prioritization of the significant health needs:

1. Mental health and substance abuse
2. Overweight and obesity
3. Access to health care
4. Cardiovascular disease (Heart disease and stroke)
5. Cancer
6. Unintentional injuries
7. Lung disease

As highlighted, GSMC has selected the top two priorities as the focus of the community health implementation plan development.