

BOULDER COMMUNITY HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT
2011-2013

The recently enacted Health Care Reform Legislation (Patient Protection and Affordable Care Act) requires non-profit hospitals to perform a *community health needs assessment* every three years and adopt an implementation strategy to meet the outstanding community health needs identified in the assessment as a condition of maintaining the institution's federal tax exemption. The requirement is effective March 24, 2012. Prior to 2012, it is expected that the Internal Revenue Service will issue regulations and guidelines detailing how assessment documents shall be prepared.

Boulder Community Hospital (BCH) has elected to prepare a health needs assessment in 2010-2011 and will use the document as a planning tool to assist in initiating strategic initiatives regarding medical services and support funding for local organizations in order to meet the critical health needs of citizens whose health is at-risk in our community. BCH has a lengthy history of providing emergency health care services to the uninsured and underinsured citizens of Boulder Valley and works in partnership with numerous community health and social service organizations enabling preventative health services to be readily available in the community.

In preparing this needs assessment report, the hospital collaborated with the Boulder County Public Health Department, the Community Foundation Serving Boulder County and over 50 other community organizations, whose representatives participated in BCH-sponsored community health focus groups.

THE STATE OF THE BOULDER VALLEY COMMUNITY'S HEALTH

*"The quality of a person's health is determined for the most part by factors other than a doctor---your everyday behavior, your environment, your mental wellness, and according to much research, whether or not you have health insurance. Boulder County scores highly on many of these factors, thanks to a community wide commitment and some extraordinary resources."*¹

1 Boulder County Trends 2009, The Community Foundation's Report on Key Indicators

According to the Community Foundation's Boulder County Trends report published in 2009, the Boulder community enjoys good health which appears to be related directly to the community's higher-than-average education and economic levels. However, the Foundation Trends Report estimates that 15% to 20% of adults in Boulder County are without health insurance and a disproportionate number of the uninsured are Latino. The community's teen fertility rate is low compared to state and national benchmarks, but 70% of teen mothers are Latina and Latinas also lag in receiving prenatal care. The Trends study states that Boulder County children are generally rather fortunate, since 91% of the estimated 69,000 children under age 18 have access to health insurance. However, just 45% of Boulder County residents report having dental insurance coverage.

Consistent with the remainder of the nation, five chronic diseases account for over three-fourths of local spending on health care. These diseases include diabetes, heart disease, hypertension, asthma and depression. The Colorado Regional Health Profile reveals that Boulder County is quite a bit "healthier" than the remainder of the state in these areas. For example, diabetes prevalence is 60% less, cigarette smoking down 69% from State averages, asthma down 3%, and death from heart disease 8% below average. Early diagnosis, patient education, preventative health care visits and access to health care professionals are key to disease management and reducing subsequent expensive health care costs.

There are a few notable exceptions to Boulder "beating" state averages with regard to health impacts. Boulder County residents have higher overall cancer rates (1%), with breast, prostate and oral cancers all higher than state averages. Our residents lag in colorectal screenings, but exceed in breast health preventative screenings.

The Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBS) to monitor risk behaviors among youth. The latest YRBS survey in Boulder County was conducted in late 2009. Surveys were administered to a random sample of 7th -12th graders (over 3,000 surveys comprised the findings). The risks surveyed included: seatbelt and helmet use, driving while impaired, bullying and harassment, personal safety, sexual behavior, depression and feelings of sadness, use of tobacco, alcohol, marijuana, other illegal drugs and steroids, body weight, physical activity and "screen" time. Data from this survey tells the community what our youth are doing and their perceptions on a number of the challenges they face.










In 2007 and 2008, two youth summits were conducted in Boulder County for middle and high school students. Middle school students participating in the summit identified stress and depression, alcohol and drugs, and peer pressure as their top health concerns. High school students identified illegal or prescription drug use, stress, alcohol abuse and depression as the most important health issues facing area teens.

The Trends Report states that while citizens of Boulder Valley are healthier than other Colorado communities, suicides have been on the rise since 2003. In fact, the report states that suicides in 2006 were double the number of County deaths occurring from motor vehicle accidents (48 compared to 23 auto deaths). However, according to the Colorado Regional Health Profile, Boulder County's rate of suicide is just slightly below the state average.

With the recent closure of a psychiatric unit at Longmont United Hospital, BCH is now the only community hospital in Boulder County to provide an in-patient Behavioral Health facility.

BOULDER COUNTY PUBLIC HEALTH DEPARTMENT

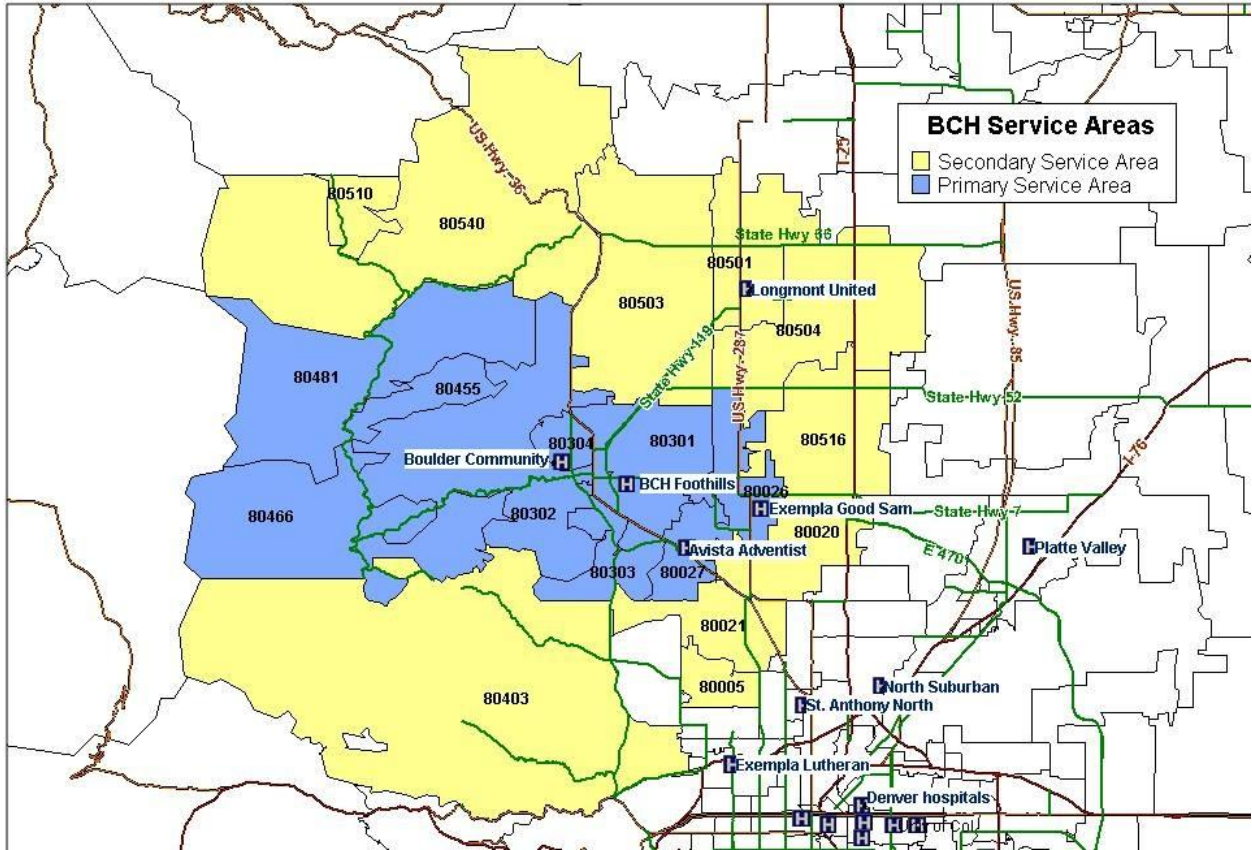
The Boulder County Public Health Department employs over 200 professionals to track and meet the diverse health needs of Boulder County residents. The organization's essential services include:

-  Monitor the health status of the population and environment, and identify community health problems.
-  Prevent and control the spread of communicable disease.
-  Promote positive health behaviors and environmental practices.
-  Mobilize community partnerships to solve identified health problems.
-  Enforce laws and regulations that protect the health of the public and the environment.
-  Counsel and support high-risk children, youth and families.
-  Assure access and provide linkages to personal health services.
-  Provide alcohol and drug treatment services.
-  Develop policies that support and protect the health of the community and the environment.

In addressing health needs as identified in the 2009 Community Trends Report and from the Health Department's needs assessments, the Department sponsors preventative health programs on alcohol diversion, teen pregnancy and parenting skills, and tobacco education and prevention. In addition, the Department places counselors in area middle and high schools to address substance abuse, depression and suicidal behavior, harassment, intimidation, and other interpersonal relationship issues.

BY ZIP CODE

**Boulder Community Hospital
Service Areas**



- | | | |
|-------------------|-------------------|-------------------|
| 80005 = Secondary | 80307 = Primary | 80474 = Primary |
| 80020 = Secondary | 80308 = Primary | 80481 = Primary |
| 80021 = Secondary | 80309 = Primary | 80501 = Secondary |
| 80025 = Primary | 80310 = Primary | 80502 = Secondary |
| 80026 = Primary | 80314 = Primary | 80503 = Secondary |
| 80027 = Primary | 80321 = Primary | 80504 = Secondary |
| 80028 = Secondary | 80322 = Primary | 80510 = Secondary |
| 80038 = Secondary | 80323 = Primary | 80516 = Secondary |
| 80301 = Primary | 80328 = Primary | 80533 = Secondary |
| 80302 = Primary | 80329 = Primary | 80540 = Secondary |
| 80303 = Primary | 80403 = Secondary | 80544 = Secondary |
| 80304 = Primary | 80455 = Primary | |
| 80305 = Primary | 80466 = Primary | |
| 80306 = Primary | 80471 = Primary | |

** Not all zip codes appear on the map*

DEMOGRAPHIC ANALYSIS

In October 2009, BCH commissioned the National Research Center to conduct a demographic analysis of the hospital's service areas and to project demographic trends for the next five years. The analysis targeted zip codes including all or parts of the communities of Boulder, Broomfield, Lafayette, Longmont, Louisville, Niwot, Nederland, Superior and Ward.

Key findings included:

- ☞ The areas' population grew just 4.5% over the last ten years, far less than the 29% in the previous decade. The population is expected to grow 2.9% in the next five years (2009-2014).
- ☞ The population is evenly split between males and females (50.7% male and 49.3% female). Females will increase .2% by 2014, with males declining the same .2%.
- ☞ Most striking is that the median age of the area's population will increase from 36 in 2009 to 38 in 2014. Persons 65 and over will increase from the present 9.1% to 10.2% in 2014. In 2000, 65 year olds made up only 7.7% of the area's population.
- ☞ 14% of the area's population is Latino, up from 11% in 2000. An estimated 8% of households speak Spanish at home.
- ☞ About 5% of the population lives at or below federal poverty levels. Median household income is almost \$66,000. Twelve percent have annual incomes of more than \$150,000.
- ☞ 2014 projected population growth is in zip codes to the east and south of the City of Boulder. Most City of Boulder zip codes expect to experience slight declines in population over the next 5 years due to declining household sizes.
- ☞ In 2009, the population centroid for Boulder County was near 75th Street and Jay Road. In 2014, the centroid is estimated to be near the intersection of Via Appia and McCaslin Drive in Louisville.

HEALTH RISK FACTORS IN THE BOULDER VALLEY

Similar to the rest of the nation, Boulder Valley residents are faced with significant health risks caused by heart disease, diabetes, hypertension, asthma and depression. Access to quality preventative care and disease management education is critical in minimizing future hospitalizations as well as the seriousness of these diseases. Health insurance coverage is also a factor in determining whether patients will seek preventative care or wait for symptoms to become more severe, thus requiring more extensive treatments, including hospitalization.

The area's growing Latino population is more at risk for teen pregnancy and these soon-to-be mothers are less likely to seek prenatal care. Prenatal care and wellness is significantly tied to healthy birth weights, infant development and potential success in early childhood education programs.

The area's population is aging at a relatively fast pace (10.2% of estimated 290,000 population in 2014, up from 7.7% of 2000 270,000 population) and will necessitate planning of and access to health care services unique to an older population. However, the Boulder region is renowned for its healthy lifestyles and temperate climate allowing for virtually year-round outdoor activities and this active culture is expected to continue and benefit the health of local citizens, regardless of age.

Boulder Valley citizens are highly educated and are employed at higher rates than other areas of the state. That said, work and life stresses and depression are challenges our population faces.

Finally, only 45% of area residents have dental insurance. While there is no overwhelming evidence that dental care is lacking, the Boulder County Trends Report states that over 7,600 unduplicated patients received oral health care from Dental Aid, a local non-profit agency providing dental care to low income residents.

FOCUS GROUPS WITH AREA HEALTH AND SOCIAL SERVICE AGENCY PROVIDERS

In October of 2010, BCH employed local strategic planning consultant Sharon McClew to conduct focus groups with area health care and social service agency providers. Invitations to participate in the focus groups were sent to 58 community organizations. Thirty six representatives from 29 community organizations attended one of four focus group sessions. Sessions were confidential. BCH leadership welcomed and thanked participants but did not remain in the room for the group discussion.

Each focus group was asked to discuss and respond to the following questions:

1. *Based on your experience, what are the three most significant health care needs in our community (Boulder & Broomfield Counties)?*
2. *What are the most preventable health-related diagnoses in our community?*
3. *Where are the gaps in the availability of and/or access to health care services in the community?*
4. *What groups in our community are underserved regarding their health care needs? What are the major obstacles to reaching and serving these groups?*
5. *What could reduce the need for the uninsured to use the Emergency Room for non emergencies?*
6. *How effectively does BCH's Charity Policy help to address identified community needs?*
7. *Where can BCH, either on its own or in collaboration, have the greatest impact on meeting the identified needs? What should BCH's top 2 to 3 priorities be over the next three years?*
8. *Who should BCH partner with to maximize its impact?*

Major findings from the focus groups included an assessment that **mental illness, alcohol abuse and a lack of integrated and coordinated care among providers** (the lack of case management, shared medical records, discharge planning and transitional care were highlighted) were currently the most **significant health needs in the Greater Boulder area**.

The most preventable diagnoses in the community were identified as diabetes, hypertension and untreated mental illness.

According to focus group participants, the populations most at risk within the BCH service area were recent immigrants, the working poor (those who do not qualify for Medicaid), low income senior citizens and transients.

With regard to the recommended BCH priorities for meeting outstanding community health care needs during the next three years, the focus groups identified four strategies for consideration:

1. **Perform outreach and provide leadership and coordination to achieve an integrated and coordinated delivery of health care services in the community.** Embrace the medical home model, helping people secure a primary care physician and a home for their medical records. Area hospitals, physicians, clinics and nursing homes should share an electronic medical records system. Finally, improve discharge and shared-care planning.

- 2. Create strategic collaborations with existing providers and partners.** The four local hospitals should collaborate rather than compete. Each should have centers of excellence, but not duplicate services, thus increasing the quality of care particularly for infants, for heart disease and cancer. Local providers wish to be strategic partners and enjoy stronger communication with BCH rather than just receiving support funding.
- 3. Adopt a more preventative, wellness-oriented care model.** BCH should focus on access to wellness and prevention services, coordinated discharge planning and appropriate transition care after discharge from the hospital. This strategy should result in faster recoveries and fewer readmissions to the hospital. Partnerships with area providers could be strengthened with a focus on wellness and prevention including training law enforcement officers to reduce domestic violence and child abuse, and partnering with schools and local parks and recreation agencies to enhance prevention and wellness. The BCH community lecture series was praised and encouraged to be expanded.
- 4. Address Mental Health care needs within the community.**

BCH STRATEGIES FOR ADDRESSING COMMUNITY HEALTH NEEDS 2011-2013

As a result of the research and recommendations that appear in this assessment report and further dialog with the BCH Board of Directors and medical staff, the following four strategies will guide BCH leadership in addressing our community's health needs over the next three years:

1. STRENGTHEN PARTNERSHIPS WITH KEY COMMUNITY HEALTH PROVIDERS

BCH will focus on **strengthening institutional relationships** with the following local organizations, developing **collaborative efforts to improve health care** within the Boulder Valley. Partnerships may include **joint funding of initiatives, direct support funding, providing leadership to governing boards, information sharing and other possible cooperative ventures**. While this listing includes many major community health providers in the Boulder Valley, it is not meant to be exhaustive and other organizations that address community health needs identified in this assessment may be added. According to our assessment, these agencies directly address identified community health needs and serve the populations in most need within the BCH service area:

Boulder County Public Health Department

Boulder Shelter for the Homeless

Boulder Valley Women's Health Center

Clinica Campensina Family Health Services/People's Clinic

Dental Aid

Intercambio de Comunidades

Mental Health Partners (The Mental Health Center Serving Boulder & Broomfield Counties)

St. Benedict Health & Healing Ministry

2. EXPAND PRIMARY CARE ACCESS

BCH intends to continue to **increase the number of primary care providers** within the hospital's service area. All BCH-owned clinics are **accessible to patients with Medicare** and many accept Medicaid. Through our **collaborative relationship with Clinica/Peoples Clinic**, we are committed to **improving patient access to primary care providers regardless of a patient's medical insurance status**.

Recognizing the Boulder area population is both aging and expanding to the east and south of Boulder proper, BCH has embarked upon an aggressive \$125 million, **10-year transitional facilities** plan that will **expand and improve access to hospital facilities and clinics** throughout the decade ahead.

3. **PREVENTATIVE CARE FOCUS**

In 2011, BCH initiated a **Certified Diabetes Educator program** in the hospital's nine primary care clinics located throughout the Boulder Valley. Each clinic will identify patients with diabetes and afford them enhanced opportunities for one-on-one counseling, chronic disease management education and peer coaching. In addition, this clinic-wide initiative will identify and interview patients with pre-diabetic symptoms and offer patient education and, support and counseling to mitigate future impacts. Using the Diabetes Educator initiative as a model, BCH will consider similar strategies in future years that address other chronic diseases (asthma, hypertension, heart disease and depression) impacting Boulder Valley residents.

BCH is an active partner in the **Boulder Valley Care Network**, a unique and innovative joint community effort of area hospitals and clinics assisting employees and families of the Boulder Valley School District (one of the area's larger employers) in **improving preventative care and managing chronic diseases**.

A significant aspect of the Hospital Transition Plan described above is the development of a state-of-the art **Heart Center on the Foothills campus**, slated to open in 2014. The Hospital is aggressively striving for preeminence in cardiac care by directly addressing the chronic heart disease and hypertension.

In 2011, BCH began providing **Electroconvulsive Therapy (ECT)**, a treatment for certain mental disorders, most notably severe depression. In bringing this medical service to the community, allowances were made to treat selective Medicare, Medicaid and uninsured patients.

4. **HEALTH INFORMATION EXCHANGE & INTEGRATED CARE**

BCH is an active **leader and collaborator in the Colorado Regional Health Information Organization** and will be the **first hospital in the state** to submit data to this **health information exchange**. This information exchange will help **integrate care throughout the county** by enabling all health care providers to have **access to the medical information placed on the electronic system**. At least **300 physicians** and the **four hospitals in the county will be involved in this record sharing project**. Having ready access to extensive patient medical records will improve the quality and efficiency of care, enhance patient safety and assist health care providers and public health officials in identifying health needs and developing future initiatives to address those needs.

BCH has recently initiated a program in the **Emergency Department (ED) designed to improve discharge planning and transitional care.** A Registered Nurse will act as a Case Manager in the ED and will **work directly with indigent and homeless patients, performing needs assessments and arranging for a primary care provider to continue the patient's treatment plan following release from the Emergency Department.** BCH Social Workers will also be involved in this effort. Similarly, BCH is an active partner in the recently created **Boulder County Respite Program** designed to improve **discharge planning and transitional care for homeless patients.**

Beginning in 2011, BCH has assumed full responsibility for its **Hospitalists Program.** The group's new Director comes to BCH from Denver Health and has extensive leadership experience in discharge planning for needy and underserved patients. BCH will be a collaborative leader in promoting **increased cooperation and coordination among area health care providers to improve discharge planning and coordinated care.**

Endorsed by BCH Board of Directors

February 22, 2011

SOURCES

In preparing this document, the following sources provided significant guidance and information:

- ✎ 2009 Youth Risk Behavior Survey for High and Middle School Students
- ✎ Boulder Community Hospital Demographic Analysis, October 2009
- ✎ Boulder Community Hospital Summary of Community Focus Groups, November 2010
- ✎ Boulder County Public Health Department website
- ✎ Boulder County Trends 2009, The Community Foundation's Report on Key Indicators
- ✎ Colorado Regional Health Profiles, Colorado Department of Public Health and Environment
- ✎ HortySpringer Teleconference on Community Needs Assessment in Reform Legislation, June 2010