

2022 Community Health Needs Assessment Implementation Strategy Report

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I. Purpose of Implementation Strategy (IS) Report

This Implementation Strategy Report summarizes the plans for Craig Hospital to sustain and develop community benefit programs, services and resources that address prioritized needs from the 2022 Craig Hospital Community Health Needs Assessment (CHNA). This IS Report identifies the actions the hospital plans to take to address the prioritized needs identified in its service area. As required by the IRS, the Implementation Strategy also addresses any needs that will not be met.

The IS Report has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy Report is intended to satisfy each of the applicable requirements set forth in the final regulations released in December 2014. This implementation strategy describes Craig Hospital's planned response to the needs identified through the 2022 Community Health Needs Assessment (CHNA) process. For information about Craig Hospital's 2022 CHNA process and for a copy of the report please visit <https://craighospital.org/resources/community-health-needs-assessments>.

The Craig Hospital Board approved this Implementation Strategy through a board vote on January 26, 2023.

II. About Craig Hospital

Craig Hospital is a world-renowned, premier center for specialty rehabilitation and research for people with brain injury (BI) and/or spinal cord injury (SCI). Craig has a remarkable atmosphere and culture that is casual but professional, active and upbeat. The hospital is a 92- bed inpatient long-term acute care hospital that also offers outpatient services to the same patient population.

Craig Hospital is located in Englewood, Colorado, a southern suburb in the Denver Metropolitan area. Craig's location in sunny Colorado allows patients the opportunity to rehabilitate outdoors, whether on campus, in the vibrant city of Denver or nearby in the Rocky Mountains.

Craig has been ranked as one of the Top Rehabilitation Hospitals in the nation for more than 30 consecutive years by U.S. and World Report since the rankings began in 1990.

In fiscal year 2021, Craig Hospital admitted 413 inpatients with 49% of admissions coming from Colorado facilities and the other 51% of admissions coming from facilities in 33 states across the United States. In addition, Craig Hospital served more than 1,250 outpatients in fiscal year 2021.

Craig Hospital Mission Statement *“Craig advocates for and provides exceptional patient and family centered care for those affected by spinal cord and brain injury. Together we bravely strive for optimal health, independence and life quality with unyielding determination.”*

Outpatient Services Mission Statement *“To provide a system for long term follow up, within our area of expertise, while fostering independence in the community.”*

III. About Craig Hospital Community Benefit

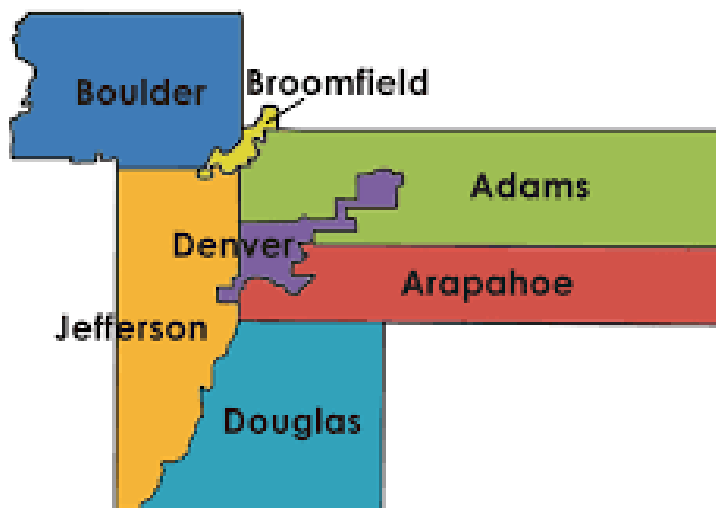
Annually, Craig Hospital reviews and adjusts our Community Benefit process, activities, accountabilities, and investments. To fulfill our community benefit responsibilities, Craig Hospital deploys a combination of uncompensated care, grants/donations to aligned non-profit organizations in our community, partnerships/collaborations with other entities interested in those with BI and SCI, and use of in-kind materials and services.

Craig Hospital continues to refine our strategic plan. The strategic planning process includes formalizing our community benefit activities, developing budget for community benefit investments, and a more rigorous alignment of Craig Hospital resources (financial, in-kind, partnership) to both the Craig Hospital strategic plan and the Implementation Strategies developed from the CHNA.

IV. Community Served by Craig Hospital

A. Geographic description of community served

For purposes of the CHNA and the Implementation Strategies Report, Craig Hospital’s community includes the seven counties in the Denver metropolitan area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson.



B. Demographic profile of community served

Craig Hospital's community is the Metropolitan Denver area. A majority of individuals (67.0 percent) identify as white; more than 4.7 percent of the community identifies as black or some other or multiple races. More than one in five, 22.3, percent identify as Hispanic or Latino.

Race	Metro Denver
White	67.0%
Black	4.7%
American Indian	1.7%
Asian	3.6%
Hispanic Origin	22.3%
Source: U.S. Census Bureau, Population Estimates Program 2021.	

Within the greater Metropolitan area, those with a disability, as a percent of the total population, ranges from a low of 4.3 percent in Broomfield County to a high of 7.9 percent in Adams County. For Colorado as a whole, 7.4 percent of the population has a disability.

Geography	With a disability, under age 65 years, percent, 2013-2017
Colorado	7.3%
Denver	6.5%
Broomfield	5.0%
Boulder	5.7%
Arapahoe	6.3%
Adams	7.7%
Jefferson	6.2%

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Douglas	4.2%
Source: U.S. Census Bureau Quick Facts	

Population level data of the BI and SCI community in the Denver Metro area is not available. Information about Craig Hospital patient visits and admissions are available and add some context to the prevalence and demographics of the defined community.

In Fiscal Year 2021, Craig Hospital had 413 inpatient admissions. 48% of the patients admitted with a brain injury while 42% admitted with a spinal cord injury. Additionally, 8% admitted SCI and BI injury and 2% admitted with a different neurologic injury. Males continue to comprise the majority of inpatient admissions at 78% with females accounting for 22% of admissions. The average age at admission was 38 years old.

V. Community Health Needs Identified in 2022 CHNA Report

The following four community health needs for Craig Hospital's identified community were identified through the CHNA process, listed in alphabetical order within the two categories:

High Priority

Access to Care

Medium Priority

Transportation

Financial Independence

VI. Involvement in the Implementation Strategy Development

Craig administrative, clinical and community health leadership were actively engaged in developing the priorities. Priorities at Craig were selected to maximize impact on the health of those affected by BI/SCI while aligning with the mission, values, capabilities and priorities of Craig Hospital. Craig will develop and improve data collection tools and provide more advanced analyses and reporting of community health activity for the Impact Report to be published with the 2021 CHNA. The Craig CHNA Oversight Committee, comprising Craig System leadership, will provide guidance on the implementation plan throughout the three-year cycle to ensure that planned activities are addressed and progress towards improved data collection and reporting are continued.

A. Craig Hospital CHNA Committee

A core team of individuals from across Craig Hospital were involved in developing the Implementation Strategy. The Craig CHNA Committee was comprised of staff from across Craig Hospital departments to facilitate communication and alignment with strategic planning and to ensure that all departments would have a knowledgeable advocate during implementation of the strategies. The team members are:

- Tom Carr – Director of Therapeutic Recreation and Operation TBI Freedom (OTF)
- Maureen Connor – Outpatient Physical Therapist, Outpatient Services
- Sarah Cornella – Outpatient Counselor-SCI, Clinical Care Management
- Catherine Davis – Manager of Nurse Advice Line
- Tiffany Heck – Director of Occupational Therapy, Occupational Therapy
- Lenore Hawley – Education and Community Resource Counselor, Clinical Care Management
- Jake Manley – Director of Integrated Marketing and Communications, Marketing and Public Relations
- Kyle Mickalowski – Director of Quality Management
- Casey Pfister – Community Reintegration Specialist, Occupational Therapy
- Diane Reinhard – Vice President of Hospital Services and Community Impact
- William Scelza, MD – President Craig Hospital Medical Staff, Physician with CNS Medical Group
- Alannah Smith – Marketing and Communications Manager, Marketing and Public Relations

VII. Health Needs Craig Hospital Plans to Address

Craig Hospital plans to address the High and Medium Priority Health Needs in its Implementation Strategy:

High Priority Health Need

A. Access to Care

Goal: Reduce the barriers to accessing healthcare and identify and partner with community organizations focused on meeting the needs of the community.

When compared to those without a disability, people with disabilities have higher rates of many chronic health conditions, including arthritis, asthma, cardiovascular, diabetes, high blood pressure, and high cholesterol. Those living with physical disabilities often face enormous difficulty finding medical practices with wheelchair-accessible equipment or clinicians who are cognizant of their unique health care needs and risks which can lead to life-threatening infections. Further, community members find it enormously difficult to find providers who take Medicaid and other government assistance and provide comprehensive care. Access to Care was identified as a top priority in both Denver's CHIP and Tri-County Health Department's CHIP.

Potential areas of focus for this health need could include access to primary care, affordable medications, chronic disease management, clinical preventive care, dental care, home health services, tele-health services, and partnering with local health alliances and federally qualified health centers.

Medium Priority Health Needs

B. Financial Independence

Goal: Meet basic needs to promote and support independent living

Financial stability is the door through which all are able to meet their basic needs and achieve their dreams. Financial stability can be helped by access to resources, employment, and opportunities to be financially stable; access to adapted, safe, affordable and reliable transportation; accessibility in the built environment; and access to affordable and adapted housing. For many with disabilities, however, barriers in their communities take away or severely limit their choices.

Patient survey data, the community survey, key informant interviews and multiple health departments in the communities Craig serves named one or several of these needs to promote independence as a health priority. Financial stability was identified as one of the biggest and negative drivers to our community's quality of life.

Potential areas of focus for this health need could include ensuring needs of people with BI/SCI are included in larger affordable housing policy discussions as well as advocacy around access to health care and what services are covered and made available to all regardless of insurance.

C. Transportation

Goal: Advocate for accessible transportation to meet the needs of those living with SCI or BI in our community.

For people living with BI/SCI to thrive, their basic needs must be met first and accessible transportation is paramount to this. Our community's ability to get from point a to b is crucial to their ability to obtain vital health care services as well as maximize their quality of life by taking in everything that makes for a full and fulfilling life. The cost, availability, and reliability of transportation are all barriers to our community.

Potential areas of focus include deepening our understanding of policy initiatives at the state and local level and learning how we can better advocate for our community's accessible transportation needs

VIII. Craig Hospital's Implementation Strategies

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Craig Hospital is eager to enhance its understanding of how best to implement effective strategies to address identified community health needs. It recognizes that improving health outcomes cannot be achieved in isolation or by working within its walls and solely with the patients served within Craig Hospital. Joint planning, robust partnerships, and collaboration with a wide array of community leaders, organizations that serve people affected by BI/SCI, organizations that do not currently serve people with BI/SCI but could, and people who live with or care for individuals living with BI/SCI are critical to improving health outcomes for its community.

Developing new and enhancing existing partnerships with state and local health agencies, other non-profit hospitals, community organizations, and individuals living with BI/SCI is a foundation that underlies the entire Implementation Strategy. The work ahead will involve identifying potential new partners and shared priorities; developing or aligning existing activities to achieve common goals and bigger health impact; in collaboration with partners, understanding how Craig's assets can most effectively support existing or jointly developed efforts.

Craig Hospital intends to draw on a set of strategies and organizational resources to address the health needs of people living with BI/SCI in the Denver Metro area. Resources to be deployed can include grants and contributions to community-based organizations; in-kind resources; collaborative advocacy on policy issues affecting our community; existing internal Craig programs that might be expanded; and Craig subject matter expertise. Health needs identified in the CHNA are interconnected, and strategies to address these health needs have been developed with awareness of this connectivity. Craig Hospital intends to implement the strategies in an integrated fashion and in support of its strategic plan.

IX. Process to develop the Implementation Strategy **Intermediate goals, strategies, activities, outcomes and assets**

Intermediate goals: Intermediate goals were developed, refined and narrowed to drive accountability, create focus, leverage resources, and track progress as Craig tailors its Community Benefit investments. Using the Collective Impact Framework, which posits that no single entity or sector alone can tackle society's most complex problems, the Craig CHNA Committee developed intermediate goals based on strategic partnerships both within the hospital and with external stakeholders.

Strategies/Activities: The strategies and activities were selected to support widespread collaboration among community stakeholders around shared health challenges to catalyze positive change in the community. Further, strategies and activities selected aligned with one of the hospital's overarching strategic goals: *Building Lifelong Relationships*.

Outcomes: Outcomes were decided upon to best assess the impact the strategies would have on health in the Craig community. The Craig CHNA Committee agreed upon

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outcomes they felt were specific, measurable, achievable, realistic, and timely and that would also allow them to learn more about the community living with BI/SCI beyond those they serve on the Craig campus.

Assets: Finally, the team identified community assets, those potential resources and partners within Craig and the community at large that could be leveraged to reach the stated outcomes while ensuring that the partnership would be mutually beneficial for all stakeholders. This is not an exhaustive list but a foundation to begin engaging with the community at a deeper level to learn how to best reach, serve and support the community living with BI/SCI in the Denver Metro Area.

Craig Hospital will continue to develop an intentional process for engaging with community organizations identified as potential partners/collaborators. This process will ensure that community members, organizations, agencies have an opportunity to further confirm, enhance, or refine the strategies Craig has identified. It will also permit these community members, organizations, and agencies to identify assets they may bring to the process to identify/eliminate duplication of efforts, identify which assets are best to deploy and by which organization, and understand how Craig's assets can best be integrated into the collaborative approach to addressing these health needs.

X. Implementation Strategy Table

High Priority Health Need: Access to Care				
Goal: Reduce the barriers to accessing healthcare and identify and partner with community organizations focused on meeting the needs of the community.				
Intermediate Goals	Strategy	Activities	Outcomes	Assets (Resources and Partnerships)
Those living with BI/SCI will encounter fewer barriers when accessing care.	Seek additional feedback from the SCI/BI community to better understand specific access to care issues.	● Engage with groups and individuals from the SCI/BI community to learn more about access to care challenges.	Craig Hospital will Identify specific actions to address challenges experienced by community.	● Nurse Advice Line ● Chanda Plan ● Brain Injury Alliance of Colorado (BIAC)
	Work with at least one community health department or community partner to address access to care issues for the SCI/BI community.	● Identify group working on access to care issues impacting the SCI/BI community and work together on access to care.	Craig Hospital is aware of the gaps in preventive care and how to address those gaps.	● Craig Marketing Department ● Easter Seals ● Mile High Health

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	Develop or support initiatives to further clinical knowledge or caring for those with a SCI/BI	• Identify gaps in knowledge among healthcare providers • Partner with another organization to address needs to healthcare providers in the community.	Increase knowledge and level of comfort of healthcare providers in order to increase access to care	Alliances (MHHA) • Denver Metro Safety net clinics • Hospital partners • Colorado Community Health Network (CCHN)
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Medium Priority Health Need: Transportation

Goal: Advocate for accessible transportation to meet the needs of those living with SCI or BI in our community.

Intermediate Goals	Strategy	Activities	Outcomes	Assets (Resources and Partnerships)
The SCI/BI Community will have access to reliable transportation options to better meet their needs	Identify challenges encountered by SCI/BI community to accessing transportation on the community	• Seek additional feedback to identify specific needs within our community. • Learn about community initiatives aimed at addressing transportation issues in the Denver community.	Increase knowledge of Craig Hospital regarding specific needs of community	• RTD • DRMAC • City government • Therapeutic Recreation • Adaptive Driving Program
	Partner with community organizations and/or government bodies to address identified community needs	• Identify organizations in the community to partner with to address known needs.	Address one challenge based on community feedback.	• Community Reintegration

XI. Health Needs Craig Hospital Does Not Plan to Address

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Craig Hospital does not plan to address the Medium Priority Health Need around Financial Independence. The CHNA Committee believes the hospital is best able to address and make a tangible impact around access to care and the transportation needs of the SCI/BI community within Denver. In addition, the CHNA Committee believes it can indirectly impact the issue of financial independence through their efforts to address access to care and transportation as both impact the economic independence of the community. Finally, other organizations in the community identified and plan to work toward addressing financial/economic independence through their Community Health Improvement Plans.

XII. Conclusion

Developing this Community Health Implementation Strategy was a collaborative effort bringing together expertise across Craig Hospital staff and using the health needs identified by the community within Craig's service area. This document is a dynamic and evolving plan for serving our communities. As we learn more from our community and build new investments and capabilities, this plan will change and grow. Substantive modifications and additions to this plan will be brought to our board for review and approval.