CRAIG | NEUROREHABILITATION & RESEARCH HOSPITAL

CRAIG HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

2022 REPORT

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

A. Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

Craig Hospital assesses the health needs of people living with spinal cord (SCI) and brain injury (BI) in our community every three years to assess our community impact and identify unmet health needs. The 2022 CHNA Report is the hospital's fourth triennial report. The CHNA process undertaken in 2022 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Prioritized Needs

Craig Hospital identified and prioritized three community health needs to inform Craig Hospital's community benefit work, grouping them into one high priority need and two medium priority needs. These health needs are listed below; within the two categories, the health needs are in alphabetical order.

High Priority
- Access to Care

Medium Priority
- Accessible Transportation
- Financial Independence

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.

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, and tele-health services.

MEDIUM PRIORITY HEALTH NEEDS

Accessible 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.

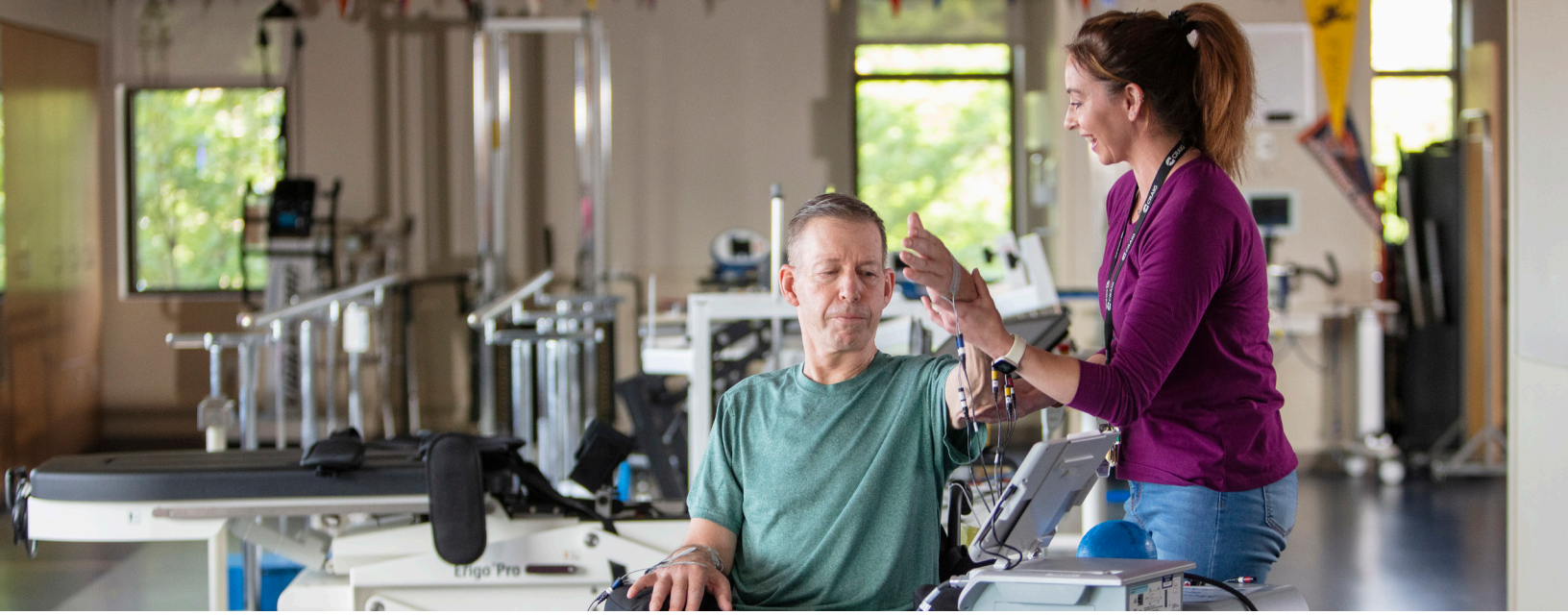
Financial Independence

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.



II. SUMMARY OF NEEDS ASSESSMENT METHODOLOGY & PROCESS

Data Collection and Analysis

Craig Hospital reached out to the Tri-County Health Department and received input from Public Health Planning Manager Callie Preheim, MSPH. Ms. Preheim provided insight into community needs at a local level, resources and reports for the hospital to consult, and recommended a variety of organizations in the community for Craig Hospital may partner with to impact areas of need.

Primary data included surveys of current and former Craig Hospital patients and community members and structured interviews with leaders of local organizations that serve people with brain injury (BI) and/or spinal cord injury (SCI) in our community and a public health professional from the Tri-County Health Department.

Secondary data sources included broader statewide and national population surveys conducted routinely by Colorado Health Institute (CHI) and the Colorado Department of Public Health and Environment (CDPHE), and the U.S. Department of Health and Human Services. Selected questions from these secondary sources were included in hospital's survey to provide opportunity for comparison. The completed CHNAs and Community Health Improvement Plans (CHIPs) from the five local health departments serving the seven-county geographical area were also reviewed and analyzed to identify broader trends and differences between BI/SCI population and the general population.

A complete list of data sources is included in the Appendix.

Prioritization of Health Needs

Members of the Craig Hospital CHNA Team reviewed data from the primary and secondary sources and prepared summaries of the information for the prioritization process. A group of eight Craig Hospital staff from departments throughout the hospital met to review the data and prioritize health needs. Criteria used to establish priority were feasibility of Craig addressing the health need, opportunity for Craig to build upon existing strengths, existing or potential collaborations with community partners, and potential for Craig to make an impact on each health need. The group identified one high priority, access to care, and one medium priority were identified, financial independence.

III. INTRODUCTION/BACKGROUND

A. About Craig Hospital

Craig Hospital is a world-renowned neurorehabilitation hospital and research center specialized in the care of people who have sustained a spinal cord and/or a brain injury. Located in Englewood, CO, Craig Hospital is a 93-bed, private, not-for-profit care facility providing a comprehensive system of inpatient and outpatient medical care, rehabilitation, neurosurgical rehabilitative care, and long-term follow-up services.

Craig has been ranked as a Best Hospital for Rehabilitation by U.S. News & World Report for 33 consecutive years. Craig received the NDNQI® award in 2009, 2012, 2015, and 2020 for the highest quality outcomes in nursing care in a rehabilitation facility. Craig also received our 4th recognition for excellence in nursing by the American Nurses Credential Center (ANCC) Magnet Recognition Program® in 2020.

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 33 states across the United States. In addition, Craig Hospital served more than 1,250 unique 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."

B. 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.

Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS Report will be a separate written document. The three most recent CHNA Reports and ISs are available at:

https://craighospital.org/resources/community-health-needs-assessments

C. Craig Hospital's Approach to Community Health Needs Assessment (CHNA)

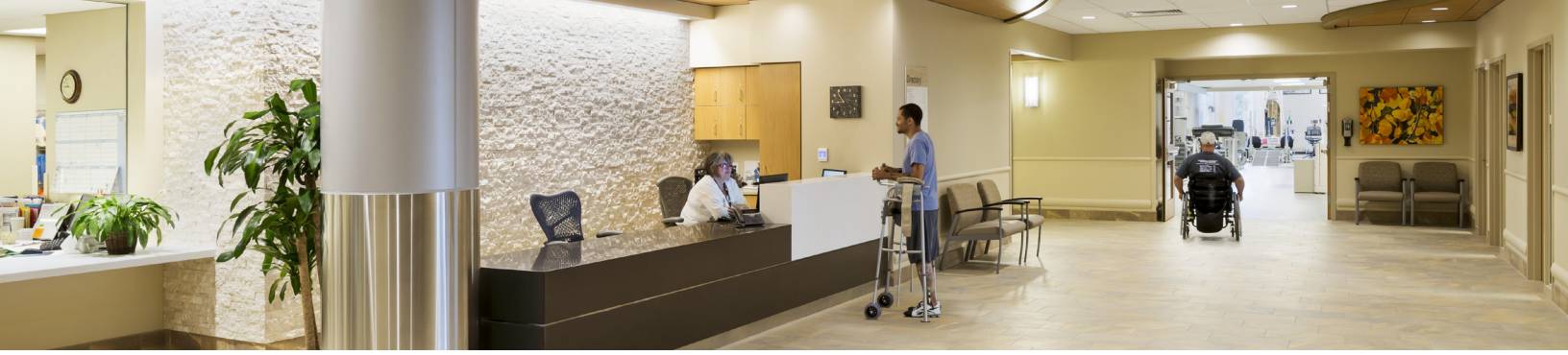
Craig Hospital assesses the health needs of people living with spinal cord or brain injury in our community formally every three years through the CHNA to assess our community impact and identify our community's unmet health needs. The 2022 CHNA Report is the hospital's fourth triennial report.

Craig Hospital utilized primary and secondary data sources in conducting our CHNA. Primary data collection included surveying individuals in the broader geographic community who may or may not have never been patients at Craig and structured interviews with subject matter experts from the community who work in organizations that provide services to people with SCI and/or BI.

The hospital's quality management department reviewed data from the 2022 Craig patient survey and compared to statewide data obtained from the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Health Institute (CHI), as well as national benchmarks from the Healthy People 2030 report. These survey results were also compared with previous triennial Community Health Needs Surveys to measure changes in the health of the community.

Summarized data was presented to the hospital's CHNA Team and a list of community needs were identified. The team prioritized the needs based on the hospital and established community partners' perceived ability to meaningfully address the identified needs. The process and outcome are described in this report.

After acceptance and publication of this CHNA report, Craig Hospital will develop an implementation strategy for the health needs it will address. These strategies will build upon existing Craig assets and community relationships. The Implementation Strategy Report will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once finalized, will be published on Craig's website: **https://craighospital.org/resources/community-health-needs-assessments**



IV. COMMUNITY SERVED

A. Background on disability and health

An individual can develop a disabling impairment or chronic condition at any point in life.

Data from 2019 shows, compared to people without disabilities, people with disabilities:

- Have less access to health care
- Have more depression and anxiety
- Engage more often in risky health behaviors such as smoking
- Are less physically active[1]

Further, there are many social determinants of health that influence the health of people with disabilities:

- Economic stability, including income, employment, debt and medical bills.
- Education, including literacy, higher education and vocational training.
- Neighborhood and built environment, including housing, transportation, walkability and safety.
- Food, including hunger and access to healthy food
- Community and social context, including family, friends, social interaction, support systems, community engagement and discrimination.
- Health care, including health coverage, provider availability and cultural competency[2]

1 Health Equity for People with Disabilities | CDC

2 Samantha Artiga et al., Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, Kaiser Family Foundation, May 2018, https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/.

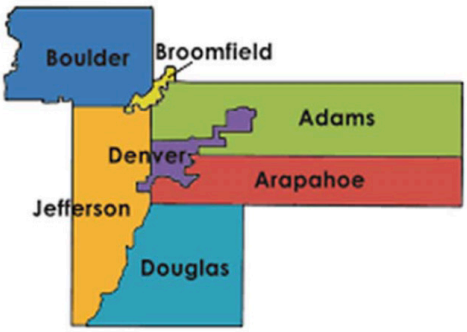
B. Craig Hospital's Definition of Community Served

Craig Hospital identified the community we serve as all persons with SCI and BI living within the seven counties of the Denver Metro Area surrounding Craig Hospital's campus: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties. The rationale for this definition:

- Craig Hospital is a specialty hospital focused on rehabilitating patients with BI and SCI. Our community health programs, partnerships and community benefit resources are committed to supporting individuals who have experienced BI and SCI injuries thrive in their communities.
- Craig Hospital is a nationally renowned hospital that serves patients from across the United States. However, the hospital is located in Denver and more than half of our patients live in Colorado. Defining the community geographically as these seven counties recognizes the impracticality of developing meaningful community benefit implementation strategies for a statewide or national population.
- This definition supports Craig Hospital's experience and public health recommendations that place-based and focused community health strategies will have a deeper impact on the community being served.
- Craig Hospital is a national leader in providing education, partnerships and advocacy to enhance the lives of individuals with BI and SCI, but the focus of our community benefit resources will be on this geographically local community.

C. Map and Description of Community Served

1. Map



2. Geographic description of the community served

Craig Hospital's community is the seven counties in the Denver metropolitan area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson.

3.Demographic profile of the 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: US Census Bureau, 2021 Population Estimates Program

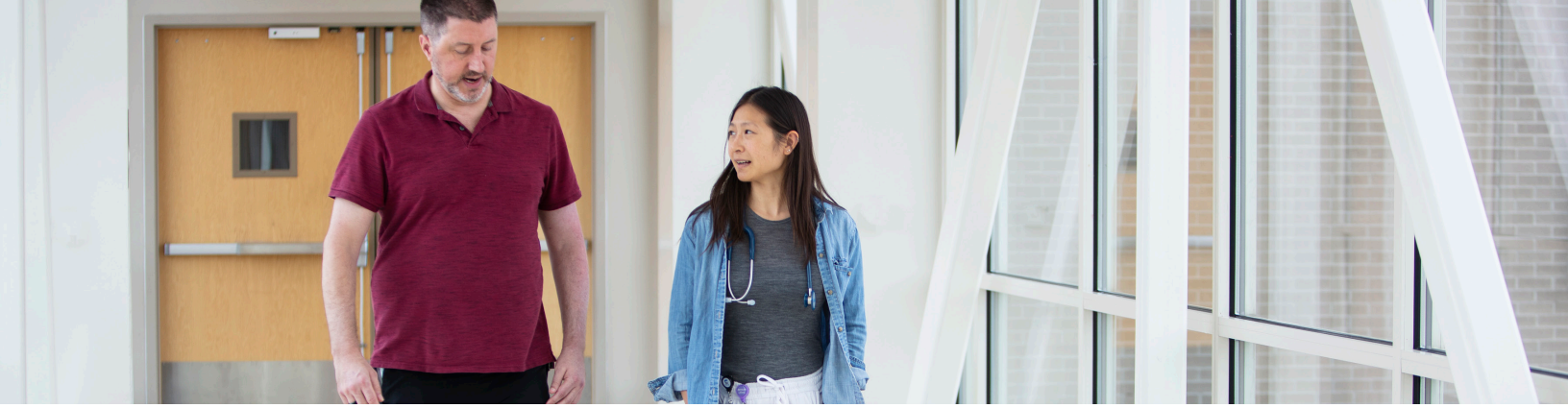
Within the greater Metropolitan area, those with a disability, as a percent of the total population, ranges from a low of 4.3 percent in Broomfield County to a high of 7.9 percent in Adams County. For Colorado as a whole, 7.4 percent of the population has a disability.

Geography	With a disability, under age 65 years, percent, 2016-2020
Colorado	7.4%
Adams	7.9%
Arapahoe	6.7%
Boulder	5.3%
Broomfield	4.3%
Denver	6.6%
Douglas	4.4%
Jefferson	6.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates

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 to 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. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of health organizations that collaborated on the assessment
Craig Hospital reviewed the top three to five health needs identified in existing health assessments from state and local health departments. Those assessments were used as part of the analysis of secondary data. These organizations are:

- Broomfield Public Health
- Boulder County Public Health
- Colorado Department of Public Health and Environment
- Denver Public Health and Denver Environmental Health
- Jefferson County Health Department
- Tri-County Health Department

Craig Hospital also reviewed the top three to five health needs identified by other national specialty hospitals as part of our analysis of secondary data. These hospitals are:

- Bryn Mawr Rehabilitation Hospital, Philadelphia
- Magee Rehabilitation Hospital, Philadelphia
- Marianjoy Rehabilitation Hospital at Northwestern Medical, Wheaton
- Shirley Ryan AbilityLab, Chicago
- Spaulding Rehabilitation Hospital, Boston
- Shepherd Center, Atlanta
- TIRR Memorial Hermann, Houston

B. Other partner organizations that collaborated on the assessment

Key informant interviews were conducted with subject matter experts in our community. These interviews provided qualitative information for primary data analysis. Organizations participating in these structured interviews are:

- Chanda Plan
- Colorado RSVP Clinic
- Home Builders Foundation

Community partners assisted Craig Hospital by facilitating the distribution of a community survey to their networks of clients and patients. The survey requested individuals to share their challenges and facilitators for health and quality of life in the community. Organizations that assisted with distribution of the community survey are:

- Home Builders Foundation
- Chanda Plan

C. Craig Hospital staff collaborations

A team of staff at Craig Hospital managed the collection and analysis of data, coordination of the development of the CHNA, and prioritization of the health needs. A group of Craig staff, representing a variety of departments within the organization, participated in prioritizing the health needs.

CHNA Managing Staff:

Chris Cusick – Data Warehouse Data Analyst
Cody Blubaugh – Quality Support Specialist
Kyle Mickalowski – Director of Quality Management
Diane Reinhard – Vice President of Hospital Services and Community Impact
Matthew Rozwod – Quality Management Specialist
Jesse Villines – Data Scientist

CHNA Prioritizing Staff:

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 & Communications
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 – Integrated Marketing and Communications Manager

D. Public health professional consulted

Craig Hospital reached out to the Tri-County Health Department and received input from Public Health Planning Manager Callie Preheim, MSPH. Ms. Preheim provided insight into community needs at a local level, resources and reports for the hospital to consult, and recommended a variety of organizations in the community for Craig Hospital may partner with to impact areas of need.

VI. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Primary data

Primary data were collected through surveys and structured interviews. The surveys were completed by individuals with BI or SCI; the structured interviews were conducted with individuals within organizations that provide services to BI or SCI and a public health professional from the Tri-County Health Department.

B. Secondary data

Secondary data included CHIPs of local health departments and of the CDPHE. In addition, CHNAs of national specialty rehabilitation hospitals were reviewed to provide context and to help inform the analysis of data.

1. Sources and dates of secondary data used in the assessment

CHIPs used:

- Broomfield Public Health (2020 - 2024)
- Boulder County Public Health (2017)
- Colorado Department of Public Health and Environment (2024)
- Denver Public Health and Denver Environmental Health (2013 - 2018)
- Jefferson County Health Department (2019 - 2021)
- Tri-County Health Department (2019 - 2024)

CHNAs reviewed:

- Bryn Mawr Rehabilitation Hospital, Philadelphia (2022)
- Magee Rehabilitation Hospital, Philadelphia (2022)
- Marianjoy Rehabilitation Hospital at Northwestern Medical, Wheaton (2022)
- Shirley Ryan AbilityLab, Chicago (2022)
- Spaulding Rehabilitation Hospital, Boston (2019)
- Shepherd Center, Atlanta (2021)
- TIRR Memorial Hermann, Houston (2022)

Additional sources of secondary data also informed the development of the patient and community surveys and the analysis of the data.

- Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a national system of health-related telephone surveys that collect state-level data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Craig used the BRFSS data developed by CDPHE in 2020.

- Colorado Health Access Survey (CHAS). CHAS is the premier source of information on health insurance coverage, access to health care and use of health care services in Colorado. More than 10,000 households in the state have been interviewed every other year since 2009, allowing comparisons across a time marked by sweeping changes in health policy. Craig used data from the 2021 CHAS.

- Healthy People 2030. Healthy People is a national public health program housed at the U.S. Department of Health and Human Services and is in its fifth iteration. It provides science-based, 10-year national objectives for improving the health of all Americans. It establishes benchmarks and monitors progress over time to encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities. Healthy People 2030 includes a workgroup for Disability and Health, with benchmarks.

C. Community Input

1. Description of the community input process

Community input was provided by a broad range of community members through the use of key informant interviews, and community and patient surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. For a complete list of individuals who provided input for the key informant interviews, see Appendix B.

2. Methodology for collection and interpretation of primary data

Community Survey

The Craig Hospital CHNA community survey requested participants to share their challenges and facilitators for health and quality of life in the community. Links to the survey were posted online through the hospital's and community partners social media channels between March and June 2022. Additionally, paper surveys were made available at the Living Well with Brain Injury event hosted at Craig Hospital. Nearly 90 responses were received from the following outreach sources:

- **PEAK Center:** The PEAK (Performance, Exercise, Attitude, and Knowledge) Center at Craig is an adaptive health and wellness center serving Craig's inpatient and outpatient populations as well as individuals who are not Craig patients. The PEAK Center works with individuals with neurological disabilities including (SCI, BI, MS, Parkinson's, or stroke) to maximize quality of life through knowledge and physical activity.
- **Chanda Plan and Chanda Health Center:** Chanda Plan Foundation supports the Chanda Center for Health in delivering and advocating for integrative therapy, primary care, and other complementary services to improve health outcomes and reduce healthcare costs for persons with physical disabilities.
- **Home Builders Foundation:** The mission of the Home Builders Foundation is to build independence, provide opportunities and elevate lives for individuals and families with disabilities in our community.
- **Craig Hospital's social media outlets** including, Instagram and Facebook.
- **Living Well with Brain Injury Event:** An in-person event hosted at Craig Hospital on August 26, 2022. A special in-person education and resource event for Craig Hospital Brain Injury Program alumni, outpatients, family members and close friends

Key Informant Interviews

Key informants were identified through existing community. Feedback was sought from more than a dozen partners in our community to better understand themes around health, community assets, and partnership/program.

D. Written Comments

Craig Hospital published our 2019 CHNA to the hospital's website in September 2019 (https://craighospital.org/uploads/CHNA/Craig-Hospital-Community-Health-Needs-Assessment-2019-Report.pdf). The public was invited to submit written comments on the CHNA.

As of the time of this CHNA report development, Craig Hospital had not received written comments about previous CHNA Reports. Any feedback can be sent to chna@craighospital.org to ensure that relevant submissions are considered and addressed by the appropriate staff.

E. Data Limitations and Information Gaps

There are limitations to all data. Although we have made every effort to ensure the quality of the data used in this report, some limitations and weaknesses do still exist. Timeframe, small respondent numbers, distribution methods as well as the reach of the distribution avenues and low input are all factors to be considered.

VII. IDENTIFICATION & PRIORITIZATION OF COMMUNITY'S HEALTH NEEDS

A. Identifying community health needs

1. Definition of "health need"

For the purposes of the Craig CHNA, a "health need" is a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the identification, interpretation, and analysis of the primary and secondary data.

2. Criteria and analytical methods used to identify the community health needs

Due to low response rates to our community survey, responses were not weighted to be representative of Craig's patient population living in Colorado. This limitation prevented the hospital from comparing weighted results to the BRFSS and CHAS surveys on like questions. As a result, comparisons to larger surveys were of limited value. Open ended survey questions were reviewed for themes to be considered when identifying health needs. Responses to the following questions open-ended questions were considered:

The following qualitative questions were analyzed to identify community health challenges experienced by former Craig Hospital patients.

- Reasons for any hospitalizations or emergency room visits.
- If you had a choice, would you rather access services remotely through telehealth or tele-rehabilitation or in-person visit? Reasons for your preference?

The Craig CHNA team compared the results of the 2022 community survey to the 2019 survey and found respondents reported greater difficulty (because of cost) accessing/obtaining: dental care, doctor care, mental health care, and specialist care. Additionally, fewer respondents to the most recent CHAS survey reported difficulty accessing/obtaining the same services when compared to the previous survey. The committee identified challenges around accessible transportation based on responses to other questions in the community survey as well as experience from committee members with deep knowledge of the community. The committee identified access to care and accessible transportation as two unmet health needs within the community.

Additionally, when the team considered the biggest positive and negative drivers to respondent's health and quality of life, financial stability was in the top three of both lists. The committee identified financial stability as an additional unmet need in the community.

The following health needs emerged through the analysis and integration of information from the various data sources and were prepared for use in prioritization of health needs:

- **Access to Care**
- **Accessible transportation**
- **Financial Independence**

B. Process and criteria used for prioritization of the health needs

The Craig CHNA group prioritized the health needs of the community by considering feasibility of addressing each need as well as the hospital's ability, along with community partners, to meaningfully impact the identified needs. Based on these considerations, the committee identified one need, access to care, as a "high" priority and the other two needs as "medium."

C. Prioritized description of all the community health needs identified through the CHNA

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

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

Accessible 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.

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.

D. Community resources potentially available to respond to the identified health needs

Community resources to respond to Access to Care include Tri-County Health Department which has prioritized access to care among our health needs (Craig Hospital is in the Tri-County Health Department jurisdiction); community health centers and their professional organizations (STRIDE Community Health Center, for example); and community organizations that serve people with disabilities and/or SCI and BI (Chanda Plan and BIAC, for example).

Community resources to respond to Accessible Transportation issues include the Denver Regional Mobility and Access Council (DRMAC). DRMAC's mission is to ensure people with mobility challenges have access to the community by increasing, enhancing, sharing and coordinating regional transportation services and resources. DRMAC serves the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson.

Community resources to respond to Financial Independence include Jefferson County Health Department which has prioritized housing and food insecurity in their CHIP; Tri-County Health also identified health and food and health and housing their most recent CHIP; community organizations which address some of the topics that can present barriers to independence (Home Builders Foundation, organizations working to reduce food insecurity or address housing affordability; and community organizations that focus on the needs of those with disabilities (Colorado Cross-Disability Coalition, for example).

VIII. 2019 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2019 Implementation Strategy Evaluation of Impact

Craig Hospital's 2019 Implementation Strategy based on needs identified in their 2019 CHNA report. Strategies were developed by an interdisciplinary team of staff to address the health needs identified in the 2019 CHNA. This section of the CHNA Report describes and assesses the impact of these activities.

Craig Hospital reviewed our activities to evaluate progress to date on health needs identified in the 2019 CHNA. Tracking metrics for each prioritized health need includes the number of grants made, collaborations and partnerships, and Craig in-kind resources deployed.

B. 2019 Implementation Strategy Evaluation of Impact

Since completion of the 2019 CHNA/IS process, Craig Hospital drew on a variety of resources to improve the health of our communities, including grant making and donations, in-kind resources, collaborations and partnerships, as well as internal Craig programs including, charitable health coverage programs and research. The following table summarizes some of the activities undertaken and the impact these activities achieved:

NEED	ACTIONS TO ADDRESS NEED	IMPACT
ACCESS TO CARE		
Reduce the barriers to healthcare; promote wellness; prevent injury and disease	Increase knowledge of gaps in preventive care for those living with BI/SCI and identify, collaborate with and support community partners and programs to address those gaps.	Provided educational handouts on caring for individuals with BI and/or SCI to a local Clinically Integrated Network (CIN) of more than 300 physicians and advanced care providers. Craig hospital partnered with a local health department to host three free walk-in Covid vaccine clinic and vaccinated more than 175 community members. The hospital also worked with a community partner, RSVP, to provide vaccinations at one of their monthly clinics.
	Serve as a consultant to clinics on how to make their environment, facilities and services more accessible and inclusive	Craig Hospital collaborated with a local clinic specializing in mammograms to make their services more accessible to those in the community in wheelchairs.
	Educate healthcare providers on how to best treat those living with BI/SCI through multiple communication channels (e.g. webinars, education, conferences, communication outreach programs)	Craig Hospital developed a six-part webinar series titled: Brain Injury and Behavioral Heath: Informing Best Practice. The hospital dedicated more than 250 hours to develop the series and it provided more than 8.5 hours of information to more than 300 health care professionals across the country. More than 90% of respondents to the post survey reported the content increased their current knowledge and would improve their patient care.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
SOCIAL & EMOTIONAL WELLNESS		
Improve access to affordable, safe and accessible mobility options so that individuals living with BI/SCI experience greater independence.	Create a pipeline for individuals living with BI/SCI to serve in positions of influence that can impact accessibility of physical, cultural, and institutional environments.	Three members of the community joined community boards.
The community affected by BI/SCI will have opportunities to engage in meaningful activities to improve their life quality.	Identify, become informed and share information regarding internal and external resources and programs that support engagement in meaningful activities with the community affected by BI/SCI.	Craig Hospital partnered with Arapahoe Community College to develop a course for those with Acquired Brain Injury (ABI). The program is called RISE: Rising together In Search of Excellence. The program is designed to bridge the transition between hospital-based rehabilitation and return to the community for adults living with ABI. The hospital provided clinical staff expertise in curriculum development The first class was held in the fall of 2021 and so far 27 students have completed the course.
PROGRAMS		
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. Craig provided services for Medicaid beneficiaries.	Medicaid patients served: 2018: 180 2019: 202 2020: 183 Medicaid losses: 2018: $3,644,032 2019: $3,849,687 2020: $2,632,761
Financial Assistance	Craig Hospital has a formal charity policy for medical services that provides guidelines for financial relief to patients who do not qualify for state or federal assistance and are unable to pay balance or establish partial payment plans.	Financial assistance provided: 2018: $1,709,105 2019: $2,121,080 2020: $3,211,901
Nurse Advice Line	Craig's Nurse Advice Line provides assistance to individuals who have BI and/or SCI identify primary care providers who have experience in providing healthcare to people with these injuries.	- More than 6,500 calls are responded to each year. - Annual average is more than 1,400 calls from non-Craig patients. - Calls from non-Craig patients have more than doubled since the last CHNA.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
Grants/Donations	One of the strongest needs of nonprofit organizations is for reliable, on-going general operating support. Most of Craig Hospital's grants/donations provide such operating support.	
Brain Injury Alliance of Colorado (BIAC)	BIAC provides guidance, resources, support, and education to engage with Coloradans with an injury to the brain to thrive in their community and achieve lifelong growth. 2019: $10,000 2020: $20,000 2021: $20,000	BIAC continues to provide comprehensive programming for survivors of brain injury and their families across the state. As the only organization in Colorado to offer such services, filling a vital service gap, BIAC connects with 1,500 individuals each year to fulfil our mission.
Chanda Plan Foundation	Chanda Plan Foundation supports the Chanda Center for Health in delivering and advocating for integrative therapy, primary care, and other complementary services to improve health outcomes and reduce healthcare costs for persons with physical disabilities. our direct services include acupuncture, massage, chiropractic, adaptive exercise and adaptive yoga. Services are provided at the Chanda Center for Health. Integrative therapies promote wellness and healing for acute and chronic conditions caused by physical disabilities. 2019: $20,000 2020: $20,000 2021: $20,000	The support from Craig Hospital is used to support the delivery of disability-competent integrative therapies (massage therapy, acupuncture, chiropractic, adaptive yoga, and physical therapy) and other complementary services at the Chanda Center for Health.
Integrated Family Services (IFS)	IFCS provides basic human services and enrichment programs to low-income people, using community resources. IFCS fosters self-sufficiency and respects the dignity of each client. It serves the people of Centennial, Englewood, Glendale, Highlands Ranch, Littleton, Lone Tree, Sheridan, and unincorporated Arapahoe County. 2019: $5,000 2020: $5,000 2020: $5,000	Our support was used towards the One Can Feed Hunger Alleviation program. The program feeds Children, families and seniors facing a new state of food insecurity.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
IN-KIND SERVICES		
RSVP Clinic	RSVP Colorado improves the lives of individuals in the Denver area who are uninsured. The clinic provides outpatient rehabilitation services to patients from adolescence through adulthood with brain injury, stroke, spinal cord or amputation injuries. Craig Hospital supports this non-profit clinic by providing facilities and supplies and PEAK scholarships, as appropriate, to clients to use these services.	Craig Hospital continues to partner with Rehabilitation Services Volunteer Partnership (RSVP), a 501 (c)3 non-profit entity that provides free health care for those that have suffered catastrophic injury and have no insurance, space at the hospital to run this clinic for free. This in-kind donation allows RSVP clinic to be successful and provide rehabilitation at the best rehabilitation hospital in the country. RSVP believes that the community of Denver and the rehabilitation community that has been marginalized and denied access to care has benefited from this clinic that is held monthly at Craig Hospital.
Doc of the Day	Craig offers non-Craig physicians who are treating patients with TBI and/or SCI advice and expert consultation for specialty and primary care. A Craig physician is available every day, through the Doc of the Day program.	Approximately 100 consults per year are provided to physicians practicing in the community.

IX. APPENDICES

A. Primary Data Collection Tools

1. Craig Hospital Community Survey

1. In what year were you born? (enter 4-digit birth year; for example, 1976)

2. What is your gender?

- ◯ Female
- ◯ Male
- ◯ Other

3. Current Marital status

- ◯ Married
- ◯ Divorced
- ◯ Separated
- ◯ A member of an unmarried couple
- ◯ Widowed
- ◯ Never married

4. Number of children living at home under 18 (if none, enter 0)

5. What is the highest level of education you have completed?

- ◯ Less than high school (grades 1-11, grade 12 but no diploma)
- ◯ Grade 12 or GED (High school graduate)
- ◯ Some college but no degree (includes occupational or vocational programs)
- ◯ Associates Degree
- ◯ College graduate – 4 year degree
- ◯ Postgraduate

6. Your current primary residence?

- ◯ Private Residence
- ◯ Nursing home
- ◯ Group home
- ◯ Homeless

7. Please select your primary County of residence:

- ◯ Adams County
- ◯ Arapahoe County
- ◯ Boulder County
- ◯ Broomfield County
- ◯ Denver County
- ◯ Douglas County
- ◯ Jefferson County
- ◯ Other (If other, please specify your 5 digit zip code, ex. 00544)

8. Injury diagnosis – check all that apply

- [ ] Tetraplegia (quadriplegia)- Persons with spinal cord injury at the C-8 level or above
- [ ] Paraplegia - Persons with spinal cord injury at the T1 level and below
- [ ] Brain Injury
- [ ] Other type of neurologic impairment

9. What year was your injury?

10. Employment status – check one

- ◯ Employed
- ◯ Unemployed
- ◯ Retired due to age
- ◯ Homemaker
- ◯ Student
- ◯ Unable to work because of a disability

11. Health insurance coverage - check all that apply

- [ ] Private insurance
- [ ] No insurance
- [ ] Medicare
- [ ] Workers Comp
- [ ] Medicaid
- [ ] Other Government Program

12. Are you of Spanish, Hispanic or Latino origin or descent?

- ◯ Yes
- ◯ No
- ◯ Don't Know

13. Primary language spoken in the home

- ◯ English
- ◯ Spanish
- ◯ Other (please specify)

14. Race - check all that apply

- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] Hispanic/Latino
- [ ] Native Hawaiian or other Pacific Islander
- [ ] American Indian or Alaska Native
- [ ] Don’t know
- [ ] Some other race (SPECIFY)

15. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

- ◯ Yes
- ◯ No
- ◯ Don't know

16. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- ◯ Yes
- ◯ No
- ◯ Don't know

Given the following information, please answer Question #17: You are considered fully vaccinated if you have received one dose of Johnson & Johnson or two doses of Moderna/Pfizer.

17. What is your COVID-19 Vaccination status?

- ◯ Unvaccinated
- ◯ Fully Vaccinated
- ◯ Partially Vaccinated
- ◯ Don't Know

18. Have you received a booster shot?

- ◯ Yes
- ◯ No, do not plan to at this time.
- ◯ No, plan to.

19. Is there a place where you go when you are sick or need advice about your health?

- ◯ Yes
- ◯ No
- ◯ Don't know

20. If you were to get sick or need a medical professional, where would you go?

- ◯ A doctor's office or private clinic
- ◯ A community health center or other public clinic
- ◯ A hospital emergency room
- ◯ An urgent care center
- ◯ Some other place
- ◯ A retail clinic like WalMart
- ◯ Don't go to one place most often
- ◯ Don't know

21. Do you have one person you think of as your personal doctor or health care provider?

- ◯ Yes
- ◯ No
- ◯ Don't know

22. If you had a choice, would you rather access services remotely through telehealth or telerehabilitation or in-person visit?

- ◯ Telehealth or Telerehabilitation
- ◯ In-person Visit

Reasons for your preference?

23. In the past 12 months, did you receive care in a hospital emergency room?
Check one:

◯ Yes ◯ No

If yes, how many times?

24. In the past 12 months, were you admitted to a hospital?
Check one:

◯ Yes ◯ No

If yes, how many times?

25. Please explain the reasons for any hospitalizations or emergency room use:

26. In the past 12 months, did you take any prescription drugs?

◯ Yes ◯ No ◯ Don't know

27. In the past 12 months, was there any time BECAUSE OF COST, YOU DID NOT:

	Yes	No	Don't Know
fill a prescription for medicine	◯	◯	◯
get doctor care you needed	◯	◯	◯
get specialist care you needed	◯	◯	◯
get dental care you needed	◯	◯	◯
get mental health care you needed	◯	◯	◯

28. In general, would you say your health is: (Check one)

◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor

29. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good? (0 if physical health was good)
(from 0 to 30 days) ____number of days not good

30. In the last year, was there a time you needed physical health services but were not able to receive them?

◯ Yes ◯ No

31. If you entered YES to the previous question, please indicate why you were unable to receive physical health services. (Please select all that apply.)

- [ ] I don't have insurance for physical health services
- [ ] I couldn't afford to pay my co-pay or deductible
- [ ] I didn't have any way to get to a provider (transportation issues)
- [ ] Provider refused to take my insurance or Medicaid
- [ ] I didn't know how to find a provider
- [ ] Too long of a wait for an appointment
- [ ] Fear
- [ ] Embarrassment
- [ ] Other (please specify)

32. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 days if mental health was good)
(from 0 to 30 days) _____number of days not good

33. In the last year, was there a time you needed mental health services but were not able to receive services?

- ◯ Yes
- ◯ No

34. If you entered YES to the previous question, please indicate why you were unable to receive mental health services. (Please select all that apply.)

- [ ] I don't have insurance for mental health services
- [ ] I couldn't afford to pay my co-pay or deductible
- [ ] I didn't have any way to get to a counselor (transportation issues)
- [ ] Counselor refused to take my insurance or Medicaid
- [ ] I didn't know how to find a counselor
- [ ] Too long of a wait for an appointment
- [ ] Fear
- [ ] Embarrassment
- [ ] Other (please specify)

35. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work or recreation?
(from 0 to 30 days) _____number of days unable to do usual activities

36. Do you currently smoke cigarettes?

- ◯ Every day
- ◯ Some days
- ◯ Not at all

37. Do you currently use chewing tobacco, snuff or snus? (Snuff is smokeless tobacco inhaled through the nose, snus is a smokeless tobacco placed under lip against the gum)

◯ Every day ◯ Some days ◯ Not at all

38. During the past 30 days, on how many days did you use marijuana or hashish?

◯ None ◯ Don't Know

number of times

39. Considering all types of alcoholic beverages (such as beer, wine, a malt beverage or liquor), how many times during the past 30 days did you have 4 or more drinks (female) or 5 or more drinks (male) on an occasion?

NOTE; one drink = 12-ounce beer, 5-ounce glass of wine or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

◯ None ◯ Don't Know

number of times

40. Do you participate in social, spiritual, recreational, community and civic activities to the degree that you wish?

◯ Yes ◯ No

41. Do you have physical or program barriers to local health and wellness programs?

◯ Yes ◯ No

42. Do you have barriers to obtaining the assistive devices, service animals, technology services and accessible technologies that you need?

◯ Yes ◯ No

43. Do you have environmental barriers to participating in activities:

	Yes	No	N/A
at home?	◯	◯	◯
at school?	◯	◯	◯
at work?	◯	◯	◯
in the community?	◯	◯	◯

44. Have you called Craig Hospital's Nurse Advice Line in the past 12 months?

- ◯ Yes
- ◯ No

45. Have you used Craig Hospital's website, craighospital.org, as a resource of health related information on your injury?

- ◯ Yes
- ◯ No

46. Of the health needs listed below, please select the three that most positively impacted your health and quality of life? Please select your TOP 3 choices:

- ☐ Ability to live independently
- ☐ Access to alcohol and substance abuse support
- ☐ Access to dental care
- ☐ Access to employment support
- ☐ Access to healthcare
- ☐ Access to rehabilitation services
- ☐ Accessible housing
- ☐ Accessible transportation
- ☐ Caregiver education, training and support
- ☐ Chronic disease management
- ☐ Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services)
- ☐ Financial stability
- ☐ Fitness and physical activity
- ☐ Healthy eating/nutrition educaiton
- ☐ Injury prevention education
- ☐ Lack of peer-to-peer support
- ☐ Lack of specialized equipment
- ☐ Mental health/emotional well-being
- ☐ Preventive care against further injury
- ☐ Quality of rehabilitation services
- ☐ Support transitioning back into the community
- ☐ Other (please specify below)
- ☐ If you selected 'Other' above, please specify below

47. Of the health needs listed below, please select the three that most negatively impacted your health and quality of life. Please select your TOP three choices.

- ☐ Ability to live independently
- ☐ Access to alcohol and substance abuse support
- ☐ Access to dental care
- ☐ Access to employment support
- ☐ Access to healthcare
- ☐ Access to rehabilitation services
- ☐ Accessible housing
- ☐ Accessible transportation
- ☐ Caregiver education, training and support
- ☐ Chronic disease management
- ☐ Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services)
- ☐ Financial stability
- ☐ Fitness and physical activity
- ☐ Healthy eating/nutrition education
- ☐ Injury prevention education
- ☐ Lack of peer-to-peer support
- ☐ Lack of specialized equipment
- ☐ Mental health/emotional well-being
- ☐ Preventive care against further injury
- ☐ Quality of rehabilitation services
- ☐ Support transitioning back into the community
- ☐ Other (please specify below)
- ☐ If you selected 'Other' above, please specify below

B. Community Expert Key Informant Interviews Introduction

Key informant interviews with community partners were conducted electronically with the following questions asked:

1. Tell me a little bit about your work in the BI/SCI community?

2. In your opinion, what does success look like for people in (your community) this community?

3. What are the most important issues impacting (your health and) the health of people with BI and/or SCI? Why?

4. What are things that are working well in the community and that are positively impacting (your health and) the health and quality of life of people with BI and/or SCI?

5. When you think about Craig Hospital, how would you like to see them participate in the community?

6. This could include addressing some of the issues you highlighted or harnessing some of the assets we just spoke about.

7. Is there anything that we don't know that we need to know? What else should we know?

Key Informant Interviews

Name	Title/Affiliation	Date
Chanda Hinton	Executive Director, Chanda Plan Foundation	May 22, 2022
Jeff Berliner	Physician Co-Founder, RSVP Clinic	May 20, 2022
Beth Forbes	Executive, Home Builders Foundation	May 24, 2022

C. Secondary Data Sources and Dates

- Broomfield County Health Department CHIP 2020 - 2024 -https://drive.google.com/file/d/1x-OkuS2vUcdQV2ZYZG9LsZtzJYd-6qemg/view
- Boulder County Public Health PHIP 2017 - https://www.bouldercounty.org/departments/public-health/public-health-improvement-assessments/
- Colorado Department of Public Health and Environment (2020-2024) - https://cdphe-lpha.colorado.gov/assessment-and-planning/state-assessment-and-planning
- Denver Public Health and Denver Department of Environmental Health CHIP (2014 - 2018) - https://www.denvergov.org/content/dam/denvergov/Portals/771/documents/community_health_improvement_plan/CHIP%20Full%20Report%20FINAL.pdf
- Jefferson County CHNA - https://insight.livestories.com/s/v2/cha-home-page/b08c9eba-221c-41de-b1fb-3540bcc51a76/
- Jefferson County CHIP - https://www.jeffco.us/DocumentCenter/View/16041/2019-2021-Community-Health-Improvement-Plan?bidId=
- Tri-County Health Department CHNA - https://tchd.org/DocumentCenter/View/10131/CHA_ArapCo_2022_04012022_Final_V5?bidId=
- Tri-County Health Department CHIP - https://www.tchd.org/DocumentCenter/View/1805/tchd_phip_2019-2024?bidId=
- CDPHE BRFSS - https://www.colorado.gov/pacific/cdphe/behaviorsurvey
- Colorado Health Institute Colorado Health Access Survey - https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-chas
- Healthy People 2030 - https://health.gov/healthypeople/about/workgroups/disability-and-health-workgroup
- U.S Census Bureau Quick Facts - https://www.census.gov/quickfacts/fact/table/jeffersoncountycolorado,douglascountycolorado,denvercountycolorado,broomfieldcountycolorado,bouldercountycolorado,CO#

D. Community Input Tracking Form

Data collection method	Organization Title Name	Number	Target group(s) represented	Date gathered
Craig Hospital patient survey	Living Well with Brain Injury Event	14 surveys returned	Former Craig patients and community members living with brain injury	9/2022
Community survey	The following organizations disseminated an electronic survey to our clients, patients, and members: • PEAK Center • Chanda Health Center • Home Builders Foundation • Craig Hospital	72 completed surveys	Individuals in Denver Metro area with SCI or BI (non-Craig patients)	March-June 2022
Structured interviews with key informants	Organizations represented: • Chanda Health Center • Home Builders Foundation • RSVP Clinic • Tri-County Health Department	4 interviews conducted	Providers of services to people with SCI or BI	4/2022 and 9/2022

Do you have questions and comments about this report?
Please contact us at **CHNA@craighospital.org**.

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