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CRAIG HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

2019 REPORT



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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) or brain injury (BI) in its community every three years to determine its community impact and identify unmet health needs in its community. Craig completed two previous CHNAs, one in 2013 and one in 2016. The CHNA process undertaken in 2019 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Prioritized Needs

Craig Hospital identified and prioritized four community health needs to inform Craig Hospital community benefit work, grouping them into two high priority needs 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
- Social/Emotional Wellness

Medium Priority

- Healthy Eating/Active Living
- Independence

HIGH PRIORITY HEALTH NEEDS

Access to Care

Goal: Reduce the barriers to healthcare; promote wellness; prevent injury and disease.

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, individuals with disabilities often encounter professionals unprepared to identify and treat their primary and secondary conditions and any other health and wellness concerns as health care providers often focus on their disabling condition rather than on other health issues that might be of concern to the individual.

Access to care was defined as a high priority need in both the Craig patient survey and key informant interviews. Respondents in the community-wide survey reported chronic disease management as one of the top five challenges they face. Access to care is also a top priority for the local public health agencies in the Denver Metro Area.

Potential areas of focus for this health need could include access to primary care, affordable medications, general health services, chronic disease management, clinical preventive care, care coordination, home health services, caregiver education, wrap around services.

Social/Emotional Wellness

Goal: Decrease isolation; increase social-emotional support for people with disabilities; support improved quality of life opportunities.

National data (National Health Interview Survey - NHIS) show that 14.4 percent of adults 18 years of age or older with disabilities experienced serious psychological distress; the Healthy People 2020 target is a 10 percent improvement to 13 percent.

Social relationships play an important role in the mental health and wellbeing of people living with BI/SCI. Addressing mental health and emotional wellness is a top priority among the majority of local public health agencies and nonprofit hospitals in the communities served by Craig as well as statewide. Additionally, it was identified as a top need in Craig's community surveys as well as in the key informant interviews.

Potential areas of focus for this health need could include access to mental health, substance abuse, and peer support services; connection to meaningful activities; relationship building; programs to address social isolation; wrap around services.

MEDIUM PRIORITY HEALTH NEEDS

Healthy Eating/Active Living (HEAL)

Goal: Promote the importance of a healthy diet and address obesity; foster improved health through culturally appropriate activities and accessible, affordable and adaptive fitness equipment.

To stay well, active and part of the community, healthy food and fitness are necessary for people with disabilities - just as they are for everyone else. National data (National Health Interview Survey - NHIS) show that among people 18 years of age or older, 14 percent of people with disabilities who meet aerobic physical activity and muscle-strengthening objectives, as compared with 27.1 percent of people without disabilities. National data (National Health and Nutrition Examination Survey - NHANES) also show that among adults 20 years of age or older, 45 percent of persons with activity limitations were obese as compared with 36.6 percent of people without activity limitations.

A lifestyle that includes regular exercise and healthy food improves a person's physical and mental health. It also reduces risks for cardiovascular disease, obesity and other health problems. It decreases anxiety and depression and can foster social connection. Fitness and physical activity were identified as one of the top three needs in the Craig community survey. Additionally, nearly every local public health department in the seven counties served by Craig, as well as the BRFSS, identified HEAL as a high priority. Potential areas of focus for this health need could include addressing obesity, food insecurity, nutrition education, improving access to physical activity opportunities, access to fitness facilities.

Independence

Goal: Meet basic needs to promote and support independent living

For people living with BI/SCI to thrive, their basic needs must be met first. These needs include financial stability through 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 the number one priority that emerged from the community survey.

Potential areas of focus for this health need could include addressing transportation barriers; ensuring needs of people with BI/SCI are included in larger affordable housing policy discussions; financial stability; addressing barriers that exist in the built environment; and improving accessibility of facilities.



II. SUMMARY OF NEEDS ASSESSMENT METHODOLOGY & PROCESS

Data Collection and Analysis

Craig Hospital staff consulted with professional staff from the Colorado Health Institute (CHI), the Colorado Department of Health and Environment (CDPHE), and a team of three independent public health consultants to gather, review, and analyze primary and secondary data.

Primary data included surveys of current and former Craig Hospital patients, structured interviews with leaders of local organizations that serve people with brain injury (BI) and/or spinal cord injury (SCI) in the identified communities, and a brief survey (paper and electronic versions, English and Spanish versions) of people with BI or SCI in the defined geography who had not been Craig patients.

Secondary data sources included broader statewide and national population surveys conducted routinely by CHI and CDPHE, and the U.S. Department of Health and Human Services. Some questions from each of these secondary sources were included in the surveys sent to Craig patients and alumni 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, differences between BI/SCI population and the general population, and potential areas for collaboration on implementation strategies.

A complete list of data sources is in the Appendix.

Prioritization of Health Needs

Members of the Craig Hospital CHNA Team, with support from the team of independent public health consultants, reviewed data from the primary and secondary sources and prepared summaries of the information for the prioritization process. A group of seven Craig Hospital staff from across the hospital departments met to review the summary data, agree upon criteria to be used for prioritization, and to complete the prioritization of the 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 two high priorities: access to care and social/emotional wellness. Two medium priorities were identified: healthy eating/active living and independence.



III. INTRODUCTION/BACKGROUND

A. About Craig Hospital

Craig Hospital is a world-renowned, premier center for specialty rehabilitation and research for people with spinal cord injury and brain injury. Craig has a remarkable atmosphere and culture that is casual but professional, active and upbeat. We're a 92-bed inpatient/outpatient, nonprofit hospital that offers acute, short and long-term care.

Craig Hospital is located in Englewood, Colorado, a southern suburb in the Denver Metropolitan area. Our 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 in the Top Ten Rehabilitation Hospitals in the nation for 30 consecutive years by U.S. News & World Report since the rankings began in 1990.

In 2018, Craig Hospital admitted 498 inpatients with 47% of admissions coming from Colorado facilities and the other 53% of admissions coming from facilities in 35 states across the United States. In addition, Craig Hospital served more than 2,900 outpatients in 2018.

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

Craig Hospital is in the process of reviewing and formalizing its Community Benefit process, activities, accountabilities, and investments. Prior to 2019, decisions about activities and investments in community health/benefit were made by senior leaders, based on a combination of informal criteria including history of outside organizations with Craig, commitment to working with people with BI and SCI, and geography. To fulfill its community benefit responsibilities, Craig Hospital deployed a combination of uncompensated care, grants/donations to aligned non-profit organizations in the geographic community, partnerships/collaborations with other entities interested in those with BI and SCI, and use of in-kind materials and services.

In 2019, Craig Hospital undertook a strategic planning process that is still underway as this CHNA is being completed. The strategic planning process includes formalizing its 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 this 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. All previous CHNA Reports and IS are available at:

<https://craighospital.org/uploads/2013-Community-Health-Needs-Assessment-1.pdf>

<https://craighospital.org/uploads/2016-Community-Health-Needs-Assessment.pdf>

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 its community every three years to determine its community impact and identify unmet health needs in its community. Craig completed two previous CHNAs, one in 2013 and one in 2016.

Craig Hospital uses a combination of primary and secondary data sources in conducting its CHNA. In previous years, primary data collection occurred via a survey of its patients and former patients. For this CHNA, in addition to patient/former patient surveys, primary data collection included surveying individuals in the broader geographic community who may 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 data from the 2019 Craig patient survey were 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 2020 report. These survey results were also compared with previous triennial Community Health Needs Surveys to measure changes in the health of the community.

Craig Hospital developed a set of criteria for identifying health needs in its community based on data from both the primary and secondary data sources. Once a list of needs had been identified, they were prioritized according to identified criteria by a group of Craig Hospital staff who represented a variety of departments. This process yielded the prioritized health needs. The CHNA process also included an identification of existing community resources to assist in addressing the identified health 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 the Craig website: **craighospital.org**.



IV. COMMUNITY SERVED

A. Background on disability and health

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

According to Healthy People 2020¹, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care needed
- Not have had an annual dental exam
- Not have had a mammogram in the past two years
- Not have had a Pap test within the past three years
- Not engage in fitness activities
- Use tobacco
- Be overweight or obese
- Have high blood pressure
- Experience symptoms of psychological distress
- Receive less social-emotional support
- Have lower employment rates

Further, there are many social and physical factors that influence the health of people with disabilities.²

Recognizing the health disparities between people with disabilities and those without disabilities in the United States, Healthy People 2020 adopted three World Health Organization (WHO) principles of action for addressing health determinants and achieving health equity.³ These form the basis for the Healthy People 2020 Disability and Health objectives.

- Improve the conditions of daily life by encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- Address the inequitable distribution of resources among people with disabilities and those without disabilities by increasing appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- Expand the knowledge base and raise awareness about determinants of health for people with disabilities by increasing the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and healthcare professionals.

1 Krahn, G.L., PhD, MPH, Walker, D.K. Ed.D, and Correa-De-Araujo, R. MD, Ph.D, Persons With Disabilities as an Unrecognized Health Disparity Population, Am J Public Health. 2015 April; 105(Suppl 2): S198–S206. Published online 2015 April. doi: 10.2105/AJPH.2014.302182

2 <https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>

3 Towards a Common Language for Functioning, Disability and Health: ICF The International Classification of Functioning, Disability and Health <https://www.who.int/classifications/icf/icfbeginnersguide.pdf>

B. Craig Hospital's Definition of Community Served

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

Craig Hospital is a specialty hospital focused on rehabilitation for patients with BI and SCI. Its 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 nearly half of its patients (46%) live in Colorado. Defining the community geographically as these seven counties recognizes the impracticality of developing meaningful community benefit implementation strategies for a state-wide 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 will continue to be a national leader in efforts to provide education, partnerships and advocacy to enhance the lives of individuals with BI and SCI, but the focus of its 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 (65.2 percent) identify as white; more than five percent of the community identifies as black or some other or multiple races. More than one in five, 22.4 percent identify as Hispanic or Latino.

Race	Metro Denver
White	65.2%
Black	5.1%
American Indian	0.5%
Asian	4.4%
Hispanic Origin	22.4%
Source: U.S. Census Bureau, Population Estimates Program 2017.	

Within the greater Metropolitan area, those with a disability, as a percent of the total population, ranges from a low of 4.2 percent in Douglas County to a high of 7.7 percent in Adams County. For Colorado as a whole, 7.3 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%
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 2018, Craig Hospital had 493 inpatient admissions; 51% of inpatients were admitted with a brain injury while to 49% admitted with a spinal cord injury. Males continue to comprise the majority of inpatient admissions w 77%, with females accounting for 23% of admissions. The average age at admission was 39 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 its analysis of secondary data. These hospitals are:

- Bryn Mawr Rehabilitation Hospital, Philadelphia
- Magee Rehabilitation Hospital, Philadelphia
- Marianjoy Rehabilitation Hospital at Northwestern Medical, Wheaton
- Rusk Rehabilitation Center at NYU Langone Medical Center, New York
- 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 expert community partners. These interviews provided qualitative information for primary data analysis. Organizations participating in these structured interviews are:

- Brain Injury Alliance of Colorado (BIAC)
- CCAD/ADAPT
- Chanda Plan
- Colorado RSVP Clinic
- Easterseals Colorado
- Home Builders Foundation
- PASCO Home Health and Community Based Services

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:

- BIAC
- Colorado RSVP Clinic
- Denver Commission for People with Disabilities
- PEAK Center
- Chanda Plan and Chanda Health Center

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
Catherine Davis – Manager of Nurse Advice Line
Heather Engel, Quality Management Specialist
Amy Goldstein – Director of Pharmacy
Kyle Mickalowski, Director of Quality Management
Stephanie Percival – Director of Clinical Care Management (Social Work)
Diane Reinhard, Vice President of Patient Care Services and Chief Nursing Officer
Candy Tefertiller – Director of PT and PEAK Center
William Scelza, MD – Director of Outpatient Clinic, Physician with CNS Medical Group (physician group that practices solely at Craig Hospital)

CHNA Prioritizing Staff:

Catherine Davis – Manager of Nurse Advice Line
Heather Engel, Quality Management Specialist
Kyle Mickalowski, Director of Quality Management
Candy Tefertiller – Director of PT and PEAK Center
Jeffrey Berliner, MD – Physician in CNS Medical Group and Founder of RSVP Clinic
Ellen Severe – Director of Occupational Therapy (board member of RSVP)
William Scelza, MD – Director of Outpatient Clinic, Physician with CNS Medical Group

D. Identity and qualifications of consultants used to conduct the assessment

Colorado Health Institute (CHI) conducts the Colorado Health Access Survey (CHAS) every other year to survey health care coverage, access and utilization in Colorado. Questions from the CHAS were used on the Craig Hospital survey to compare its population with CHAS' data from the 2017 survey. CHI reviewed the draft survey of Craig patients and provided feedback to improve the survey format. CHI provided comparative data from the CHAS for the general population in Colorado and a subset identified as disabled. Rebecca Silvernale, Director of Operations was the CHI staff member who provided this consultation.

Colorado Department of Public Health and Environment (CDPHE) collects health statistics in Colorado obtained from the Behavioral Risk Factor Surveillance System questionnaire (BRFSS). This questionnaire has been used by the state to develop a public health improvement plan. Data from the 2017 BRFSS survey were provided on specific questions for the general and disabled populations and compared with Craig survey responses. CDPHE staff provided updated BRFSS survey data. Jackie Gardner, Population Health Data Analyst is the CDPHE staff member who provided the data.

A team of three independent public health professionals provided consultation on primary data collection and reviewed and made recommendations on the final CHNA Report. These three individuals have over 50 years of combined experience in public/population health, health care, data collection and analysis, and community health. The team members are Caila Aubé, MA; Eliza Lanman, MS; Amy Pulver, MBA, MA.

VI. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Primary data

Primary data were collected through two 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.

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 (2014 - 2019)
- Boulder County Public Health (2017)
- Colorado Department of Public Health and Environment (2015 - 2019)
- Denver Public Health and Denver Environmental Health (2014 - 2018)
- Jefferson County Health Department (2019 - 2021)
- Tri-County Health Department (2019 - 2024)

CHNAs reviewed:

- Bryn Mawr Rehabilitation Hospital, Philadelphia (2019)
- Magee Rehabilitation Hospital, Philadelphia (2016)
- Marianjoy Rehabilitation Hospital at Northwestern Medical, Wheaton (2018)
- Shirley Ryan AbilityLab, Chicago (2019)
- Spaulding Rehabilitation Hospital, Boston (2018)
- Shepherd Center, Atlanta (2018)
- TIRR Memorial Hermann, Houston (2019)

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 2018.
- Colorado Health Access Survey (CHAS). CHAS is the premier source of information on health insurance coverage, access to health care and use of healthcare 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 2017 CHAS.
- Healthy People 2020. Healthy People is a national public health program housed at the U.S. Department of Health and Human Services. 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 2020 includes a section for Disability and Health, with benchmarks. The goal of this section is to “maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity, and quality of life among individuals with disabilities of all ages.”

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

Patient Survey

The Craig Hospital CHNA patient survey was mailed out in February of 2019 with a cover letter, survey, brochure with a summary of accomplishments from the 2013 and 2016 surveys, and response envelope to a random sample of 800 former Craig patients. Respondents could return the survey by mail or complete it by phone through the Nurse Advice Line. There were 159 surveys returned for a response rate of 20%.

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. The surveys were distributed in English and Spanish at local non-profit organizations, a community clinic and other online communities serving members of the target population. Between September 9, 2018 and September 14, 2019, 135 responses were received from the following outreach sources:

- **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.
- **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 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.
- **Brain Injury Alliance of Colorado (BIAC)** is a 501(c)(3) nonprofit organization and go-to resource for help and services for survivors of an injury to the brain, their families and providers.
- **Craig Hospital's social media outlets**, including Instagram and Facebook.

Key Informant Interviews

Key informants were identified through community partnerships and snowball sampling. The structured interviews were 30-45 minutes in length and conducted by third party consultants; in September 2019, 7 interviews were conducted. Analysis themes including health needs, community assets, and partnership/program opportunities were identified.

Qualitative and quantitative results of all primary data are summarized in Appendix E.

D. Written comments

Craig Hospital published its 2016 CHNA on its [website](#). The public was invited to submit written comments on the CHNA. The website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, Craig Hospital had not received written comments about previous CHNA Reports. Craig Hospital will continue to track any submitted written comments and ensure that relevant submissions will be 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, minimal bilingual responses, 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

Survey responses received from Craig patients were weighted to be representative of Craig's patient population living in Colorado. Weighted results were compared with the results of BRFSS and CHAS on like questions from respondents who identified as disabled. Baseline and target goals for persons with disability from the Healthy People 2020 report were also compared to the survey responses. Open-ended survey questions were displayed in word clouds to assist in visualizing the frequency of words used in responses to the following questions:

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.
- In your community, are there things that you need or like to do but are unable to do?
- In your community, what are the primary obstacles preventing you from doing what you need or like to do?
- In your community, what would be necessary to help you to do the things you need or like to do?

The Craig CHNA team compared the results of the patient survey to BRFSS and CHAS statewide results, and found in the area of general health, Craig rated their overall health better. Examining the responses to open-ended questions, two other needs were identified: access to transportation and access to care.

The responses to the open-ended questions in the patient survey were also coded into groups to facilitate comparison with the responses to the non-patient survey and the information obtained through the structured interviews. The team of independent public health consultants tabulated results of the community survey (quantitative data); analyzed responses to open-ended questions on both the patient and community surveys and coded responses to identify trends; and analyzed and coded information from the structured interviews.

The team also reviewed the secondary data, including comparing the top 3-5 health needs identified by local health departments and by national rehabilitation hospitals. They summarized the information on all these health needs in a chart to facilitate comparison with information emerging from the Craig primary data sources and to prepare materials for the Craig prioritization team. The team identified top trends and developed a list of four health needs, with information on the sub-topics associated with each health need.

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**
- **Healthy Eating/Active Living**
- **Independence**
- **Social/Emotional Wellness**

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

The Craig CHNA prioritization group prioritized the health needs of the community through a two-step process.

The first step involved reviewing the summarized quantitative and qualitative data for each of the four broad health needs that emerged from the data analysis. Once the group had reviewed the data, the feasibility of Craig addressing the health need (high, medium, low) was assessed,

opportunity for Craig to build upon existing strengths, existing or potential collaborations with community partners. In addition, the group separately assessed (high, medium, low) the potential for Craig to make an impact on each health need. The group worked as a whole and achieved consensus on each health need's feasibility and Craig's potential for impact.

The second step involved the group considering whether to focus on one (or more than one) health need to the exclusion of others, to rank order all four health needs, or to group the health needs without necessarily ranking them. Using the information gleaned in the first step and applying their own professional expertise and knowledge of Craig Hospital and the community, the group decided to retain all four health needs, but to group them into "high" and "medium" priorities. This determination was based on the rationale of a need for a clear strategy that helps focus effort to make a deeper impact (the high priority health needs) and a recognition of the importance of Craig committing to continue current work and deepen partnerships in all four of these health need areas.

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

HIGH PRIORITY HEALTH NEEDS

Access to Care

Goal: Reduce the barriers to healthcare; promote wellness; prevent injury and disease

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, individuals with disabilities often encounter professionals unprepared to identify and treat their primary and secondary conditions and any other health and wellness concerns as health care providers often focus on their disabling condition rather than on other health issues that might be of concern to the individual. Access to care was defined as a high priority need in both the Craig patient survey and key informant interviews. Respondents in the community-wide survey reported chronic disease management as one of the top five challenges they face. Access to Care is also a top priority for the local public health agencies in the Denver Metro Area.

Potential areas of focus for this health need could include access to primary care, affordable medications, general health services, chronic disease management, clinical preventive care, care coordination, home health services, caregiver education, wrap around services.

Social/Emotional Wellness

Goal: Decrease isolation; increase social-emotional support for people with disabilities; support improved quality of life opportunities

National data (National Health Interview Survey - NHIS) show that 14.4 percent of adults 18 years of age or older with disabilities experienced serious psychological distress; the Healthy People 2020 target is a 10 percent improvement to 13 percent. Social relationships play an important role in the mental health and wellbeing of people living with BI/SCI. Addressing mental health and emotional wellness is a top priority among the majority of local public health agencies and nonprofit hospitals in the communities served by Craig as well as statewide. Additionally, it was identified as a top need in Craig's community surveys as well as in the key informant interviews.

Potential areas of focus for this health need could include access to mental health, substance abuse, and peer support services; connection to meaningful activities; relationship building; programs to address social isolation; wrap around services.

MEDIUM PRIORITY HEALTH NEEDS

Healthy Eating/Active Living (HEAL)

Goal: Promote the importance of a healthy diet and address obesity; foster improved health through culturally appropriate activities and accessible, affordable and adaptive fitness equipment

To stay well, active and part of the community, healthy food and fitness are necessary for people with disabilities - just as they are for everyone else. National data (National Health Interview Survey - NHIS)

show that among people 18 years of age or older, 14 percent of people with disabilities meet aerobic physical activity and muscle strengthening objectives, as compared with 27.1 percent of people without disabilities. National data (National Health and Nutrition Examination Survey - NHANES) also show that among adults 20 years of age or older, 45 percent of persons with activity limitations were obese as compared with 36.6 percent of people without activity limitations. A lifestyle that includes regular exercise and healthy food improves a person's physical and mental health. It also reduces risks for cardiovascular disease, obesity and other health problems. It decreases anxiety and depression and can foster social connection. Fitness and physical activity were identified as one of the top three needs in the Craig community survey. Additionally, nearly every local public health department in the seven counties served by Craig, as well as the BRFSS, identified HEAL as a high priority.

Potential areas of focus for this health need could include addressing obesity, food insecurity, nutrition education, improving access to physical activity opportunities, access to fitness facilities.

Independence

Goal: Meet basic needs to promote and support independent living

For people living with BI/SCI to thrive, their basic needs must be met first. These needs include financial stability through 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 the number one priority that emerged from the community survey.

Potential areas of focus for this health need could include addressing transportation barriers; ensuring needs of people with BI/SCI are included in larger affordable housing policy discussions; financial stability; addressing barriers that exist in the built environment; and improving accessibility of facilities.

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

During the prioritization process, community resources were identified that have the potential to help Craig's response 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 its health needs (Craig Hospital is in the Tri-County Health Department jurisdiction); community health centers and their professional organizations (Colorado Community Health Network, 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 Social/Emotional Wellness include the local health departments that have prioritized this health need in their CHIPs (Boulder, Jefferson, Tri-County) and community organizations that serve people with disabilities and/or SCI and BI (Chanda Plan, BIAC, Colorado Cross-Disability Coalition, for example).

Community resources to respond to Healthy Eating/Active Living include local health departments that have prioritized HEAL in their CHIPs (Jefferson and Tri-County) and community organizations that address healthy eating (food security, access to healthy foods, food re-use) and/or active living, both organizations that focus their work on access to physical activity for those with disabilities (Wilderness on Wheels, Adaptive Adventures, for example) and those that address active living more broadly whose efforts can have a positive impact on those living with disabilities (city/county/state parks and recreation departments, Walk Denver, for example).

Community resources to respond to Independence include Jefferson County Health Department, which has prioritized housing and food insecurity in its CHIP; community organizations which address some of the topics that can present barriers to independence (Denver Home Builders, 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. 2016 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2016 Implementation Strategy Evaluation of Impact

Craig Hospital's 2016 Implementation Strategy was integrated with its 2016 CHNA Report. The strategies were developed to identify activities to address the health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities.

Craig Hospital reviewed its activities to evaluate progress to date on health needs identified in the 2016 CHNA. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and Craig in-kind resources deployed.

B. 2016 Implementation Strategy Evaluation Of Impact

Since completion of the 2016 CHNA/IS process, Craig Hospital drew on a variety of resources to improve the health of its 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 the activities undertaken and the impact these activities achieved:

NEED	ACTIONS TO ADDRESS NEED	IMPACT
ACCESS TO CARE		
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 2016: 182 2017: 190 2018: 180 Medicaid losses 2015: \$3,421,918 2016: \$3,884,117 2017: \$2,863,144
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: 2015: \$759,556 2016: \$1,005,094 2017: \$1,137,340
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 3,000 calls responded to each year. Annual average is more than 670 calls from non-Craig patients. Calls from non-Craig patients have increased more than 50% in CHNA period and now account for 36% of all calls to the advice line.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
Grants/Donations	One of the strongest needs of non-profit organizations is for reliable, ongoing 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. 2016: \$15,750 2017: \$16,100 2018: \$16,000	
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. Its 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. 2016: \$15,000 2017: \$10,000 2018: \$10,000	Collection of data on better health outcomes and lower medical bills are providing Chanda Plan Foundation information needed to pursue systemic change to have integrative therapies covered by Medicaid.
Colorado Neurological Institute (CNI)	CNI's mission is to enhance the delivery of personalized, comprehensive and state-of-the-art care to patients with neurological conditions through coordinated research, patient services, and education. 2016: \$11,000 2017: \$11,000 2018: \$11,000	Support of research and camps. Organization dissolved in 2018.
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. 2017: \$5,000 2018: \$5,000	

NEED	ACTIONS TO ADDRESS NEED	IMPACT
Collaborations & Partnerships		
ARCH Foundation	Craig partners with the ARCH Foundation to provide caregiver support to those in the community.	ARCH Foundation provides small gifts (gift cards, flowers) to caregivers. Also provides an annual retreat for caregivers at an off-site location. Organization recently merged with another community organization, No Boundaries.
Brain Injury Alliance of Colorado (BIAC)	Craig staff partners with BIAC to provide Self-Advocacy for Independent Living (SAIL) workshops to improve self-advocacy skills of individuals with brain injuries. Craig also provides nurses to provide medical oversight for Colorado Brain Injury Camps (1 nurse per camp).	6 camps per year serve approximately 10 individuals per camp.
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 nonprofit clinic by providing facilities and supplies and PEAK scholarships, as appropriate, to clients to use these services.	RSVP has served 26 patients since 2016. 18 RSVP patients have graduated back into the community.
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.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
TRANSPORTATION		
PROGRAMS		
DIA Training	Craig partners with the Denver International Airport (DIA) to provide DIA employees (air-line staff, TSA) with education and experience taking care of disabled passengers. Craig takes a monthly trip to the airport and takes patients through from check-in desk to gate to boarding a plane.	36 trainings provided during the three years 144 people trained during the three years
Grants & Donations	One of the strongest needs of non-profit organizations is for reliable, ongoing general operating support. Most of Craig Hospital's grants/donations provide such operating support.	
Colorado Cross Disability Coalition (CCCD)	CCCD is a statewide organization run by and for people with all types of disabilities. Its mission is to advocate for social justice for people with all types of disabilities. It provides strong leadership in advocating for accessible, affordable, safe transportation for people with disabilities. 2017: \$500 2018: \$500	
Collaborations & Partnership		
DIA Training	Craig partners with the Denver International Airport (DIA) to provide DIA employees (air-line staff, TSA) with education and experience taking care of disabled passengers. Craig takes a monthly trip to the airport and takes patients through from check-in desk to gate to boarding a plane.	36 trainings provided during the three years 144 people trained during the three years
Bell Helmets	Craig Hospital partners with Bell Helmets to provide bicycle helmets at cost through Craig Hospital Gift Shop. Helmets are available to the broader community.	More than 100 helmets have been provided since inception of the program in 2016.
In Kind Services		
Craig Driving Program	Craig Hospital offers a driving program to assess the abilities of individuals to return to driving or to dependent passenger status. The assessment is open to non-Craig patients.	Between 2016 and 2018, 97 out-patients who had not previously received inpatient care at Craig received these services.

NEED	ACTIONS TO ADDRESS NEED	IMPACT
ACCESSIBILITY		
PROGRAMS		
Peer Mentoring	Craig Hospital has a Peer Mentoring program which pairs injured individuals (usually newly injured) with someone in their local community to act as a Peer Mentor to answer questions and help navigate their new world.	
Community Reintegration Program	Craig Hospital has a team dedicated to helping individuals return to the job, a new one, or return to school after their injury. The outpatient program works with employers and schools to ensure individuals are ready to return to work or school and provides job coaching and job development services. The outpatient program is open to non-Craig patients.	Between 2016 and 2018, 47 individuals who had not been a Craig patient participated in this program.
PEAK Center (Performance, Exercise, Attitude, and Knowledge)	The PEAK 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 (SCI, BI, MS, Parkinson's, and stroke) to maximize quality of life through knowledge and physical activity. Scholarships are provided to community members who qualify to use the PEAK Center but who do not have the means to pay for the membership.	Individuals receiving scholarships: 2016: 80 2017: 70 2018: 90 Value of scholarships: 2016: \$28,286 2017: \$24,255 2018: \$35,156
Grants & Donations	One of the strongest needs of non-profit organizations is for reliable, ongoing general operating support. Most of Craig Hospital's grants/donations provide such operating support.	
Cycle of Hope	Cycle of Hope Provides the building blocks for female wheelchair users to live a well-balanced life incorporating physical, professional, financial, and emotional wellness. 2018: \$10,000	
Denver Harlequin Wheelchair Rugby	A quadriplegic rugby team that competes in a national league in 5-7 tournaments each year. 2016: \$5,000 2018: \$10,000	

NEED	ACTIONS TO ADDRESS NEED	IMPACT
High Fives Foundation	High Fives Foundation supports the dreams of outdoor action sports athletes by raising injury prevention awareness while providing resources and inspiration to those who sustain life-altering injuries. 2016: \$26,500	
Home Builders Foundation	The Home Builders Foundation helps build independence by providing opportunities and elevating lives for individuals and families with disabilities in the community. 2017: \$5,000 2018: \$5,000	
National Sports Center for the Disabled (NSCD)	NSCD which offers adaptive lessons for individuals and groups of people with disabilities in a variety of action sports, adventure sports and competitive programs. Athletes with any physical, cognitive, emotional or behavioral diagnosis can participate in sports and recreation programs year-round in Colorado's Front Range and mountains. 2016: \$11,700 2017: \$8,000 2018: \$67,000	
Phamaly Theatre Company	Phamaly is a creative home for theatre artists with disabilities; it models a disability-affirmative theatrical process and upends conventional narratives by transforming individuals, audiences, and the world. 2017: \$15,000 2018: \$60,000	
Collaborations & Partnerships		
Home Builders Foundation	Craig partners with Home Builders Foundation on annual program to build ramps at homes in the community. A Craig staff member, through her volunteer role with Home Builders Foundation, provides expertise on the unique needs of the BI/SCI community and performs home site visits to the homes of community members to assess accessibility needs.	Approximately 20 new ramps were installed annually between 2016 and 2018. 15-20 home assessments are performed annually.
In Kind Services		
Denver Harlequin Wheelchair Rugby	A quadriplegic rugby team. A quadriplegic rugby team that competes in a national league in 5 -7 tournaments each year. Craig Hospital provides facilities for team to practice and play.	Each rugby season, there are approximately 15 rugby players on this team. League has 42 teams.

IX. APPENDICES

A. Primary Data Collection Tools

1. Craig Hospital Patient Survey

Community Needs Assessment Survey

INFORMATION ABOUT YOU:

1. Enter Year of birth: _____ 2. Gender: ☐ Male ☐ Female ☐ Other
3. Current Marital status – CHECK ONE:
 - ☐ Married ☐ A member of an unmarried couple ☐ Divorced
 - ☐ Widowed ☐ Separated ☐ Never married
4. Number of children living at home under 18 (if none, enter 0): _____
5. Highest level of education – CHECK ONE:
 - ☐ 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 – CHECK ONE:
 - ☐ Private residence ☐ Nursing home
 - ☐ Group home ☐ Homeless
7. Current primary Zip Code: _____
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
9. What year was your injury? _____
10. Employment status – CHECK ONE:
 - ☐ Employed ☐ Homemaker
 - ☐ Unemployed ☐ Student
 - ☐ Retired due to age ☐ Unable to work due to disability
11. Health insurance coverage - check all that apply:
 - ☐ Private insurance ☐ Workers Comp
 - ☐ No insurance ☐ Medicaid
 - ☐ Medicare ☐ 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 _____

Community Needs Assessment Survey

14. Race - check all that apply:

- | | |
|--|---|
| ☐ White | ☐ American Indian or Alaska Native |
| ☐ Black or African American | ☐ Some other race (SPECIFY) _____ |
| ☐ Asian | ☐ Don't know |
| ☐ Hispanic/Latino | |
| ☐ Native Hawaiian or other Pacific Islander | |

ACCESS AND USE OF MEDICAL SERVICES AFTER REHAB IS COMPLETE

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

- ☐ Yes ☐ No ☐ Don't know

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

CHECK ONE:

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

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

- ☐ Yes ☐ No ☐ Don't know

4. In the past 12 months, have you received care in a hospital emergency room?

- ☐ Yes ☐ No

If yes, how many times? _____

5. In the past 12 months, have you been admitted to a hospital?

- ☐ Yes ☐ No

If yes, how many times? _____

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

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

- ☐ Yes ☐ No ☐ Don't know

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

- | | | | |
|---|---------------------------|--------------------------|----------------------------------|
| a. fill a prescription for medicine? | ☐ Yes | ☐ No | ☐ Don't know |
| b. get doctor care that you needed? | ☐ Yes | ☐ No | ☐ Don't know |
| c. get specialist care that you needed? | ☐ Yes | ☐ No | ☐ Don't know |
| d. get dental care that you needed? | ☐ Yes | ☐ No | ☐ Don't know |
| e. get mental health care that you needed? | ☐ Yes | ☐ No | ☐ Don't know |

Community Needs Assessment Survey

IMMUNIZATION

1. 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
2. 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?
3. ☐ Yes ☐ No ☐ Don't know

YOUR HEALTH STATUS

1. In general, would you say your health is:
CHECK ONE:
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
2. 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
3. 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
4. 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
5. How tall are you without shoes? Height: _____ feet _____ inches
6. About how much do you weigh without shoes? Weight _____ in pounds
7. Do you currently smoke cigarettes?
☐ Every day ☐ Some days ☐ Not at all
8. 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
9. During the past 30 days, on how many days did you use marijuana or hashish?
— _____ number of times ☐ None ☐ Don't know
10. 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?
_____ number of times ☐ None ☐ Don't know

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.

COMMUNITY ACTIVITY AND SERVICES

The information you provide for this survey will be kept confidential. 3 of 4

Community Needs Assessment Survey

1. Do you participate in social, spiritual, recreational, community and civic activities to the degree that you wish?
☐ Yes ☐ No
2. Do you have physical or program barriers to local health and wellness programs?
3. ☐ Yes ☐ No
4. Do you have barriers to obtaining the assistive devices, service animals, technology services and accessible technologies that you need?
☐ Yes ☐ No
5. Do you have environmental barriers to participating in activities:
at home?..... ☐ Yes ☐ No ☐ Not applicable
at school?..... ☐ Yes ☐ No ☐ Not applicable
at work?..... ☐ Yes ☐ No ☐ Not applicable
in the community? ☐ Yes ☐ No ☐ Not applicable
8. Have you called Craig Hospital's Nurse Advice Line in the past 12 months?
☐ Yes ☐ No

You can reach the Nurse Advice Line at 1-800-247-0257. It is available to answer non-emergency questions Monday through Friday between 9am and 6pm MST.

9. Have you used Craig Hospital's website, craighospital.org, as a resource for health related information on your injury?
☐ Yes ☐ No

LIVING FULLY & INDEPENDENTLY

1. In your community, are there things that you need or like to do but are unable to do? Please explain:

2. In your community, what are the primary obstacles preventing you from doing what you need or like to do? Please explain:

3. In your community, what would be necessary to help you to do the things you need or like to do? Please explain:

2. Craig Hospital Community Survey

Community Health Needs Survey

Craig Hospital wants to know what's important to you and your quality of life. The purpose of this survey is to understand what is impacting your health and the health of people with a brain injury and/or spinal cord injury in Denver Metro areas. This survey should only take two minutes.

Thank you for your participation!

1. Of the health needs listed below, what are the TOP 5 CHALLENGES impacting your health and quality of life? (SELECT TOP 5)

- | | |
|---|--|
| ☐ Ability to live independently | ☐ Fitness and physical activity |
| ☐ Access to alcohol and substance abuse support | ☐ Healthy eating |
| ☐ Access to dental care | ☐ Injury prevention education |
| ☐ Access to employment support | ☐ Lack of peer-to-peer support |
| ☐ Access to healthcare | ☐ Lack of specialized equipment |
| ☐ Access to rehabilitation services | ☐ Mental health/Emotional well being |
| ☐ Accessible housing | ☐ Protection against further disability |
| ☐ Accessible transportation | ☐ Quality of rehabilitation services |
| ☐ Caregiver education, training and support | ☐ Support transitioning back into the community |
| ☐ Chronic disease management | ☐ Other: _____ |
| ☐ Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services) | |
| ☐ Financial stability | |

2. Of the health needs listed below, what are the TOP 5 that are working well for you and that POSITIVELY impact your health and quality of life? (SELECT TOP 5)

- | | |
|---|--|
| ☐ Ability to live independently | ☐ Fitness and physical activity |
| ☐ Access to alcohol and substance abuse support | ☐ Healthy eating |
| ☐ Access to dental care | ☐ Injury prevention education |
| ☐ Access to healthcare | ☐ Availability of peer-to-peer support |
| ☐ Access to rehabilitation services | ☐ Availability of specialized equipment |
| ☐ Accessible housing | ☐ Mental health/Emotional well being |
| ☐ Accessible transportation | ☐ Quality of rehabilitation services |
| ☐ Caregiver education, training and support | ☐ Support transitioning back into the community |
| ☐ Chronic disease management | ☐ Other: _____ |
| ☐ Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services) | |
| ☐ Employment support | |
| ☐ Financial stability | |

3. Please share your experience about what positively and negatively affects your health and quality of life while living with a brain injury or spinal cord injury in the Denver Metro area? Feel free to share any stories or experiences you've had.

Encuesta de Necesidades de Salud Comunitaria

Craig Hospital quiere saber qué es importante para usted y su calidad de vida. El propósito de esta encuesta es comprender qué está afectando su salud y la salud de las personas con lesiones cerebrales y / o lesiones de la médula espinal en las áreas metropolitanas de Denver. Esta encuesta solo debe tomar dos minutos.

¡Gracias por su participación!

1. De las necesidades de salud enumeradas a continuación, ¿cuáles son los 5 DESAFÍOS MÁS IMPORTANTES que afectan su salud y calidad de vida? (SELECCIONE EL TOP 5)

- | | |
|---|---|
| ☐ Capacidad de vivir independientemente | ☐ Estabilidad financiera |
| ☐ Acceso a apoyo por abuso de alcohol y sustancias | ☐ Estado físico y actividad física |
| ☐ Acceso a la atención dental | ☐ Alimentación saludable |
| ☐ Acceso a apoyo laboral | ☐ Educación para la prevención de lesiones. |
| ☐ Acceso a la asistencia sanitaria | ☐ Falta de apoyo entre pares |
| ☐ Acceso a servicios de rehabilitación | ☐ Falta de equipamiento especializado |
| ☐ Vivienda accesible | ☐ Salud mental / bienestar emocional |
| ☐ Transporte accesible | ☐ Protección contra la discapacidad adicional |
| ☐ Educación, capacitación y apoyo para cuidadores. | ☐ Calidad de los servicios de rehabilitación. |
| ☐ Manejo de enfermedades crónicas | ☐ Apoyar la transición de regreso a la comunidad |
| ☐ Atención clínica preventiva (por ejemplo, vacuna contra la gripe, vacuna contra la neumonía, otros servicios de atención primaria) | ☐ Otro: _____ |

2. De las necesidades de salud que se enumeran a continuación, ¿cuáles son los TOP 5 que funcionan bien para usted y que POSITIVAMENTE impactan su salud y calidad de vida? (SELECCIONE EL TOP 5)

- | | |
|---|---|
| ☐ Capacidad de vivir independientemente | ☐ Apoyo al empleo |
| ☐ Acceso a apoyo por abuso de alcohol y sustancias | ☐ Estabilidad financiera |
| ☐ Acceso a atención dental | ☐ Estado físico y actividad física |
| ☐ Acceso a la asistencia sanitaria | ☐ Alimentación saludable |
| ☐ Acceso a servicios de rehabilitación | ☐ Educación para la prevención de lesiones. |
| ☐ Vivienda accesible | ☐ Disponibilidad de soporte entre pares |
| ☐ Transporte accesible | ☐ Disponibilidad de equipos especializados. |
| ☐ Educación, capacitación y apoyo para cuidadores. | ☐ Salud mental / bienestar emocional |
| ☐ Manejo de enfermedades crónicas | ☐ Calidad de los servicios de rehabilitación. |
| ☐ Atención clínica preventiva (por ejemplo, vacuna contra la gripe, vacuna contra la neumonía, otros servicios de atención primaria) | ☐ Apoyar la transición de regreso a la comunidad |
| | ☐ Otro: _____ |

3. Por favor, comparta su experiencia sobre lo que afecta positiva y negativamente su salud y calidad de vida mientras vive con una lesión cerebral o lesión de la médula espinal en el área metropolitana de Denver. Siéntase libre de compartir cualquier historia o experiencia que haya tenido.

3. Craig Hospital Structured Interview Guide

A. Community Expert Key Informant Interviews Introduction

Thank you for taking part in a key informant interview. We are working with Craig hospital to complete their community health needs assessment. This report will help Craig Hospital understand the community they serve and ultimately inform their strategy around community health for the next 3 years.

We are talking with you today because we know that high-quality community health plans are not planned for the community but planned with the community. Your experiences, hopes, and knowledge are essential.

We have a couple questions to guide our discussion but please feel free to expand, share stories and to add anything you believe is important.

Semi-structured interview guide:

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?
 - a. This could include addressing some of the issues you highlighted or harnessing some of the assets we just spoke about.
6. Is there anything that we don't know that we need to know? What else should we know?

B. Key Informant Interviews

Name	Title/Affiliation	Date
Chanda Hinton	CEO, Chanda Plan Foundation	September 09, 2019
Josh Winkler	Atlantis ADAPT Colorado Cross Disability Coalition	September 11, 2019
Jeff Berliner	Physician Co-Founder, RSVP Clinic	September 12, 2019
Beth Forbes	CEO, Home Builders Foundation	September 13, 2019
Roman Krafczyk	CEO, Easterseals	September 16, 2019
Gavin Attwood	CEO, BIAC	September 18, 2019
Damian Rosenberg	Director of Marketing, PASCO Home Health and Rehabilitation Services	September 19, 2019

C. Secondary Data Sources and Dates

- Broomfield County Health Department CHIP 2014 - 2019 <https://www.broomfield.org/DocumentCenter/View/8548/Public-Health-Improvement-Plan-2014-2019?bidId=>
- Boulder County Public Health PHIP 2017 <https://www.bouldercounty.org/departments/public-health/public-healthimprovement-assessments/>
- Colorado Department of Public Health and Environment <https://www.colorado.gov/pacific/cdphe-lpha/shaping-a-state-of-health>
- Denver Public Health and Denver Department of Environmental Health CHIP (2014 - 2018) <https://www.denvergov.org/content/dam/denvergov/Portals/746/documents/CHIP%20Full%20Report%20FINAL.pdf>
- Jefferson County CHNA <https://insight.livestories.com/s/v2/cha-homepage/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://www.tchd.org/DocumentCenter/View/5134/TCHD_Community-Health-Assessment-2018
- Tri-County Health Department CHIP https://www.tchd.org/DocumentCenter/View/1805/tchd_phi-p_2019-2024?bidId=CDPHE BRFSS <https://www.colorado.gov/pacific/cdphe/behaviorsurvey>
- Colorado Health Institute Colorado Health Access Survey https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives>
- U.S Census Bureau Quick Facts <https://www.census.gov/quickfacts/geo/chart/denvercountycolorado,broomfieldcountycolorado,bouldercountycolorado,arapahoecountycolorado,adamscountycolorado,CO/DIS010217>

D. Community Input Tracking Form

Data collection method	Organization Title Name	Number	Target group(s) represented	Date gathered
Craig Hospital patient survey	Not applicable	800 sent 159 returned 20% response	Former Craig Patients	2/2019
Community survey	The following organizations disseminated an electronic survey to its clients, patients, and members: • BIAC • Colorado RSVP Clinic • Denver Commission for People with Disabilities • Peak Clinic • Chanda Plan and Chanda Health Center • Craig Hospital	150 completed surveys	Individuals in Denver Metro area with SCI or BI (non-Craig patients)	9/2019
Structured interviews with key informants	Organizations represented: • BIAC • Chanda Plan • Colorado Cross Disability Coalition • Easterseals • Home Builders Association • PASCO Home Health • RSVP Clinic	7 interviews conducted	Providers of services to people with SCI or BI	9/2019

E. Summary of Qualitative and Quantitative Results

COMMUNITY HEALTH NEEDS

	 Patient Survey	 Community Survey	 Key Informant Interviews	 Local Health Department Priorities	 Local Health Data (BRFSS and Health Access Survey)
Access to Care Physical health services such as primary care, preventative care, chronic disease management, etc.	✓	✓	✓	✓	✓
Healthy Eating and Active Living Obesity, food insecurity, nutrition, physical activity and fitness, education on healthy living, etc.	✓	✓	✗	✓	✓
Independence Access to fundamentals that support independence such as transportation, housing, financial stability, built environment accessibility etc.	✓	✓	✓	✓	✗
Social and Emotional Wellbeing Community and social support, connection to meaningful activities and relationships, access to mental health and substance abuse services etc.	✓	✓	✓	✓	✗

Result Summary of 2019 Community Health Needs
Presented 9/20/2019



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