



CRAIG

UNYIELDING DETERMINATION.
EMPOWERING LIVES.

CRAIG HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

**2019
IMPLEMENTATION
STRATEGY REPORT**





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I. PURPOSE OF IMPLEMENTATION STRATEGY (IS) REPORT

This Implementation Strategy Report summarizes the plans for Craig Hospital to sustain and develop community benefit programs, services and resources that address prioritized needs from the 2019 Craig Hospital Community Health Needs Assessment (CHNA). This IS Report identifies the actions the hospital plans to take to address the prioritized needs identified in its service area. As required by the IRS, the Implementation Strategy also addresses any needs that will not be met.

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

This Implementation Strategy Report is intended to satisfy each of the applicable requirements set forth in the final regulations released in December 2014. This implementation strategy describes Craig Hospital's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about Craig Hospital's 2019 CHNA process and for a copy of the report please visit <https://craighospital.org/uploads/CHNA/Craig-Hospital-Community-Health-Needs-Assessment-2019-Report.pdf>.

The Craig Hospital Board approved this Implementation Strategy through a board vote January 30, 2020.

II. ABOUT CRAIG HOSPITAL

Craig Hospital is a world-renowned, premier center for specialty rehabilitation and research for people with brain injury (BI) and/or spinal cord injury (SCI). Craig has a remarkable atmosphere and culture that is casual but professional, active and upbeat. The hospital is a 93-bed inpatient/outpatient, nonprofit hospital that offers acute, short-term and long-term care.

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

Craig has been ranked one of 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 fiscal year 2018, Craig Hospital admitted 493 inpatients with 48% of admissions coming from Colorado facilities and the other 52% of admissions coming from facilities in 37 states across the United States. In addition, Craig Hospital served more than 1,627 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."*

III. 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 Implementation Strategy Report 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 in this report.

III. COMMUNITY SERVED BY CRAIG HOSPITAL

A. Geographic description of community served

For purposes of the CHNA and the Implementation Strategies Report, Craig Hospital's community includes the 7 counties in the Denver metro area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas & Jefferson.



B. Demographic profile of community served

Craig Hospital's community is the Metropolitan Denver area. A majority of individuals (65.2%) identify as white; 10% of the community identifies as Asian, Black or American Indian. More than one in five, 22.4%, 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% in Douglas County to a high of 7.7% in Adams County. For Colorado as a whole, 7.3% of the population has a disability.

GEOGRAPHY	WITH A DISABILITY, UNDER AGE 65 YEARS, PERCENT, 2013-2017	GEOGRAPHY	WITH A DISABILITY, UNDER AGE 65 YEARS, PERCENT, 2013-2017
Colorado	7.3%	Arapahoe	6.3%
Denver	6.5%	Adams	7.7%
Broomfield	5.0%	Jefferson	6.2%
Boulder	5.7%	Douglas	4.2%

Source: U.S. Census Bureau Quick Facts

Population level data of the BI and SCI community in the Denver Metro area are not available. Information about Craig Hospital patient visits and admissions 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 and 49% were admitted with a spinal cord injury. Males comprise the majority of inpatient admissions (77%), with females accounting for 23% of admissions. The average age at admission was 39 years. During that same time period, 30% of the inpatient population was from the seven Denver area counties, and 43% of the outpatients served were from these seven counties.



IV. COMMUNITY HEALTH NEEDS IDENTIFIED IN 2019 CHNA REPORT

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

HIGH PRIORITY

- Access to Care
- Social/Emotional Wellness

MEDIUM PRIORITY

- Healthy Eating/Active Living
- Independence

V. INVOLVEMENT IN THE IMPLEMENTATION STRATEGY DEVELOPMENT

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

A. Craig Hospital CHNA Committee

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

- Tom Carr, Director of Therapeutic Recreation and Operation TBI Freedom/T-Rec
- Catherine Davis, Telehealth RN Coordinator/Nurse Advice Line
- Selena Efting, Outpatient Therapy Assistant Manager/Outpatient Services
- Heather Engel, Quality Management Specialist/Quality
- Lenore Hawley, Education and Community Resource Counsel/Clinical Care Management
- Tiffany Heck, OT Supervisor AT-CR/Occupational Therapy
- Jake Manley, Marketing and Public Relations
- Kyle Mickalowski, Director of Quality/Quality
- Diane Reinhard, VP of Patient Care and CNO/Nursing
- Alannah Smith, Marketing and Public Relations

B. Consultants

A team of independent public health professionals provided consultation and facilitation of the process of developing the Implementation Strategy; the consultants reviewed and made recommendations on the final Implementation Strategy Report. These three individuals have over 50 years of combined experience in public/population health, health care, data collection and analysis, community health, and experiential facilitation and coaching. The team members are Cheryl Kelly, PhD, MPH; Eliza Lanman, MS; Amy Pulver, MA, MBA, MA; Katie Wall, BFA.



VI. HEALTH NEEDS CRAIG HOSPITAL PLANS TO ADDRESS

Craig Hospital plans to address the two High Priority Health needs in its Implementation Strategy: Access to Care and Social/Emotional Wellness.

A. 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.

B. 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.

VIII. CRAIG HOSPITAL'S IMPLEMENTATION STRATEGIES

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

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

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

IX. PROCESS TO DEVELOP THE IMPLEMENTATION STRATEGY

Intermediate goals, strategies, activities, outcomes and assets

Over the course of two, one-hour meetings and three, three-hour workshops, the team of consultants worked with the Craig CHNA Committee to design the Implementation Strategy based on the prioritized health needs defined in the 2019 CHNA Report.

The process was iterative, and all team members were active participants which resulted in strategies that reflect multiple perspectives and expertise. While multiple iterations occurred, the team worked from the long-term goals identified in the CHNA to intermediate goals to strategies and activities.

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

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

Outcomes: Outcomes were decided upon to best assess the impact the strategies would have on health in the Craig community. The Craig CHNA Committee agreed upon outcomes they felt were specific, measurable, achievable, realistic, and timely and that would also allow them to learn more about the community living with BI/SCI beyond those they serve on the Craig campus.

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

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

IMPLEMENTATION STRATEGY TABLES

HIGH PRIORITY HEALTH NEED: ACCESS TO CARE

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

INTERMEDIATE GOALS	STRATEGY	ACTIVITIES	OUTCOMES	ASSETS RESOURCES + PARTNERSHIPS
Those living with BI/SCI have access to quality preventive care.	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.	- Identify gaps in care (e.g. women's health) - Identify partners to address gaps - Collaborate with community partners to address gaps in care - Create strategies with community partners to address identified gaps in care	Craig Hospital is aware of the gaps in preventive care and how to address those gaps.	- Nurse Advice Line - Chanda Plan - Brain Injury Alliance of Colorado (BIAC) - Craig Marketing Department - Easter Seals
	Serve as a consultant to clinics on how to make their environment, facilities and services more accessible and inclusive	- Identify clinic partners - Identify information to share with clinics on how best to create accessible environments - Provide consultation to selected clinic partners on how to modify their environments, facilities and services	One or more clinics improve services/facilities or environments to be more accessible and inclusive.	- PASCO Home Health Services - Denver Metro safety net clinics - Hospital partners - Colorado Community Health Network (CCHN)
	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)	- Identify communication channels - Identify and expand current programming - Promote programming within and beyond common channels - Collaborate with community partners to promote programming - Evaluate programming by implementing a pre/post survey	External health care providers report an increase in knowledge about how to best treat those living with BI/SCI.	

HIGH PRIORITY HEALTH NEED: SOCIAL/EMOTIONAL WELLNESS

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

INTERMEDIATE GOALS	STRATEGY	ACTIVITIES	OUTCOMES	ASSETS RESOURCES + PARTNERSHIPS
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.	- Identify organizations and partnerships working on mobility projects, programs and policies that would benefit from representation of the BI/SCI community - Advocate for inclusion of the BI/SCI community in these organizations and partnerships - Connect individuals to identified opportunities	More individuals living with BI/SCI are involved in decision-making; leading to improved mobility options for the BI/SCI community.	- SAIL - DRCOG - DRMAC - Mile High Connects - Bicycle Colorado - RTD - CDOT - City Councils across the Denver Metro Area - Downtown Denver Partnership - HomeBuilder's Foundation - Denver Public Works - Denver Mayor's Multimodal Advisory Committee - Denver Commission for People with Disabilities - Englewood County Government - Cross Disabilities Coalition - APA Health Communities Committee
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.	- Identify internal resources and programs at Craig that can be expanded (e.g. Living Well, PEAK, SAIL, caregivers, volunteers) - Expand current programming to be more inclusive of non-Craig patients - Identify external community resources and programs that Craig can support community organizations offering these programs (e.g. financial support, in-kind, board placement etc.) - Identify communication channels that are currently in use internally and could be leveraged for this purpose - Identify new ways to inform the public through additional communication channels in order to reach more individuals - Disseminate information regarding availability of the internal and external resources and programs and promote engagement - Create connections for individuals to engage in these programs - Seek greater coordination of services with other organizations	More individuals affected by BI/SCI will be engaged in meaningful activities.	- BIAC - PEAK Center - Adaptive Sports Program - The Hangout - Local Theaters - The Journey - Parks and Recreation Departments - Mind source - One Good Turn - Denver Metro Public Schools - Craig Marketing Department - Kelly Brush Foundation - Phamaly Theatre Company - Denver Commission for People with Disabilities - Englewood County Government - Cross Disabilities Coalition



XI. HEALTH NEEDS CRAIG HOSPITAL DOES NOT PLAN TO ADDRESS

Craig Hospital does not plan to address the two Medium Priority Health Needs: Healthy Eating/Active Living and Independence. Focusing resources on the High Priority Health Needs will allow the Craig CHNA Committee to engage the entire Craig Staff in the implementation work, as well as permit the Team to build strong and targeted relationships with other community partners to achieve significant impact. In addition, because the issues identified in the CHNA process are interrelated, as noted above, some of the activities planned to be undertaken may also address some aspects of the Medium Priority Health Needs. Other organizations in the community include Healthy Eating/Active Living in their CHNAs and Community Health Improvement Plans and present opportunities for Craig Staff to collaborate with these organizations to provide Craig's unique perspective without taking on leadership of additional health needs.

XII. CONCLUSION

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



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