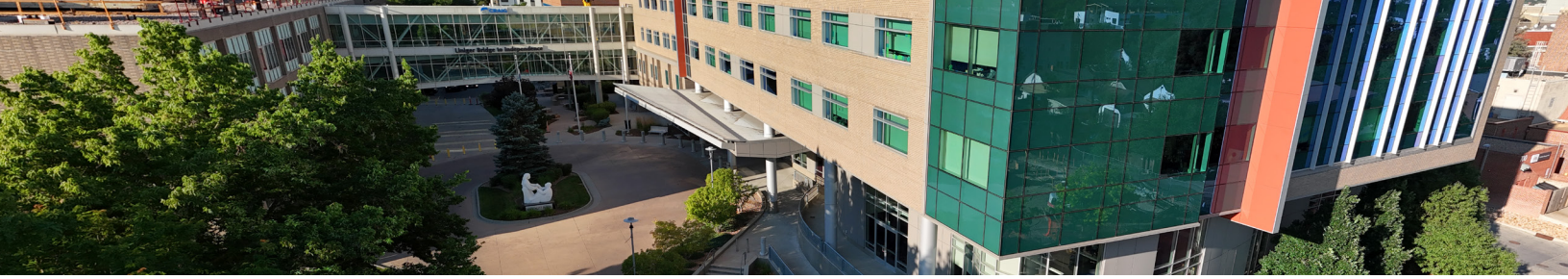
CRAIG | NEUROREHABILITATION & RESEARCH HOSPITAL

CRAIG HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

2025 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 (https://www.ecfr.gov/current/title-26/chapter-I/subchapter-A/part-1/subject-group-ECFR062882ac6495890/section-1.501(r)-3).

Craig Hospital assesses the health needs of people living with spinal cord (SCI) and brain injury (BI) in the community every three years to assess community impact and identify unmet health needs. The 2025 CHNA Report is the hospital's fifth triennial report. The CHNA process undertaken in 2025 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's 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 Connectedness

Medium Priority
Accessible and Affordable Housing
Transportation

HIGH PRIORITY HEALTH NEEDS

Access to Care

Goal: Enhance health equity for the community by increasing access to accessible primary care, strengthening disability competent care, and expanding services such as chronic pain management and telehealth.

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 accessible equipment or disability competent care (DCC). Colorado Health Institute (CHI) researched DCC on behalf of the Colorado Department of Health Care Policy and Financing (HCPF) and outlined best practices, barriers, and recommendations to improve DCC within primary care for Coloradans with disabilities. CHI found the primary barriers to giving and receiving disability competent care fell into three areas: limited training, money, and preparation. In addition to CHI findings, community members find it enormously difficult to find providers who take Medicaid and other government assistance, provide comprehensive care, or have the built environment to be accessible. Access to Care was identified as a top priority in six of seven counties in the community.

Potential areas of focus for this health need include improving access to accessible primary care, chronic pain management, disability competent care, and increased access to specialty rehabilitative services.

Social Connectedness

Goal: Strengthen social connectedness for people with disabilities by reducing isolation through expanded access to peer support, recreation, and mental health services.

The topic of social connectedness is more prevalent following the Covid pandemic and its impact on individuals' perception of connectedness. Research has established higher rates of social isolation correlate with higher rates of morbidity and mortality. The U.S. Centers for Disease Control and Prevention (CDC) linked social isolation to increased rates of Type 2 diabetes, depression and anxiety, suicidality and self-harm, dementia, and early death. In 2023, the U.S. Surgeon General published an advisory titled, "Our Epidemic of Loneliness." The report included those with disabilities among the groups at highest risk for social disconnection. Rates of loneliness among the general population increased from a rate 30% pre-pandemic to 40% post-pandemic. Unsurprisingly, the rate of loneliness among individuals with spinal cord injury is much higher with one study finding it to be 66%. Factors leading to a sense of increased isolation include problems with transportation, lack of accessibility in a community's built environment and challenges accessing healthcare services and rehabilitation providers. Research conducted in the United Kingdom found similarly concerning rates among those with brain injuries. Headway's research found more than 70% of brain injury survivors reported deterioration in their social life following injury. Social connectedness was identified as a top priority in all seven counties in the community.

Potential areas of focus for this health need include increasing access to social support groups including peer mentoring, access to recreation activities, and mental health support.

MEDIUM PRIORITY HEALTH NEEDS

Accessible and Affordable Housing
Goal: Increase availability of accessible and affordable housing in the community.

Housing prices surged through the pandemic and remain near all-time highs. The challenge of housing is compounded for the SCI and BI community. Individuals face severe housing challenges in the Denver metro area in particular, including extremely long wait lists, significant financial barriers due to the income-housing cost gap, and limited availability of accessible units. At a national level, section 8 waiting lists can be as long as 10-20 years, with many programs closed to new applicants, and more than four million people with disabilities receiving SSI can't afford rent in any U.S. housing market with maximum SSI payments of about $950 monthly. Denver mirrors these national challenges with housing lottery systems giving applicants only a 6% annual chance due to demand with 17-month average wait times, while SSI falls short of the average one-bedroom rent of $1540.

Potential areas of focus include advocating for accessible and affordable housing at a local and state level and working with local governments to address housing needs.

Transportation
Goal: Advocate for increased availability and accessibility of transportation services in the community.

Individuals with spinal cord injuries or brain injuries who do not own accessible vehicles face severe transportation barriers significantly limiting their independence and quality of life. Millions of people with mobility disabilities remain significantly transportation disadvantaged and are unable to leave their homes due to insufficient and inaccessible ground transportation options. The ADA paratransit system, while legally required, has a restrictive eligibility process, and it may only be provided within 3/4 of a mile of a bus route or rail station with advance booking requirements. The Regional Transportation District's (RTD) Access-a-Ride requires advance reservations with no same-day service and has reliability issues with requests being turned down due to driver shortages. The Access-on-Demand is a bright spot within the community and offers riders the ability to utilize ride-share apps and taxi services at a subsidized rate. However, the popularity of the program is straining finances for RTD and it now faces potential cuts from 60 to 30 monthly rides and removal of multi-stop trips. Many rideshare vehicles also lack wheelchair accessibility, creating system inequities, and 8.6% of Denver residents report transportation as a barrier to accessing care.

Potential areas of focus include advocating for public policy impacting to help the community and exploring potential relationships with private industry to expand availability of wheelchair accessible vehicles.

II. SUMMARY OF NEEDS ASSESSMENT METHODOLOGY & PROCESS

Data Collection and Analysis

Primary data included surveys of current and former Craig Hospital patients and community members as well as input from community partners serving the BI and SCI community and a public health professionals from multiple local health departments. Craig Hospital met with the Denver Department of Public Health and Environment and Arapahoe County's Public Health Department to discuss commonalities between the CHNA and each county's Community Health Assessment and Community Health Improvement Plan (CHIP). The conversations led to greater awareness of opportunities to collaborate and a working group to join made up of local hospitals and county health departments.

Secondary data sources included broader statewide and national population surveys conducted routinely by Colorado Health Institute (CHI) and the Colorado Department of Public Health and Environment (CDPHE), and the U.S. Department of Health and Human Services. CHNAs from local hospitals and rehabilitation facilities across the country and the CHIPs from the seven local health departments were also reviewed and analyzed to identify broader trends.

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

Prioritization of Health Needs

Members of the Craig Hospital CHNA Team and the Craig Hospital Community Advisory Council (CHCAC) reviewed summaries of the data and added their personal and professional experiences to the prioritization process. A group of seven Craig Hospital staff from departments throughout the hospital met to review the data and prioritize health needs. Criteria used to establish priorities included: 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 priority needs, access to care and social connectedness, and two medium priority needs, accessible and affordable housing and transportation.

III. INTRODUCTION/BACKGROUND

A. About Craig Hospital

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

Craig has been ranked as a Best Hospital for Rehabilitation by U.S. News & World Report for 36 consecutive years. Craig has received the NDNQI Award for Outstanding Nursing Quality® nine times since 2009 for the highest quality outcomes in nursing care in a rehabilitation facility and was named a Press Ganey Human Experience Guardian of Excellence Award® for Patient Experience in Inpatient Rehabilitation in 2022. Craig also received its 4th recognition for excellence in nursing by the American Nurses Credential Center (ANCC) Magnet Recognition Program® in 2020, ensuring Magnet designation until the year 2025.

In fiscal year 2024, Craig Hospital admitted 438 inpatients with 54% of admissions coming from Colorado facilities and the other 46% of admissions coming from facilities 29 states across the United States. In addition, Craig Hospital served more than 1,400 unique outpatients in fiscal year 2024.

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

Outpatient Services Mission Statement | "To provide a system for long-term follow up within our area of expertise while fostering independence in the community."

B. About Craig Hospital Community Benefit

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

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

Purpose of the Community Health Needs Assessment (CHNA) Report

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

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

Craig Hospital assesses the health needs of people living with spinal cord or brain injury in its community formally every three years through the CHNA to assess community impact and identify unmet health needs in the community. The 2025 CHNA Report is the hospital's fifth triennial report.

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

The hospital's Quality Management department reviewed data from the 2025 Craig patient survey and compared it to statewide data obtained from the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Health Institute (CHI), as well as national benchmarks from the Healthy People 2030 report. These survey results were also compared with previous triennial Community Health Needs Surveys to measure changes in the health of the community.

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

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

IV. COMMUNITY SERVED

A. Background on disability and health

An individual can develop a disabling impairment or chronic condition at any point in life. Data shows, compared to people without disabilities, people with disabilities:

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

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

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

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1 Disability and Health | CDC

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

B. Craig Hospital's Definition of Community Served

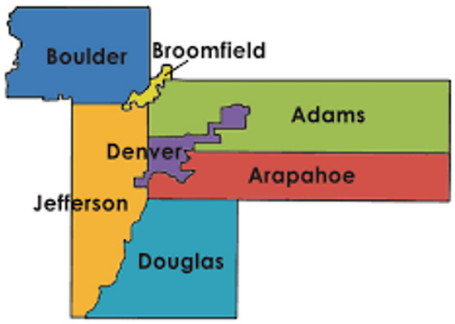
Craig Hospital defines its community as all persons with SCI and BI living within the seven counties of the Denver Metro Area surrounding Craig Hospital's campus: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties. The rationale for this definition:

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

Craig Hospital is a national leader in providing education, partnerships and advocacy to enhance the lives of individuals with BI and SCI, but the focus of our community benefit resources will be on this geographically local community.

C. Map and Description of Community Served

1. Map



2. Geographic Description of the Community Served

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

3. Demographic Profile of the Community Served

Craig Hospital's community is the Metropolitan Denver area. A majority of individuals (65.6 percent) identify as white; 5.3 percent of the community identifies as black and 16.2 percent identify as multiple races. More than one in five, 24.1 percent, identify as Hispanic or Latino.

Race	Metro Denver
White	65.6%
Black	5.3%
American Indian	1.1%
Asian	4.4%
Hispanic Origin	24.1%

Source: US Census Bureau, 2023 Population Estimates Program

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

Geography	With a disability, under age 65 years, percent, estimate 2023
Colorado	7.1%
Adams	7.0%
Arapahoe	7.1%
Boulder	6.3%
Broomfield	7.4%
Denver	7.1%
Douglas	4.3%
Jefferson	6.9%

Source: U.S. Census Bureau, 2023 American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 1-Year Estimate

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 2024, Craig Hospital had 438 inpatient admissions. 48% of the patients admitted with a brain injury while to 42% admitted with a spinal cord injury. Additionally, 8% admitted both a SCI and BI injury and 2% admitted with a different neurologic injury. Males continue to comprise the majority of inpatient admissions at 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 included as secondary data sources in the analysis. These organizations are::

- Adams County Public Health
- Arapahoe County Public Health
- Broomfield Public Health
- Boulder County Public Health
- Douglas County Board of Health
- Colorado Department of Public Health and Environment
- Denver Public Health and Denver Environmental Health
- Jefferson County Health Department

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

- Atrium Health
- Banner Health – McKee Medical Center
- Boulder Community Health
- Brooks Rehabilitation Center
- Bryn Mawr Rehab Hospital, Philadelphia
- Jefferson Moss-Magee Rehabilitation Hospital
- Madonna Rehab Hospital
- Mary Free Bed Rehabilitation Hospital
- Northwestern Medicine Marianjoy Rehabilitation Hospital
- NYU Langone Health
- Shepherd Center, Atlanta
- Shirley Ryan AbilityLab, Chicago
- Spaulding Rehabilitation Hospital, Boston
- TIRR Memorial Hermann, Houston
- UPMC Mercy

B. Other partner organizations that collaborated on the assessment

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

- MIND Source
- Chanda Center for Health
- BIAC
- DIRT Coffee
- Pasco
- Colorado Brain Injury Trust Fund Board
- Colorado Advisory Council on Brain Injuries

C. Craig Hospital Community Advisory Council

Craig Hospital developed a community advisory council in 2024 to create a cross-functional team of community members to better serve their collective community. The Council was consulted on the development of the community survey as well as assisted in identifying the goals for the next three years. Council members include:

- Joshua Basile – Founder, Determined2Heal
- Quinn Brett – Development Director, Unite2Fight Paralysis
- Jenna Franck – Associate Director of Program, DIRT Coffee
- Jeremy Corash – General Manager, United Access Denver South
- Russha Knauer – Director, MINDSOURCE Brain Injury Network
- Sam Mankin – Rehabilitation Supervisor, Division of Vocational Rehabilitation, State of Colorado
- Tyler Wesley – Outreach Coordinator PASCO

D. Craig Hospital staff collaborations

A team of staff at Craig Hospital managed the collection and analysis of data, coordinated 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:
Cody Blubaugh – Quality Management Specialist
Kyle Mickalowski – Director of Quality Management
Matthew Rozwod – Quality Management Data Analyst
Allie Goorman – Quality Support Specialist

CHNA Prioritizing Staff:
Tom Carr – Director of Therapeutic Recreation and Operation TBI Freedom (OTF)
Sarah Cornella – Outpatient Counselor-SCI, Clinical Care Management
Jake Manley – Director of Integrated Marketing and Communications, Marketing and Public Relations
Kyle Mickalowski – Director of Quality Management
Casey Pfister – Community Reintegration Specialist, Occupational Therapy
Diane Reinhard – Vice President of Hospital Services and Community Impact
William Scelza, MD – President Craig Hospital Medical Staff, Physician with CNS Medical Group
Brianna Zerr – Pharmacy Clinical Coordinator

E. Public health professional consulted

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

VI. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Primary data

Primary data were collected through surveys and structured interviews. The surveys were completed by individuals with BI or SCI or their loved ones; discussions were had in the CHCAC and CHNA committees and a public health professional from the Denver Department of Public Health and Environment and Arapahoe County's Public Health Department.

B. Secondary data

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

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

CHIPs used:

- Adams County Public Health (2025-2029)
- Arapahoe County Public Health (2025-2030)
- Boulder County Public Health (2023-2028)
- Broomfield Public Health (2025-2029)
- Colorado Department of Public Health and Environment (2025-2029)
- Douglas County Board of Health (2021-2026)
- Denver Department of Public Health and Environment (2025)
- Jefferson County Health Department (2024 - 2029)

CHNAs reviewed:

- Atrium Health (2024)
- Banner Health – McKee Medical Center (2022)
- Boulder Community Health (2025)
- Brooks Rehabilitation Center (2022)
- Bryn Mawr Rehab Hospital, Philadelphia (2022)
- Jefferson Moss-Magee Rehabilitation Hospital (2025)
- Madonna Rehab Hospital (2023)
- Mary Free Bed Rehabilitation Hospital (2023)
- Northwestern Medicine Marianjoy Rehabilitation Hospital (2024)
- NYU Langone Health (2025)
- Shepherd Center, Atlanta (2024)
- Shirley Ryan AbilityLab, Chicago (2022)
- Spaulding Rehabilitation Hospital, Boston (2022)
- TIRR Memorial Hermann, Houston (2022)
- UPMC Mercy (2025)

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 from 2023.

- Colorado Health Access Survey (CHAS). CHAS is the premier source of information on health insurance coverage, access to health care and use of health care services in Colorado. More than 10,000 households in the state have been interviewed every other year since 2009, allowing comparisons across a time marked by sweeping changes in health policy. Craig used data from the 2023 CHAS.

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

C. Community Input

1. Description of the community input process

Community input was provided through the hospital's Community Advisory Council, and community and patient surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were also consulted.

2. Methodology for collection and interpretation of primary data

Community Survey

The Craig Hospital CHNA community survey asked respondents to share their challenges and facilitators for health and quality of life in the community. Survey responses were collected between March and May 2025. The hospital invited community members to take the survey by posting a link the hospital's and community partners' social media channels and emailing patients treated in the past ten years and living in the seven counties comprising its community. The hospital also created signs to post throughout the hospital's lobby and PEAK Center with a QR code to the survey.

D. Written Comments

Craig Hospital published their 2022 CHNA to the hospital's website in September 2022 (https://craighospital.org/resources/community-health-needs-assessments). The public was invited to submit written comments on the CHNA.

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

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
A cross-sectional analysis of survey responses was completed by the hospital's data scientist. Statistical analyses included chi-square tests, Kruskal-Wallis tests, Spearman correlations, and geospatial clustering analysis. Quality of life trajectories were examined across four temporal phases post-injury. Open ended survey questions were reviewed for themes to be considered when identifying health needs. Responses to the following open-ended questions were considered:

- What additional services or resources would most improve your quality of life?
- Is there anything else you would like to share about your health care needs or experiences?

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
- Social Connectedness
- Transportation
- Accessible and Affordable Housing

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

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

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

HIGH PRIORITY HEALTH NEEDS

Access to Care

Goal: Enhance health equity for the community by increasing access to accessible primary care, strengthening disability competent care, and expanding services such as chronic pain management and telehealth.

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 accessible equipment or disability competent care. CHI researched DCC on behalf of HCPF and outlined best practices, barriers, and recommendations to improve DCC within primary care for Coloradans with disabilities. CHI found the primary barriers to giving and receiving disability competent care fell into three areas: limited training, money, and preparation. In addition to CHI findings, community members find it enormously difficult to find providers who take Medicaid and other government assistance, provide comprehensive care, or have the built environment to be accessible. Access to Care was identified as a top priority in six of seven counties in the community.

Potential areas of focus for this health need could include access to accessible primary care, chronic pain management, disability competent care, and increased access to specialty rehabilitative services.

Social Connectedness

Goal: Strengthen social connectedness for people with disabilities by reducing isolation through expanded access to peer support, recreation, and mental health services.

The topic of social connectedness is more prevalent following the Covid pandemic and its impact on individuals' perception of connectedness. Research has established higher rates of social isolation correlate with higher rates of morbidity and mortality. The CDC linked social isolation to increased rates of Type 2 diabetes, depression and anxiety, suicidality and self-harm, dementia, and early death. In 2023, the U.S. Surgeon General published an advisory titled, "Our Epidemic of Loneliness." The report included those with disabilities among the groups at highest risk for social disconnection.[3] Rates of loneliness among the general population increased from a rate 30% pre-pandemic to 40% post-pandemic. Unsurprisingly, the rate of loneliness among individuals with spinal cord injury is much higher with one study finding it to be 66%.[4] Factors leading to a sense of increased isolation include problems with transportation, lack of accessibility in a community's built environment and challenges accessing healthcare services and rehabilitation providers.[5] Research conducted in the United Kingdom found similarly concerning rates among those with brain injuries. Headway's research found more than 70% of brain injury survivors reported deterioration in their social life following injury. Social connectedness was identified as a top priority in all seven counties in the community.

Potential areas of focus for this health need include increasing access to social support groups including peer mentoring, access to recreation activities, and mental health support.

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3 Office of the Surgeon General (OSG). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community [Internet]. Washington (DC): US Department of Health and Human Services; 2023–. PMID: 37792968.

4 Berryman K, Wirth M, Bombardier CH, Motl RW, Bartle B, Jacob RL, Aguina K, LaVela SL. Variables Associated With Moderate to High Loneliness Among Individuals Living With Spinal Cord Injuries and Disorders. Arch Phys Med Rehabil. 2024 Jun;105(6):1076-1082. doi: 10.1016/j.apmr.2024.01.010. Epub 2024 Jan 26. PMID: 38281576.

5 Barclay L, McDonald R, Lentin P. Social and community participation following spinal cord injury: a critical review. Int J Rehabil Res. 2015 Mar;38(1):1-19. doi: 10.1097/MRR.0000000000000085. PMID: 25305008.

MEDIUM PRIORITY HEALTH NEEDS

Accessible and Affordable Housing

Goal: Increase availability of accessible and affordable housing in the community.

Housing prices surged through the pandemic and remain near all-time highs. The challenge of housing is compounded for the SCI and BI community. Individuals face severe housing challenges in the Denver metro area in particular, including extremely long wait lists, significant financial barriers due to the income-housing cost gap, and limited availability of accessible units. At a national level, section 8 waiting lists can be as long as 10-20 years, with many programs closed to new applicants, and more than four million people with disabilities receiving SSI can't afford rent in any U.S. housing market with maximum SSI payments of about $950 monthly. Denver mirrors these national challenges with housing lottery systems giving applicants only a 6% annual chance due to demand with 17-month average wait times, while SSI falls short of the average one-bedroom rent of $1540.

Potential areas of focus include advocating for accessible and affordable housing at a local and state level and working with local governments to address local housing needs.

Transportation

Goal: Advocate for increased availability and accessibility of transportation services in the community.

Individuals with spinal cord injuries or brain injuries who do not own accessible vehicles face severe transportation barriers significantly limiting their independence and quality of life. Millions of people with mobility disabilities remain significantly transportation disadvantaged and are unable to leave their homes due to insufficient and inaccessible ground transportation options.[6] The ADA paratransit system, while legally required, has a restrictive eligibility process, and it may only be provided within 3/4 of a mile of a bus route or rail station with advance booking requirements. The Regional Transportation District's (RTD) Access-a-Ride requires advance reservations with no same-day service and has reliability issues with runs being shut down due to driver shortages. The Access-on-Demand is a bright spot within the community and offers riders the ability to utilize ride-share apps and taxi services at a subsidized rate. However, the popularity of the program is straining finances for RTD and it now faces potential cuts from 60 to 30 monthly rides and removal of multi-stop trips. Many rideshare vehicles also lack wheelchair accessibility, creating system inequities, and 8.6% of Denver residents report transportation as a barrier to accessing care.[7]

Potential areas of focus include advocating for public policy impacting to help the community and exploring potential relationships with private industry to expand availability of wheelchair accessible vehicles.

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6 National Council on Disability | Ground Transportation for People with Mobility Disabilities 2025: Challenges and Progress. (n.d.). Retrieved August 27, 2025, from https://www.ncd.gov/report/ground-transportation-for-people-with-mobility-disabilities-2025-challenges-and-progress/

7 Transportation is a Barrier to Care Across Colorado | Colorado Health Institute. (n.d.). Retrieved August 27, 2025, from https://www.coloradohealthinstitute.org/research/transportation-barrier-care-across-colorado

D. Community resources potentially available to respond to the identified health needs
Community resources to improve Access to Care include engaging with HCPF, local health departments and hospitals in the community, and non-profits focused on improving access to care. Community organizations include health centers and their professional organizations (STRIDE Community Health Center, for example); and community organizations that serve people with disabilities and/or SCI and BI (Chanda Center for Health and BIAC, for example).

Community resources to respond to Social Connectedness include health departments, hospitals, and community non-profits. BIAC and Chanda Center for Health both have existing support groups the hospital may be able to partner with to amplify their work in the community.

Community resources to respond to Transportation issues include the DRMAC and RTD. DRMAC's mission is to ensure people with mobility challenges have access to the community by increasing, enhancing, sharing and coordinating regional transportation services and resources. DRMAC serves the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson. RTD is the community's public transportation network and provides services such as Access-On-Demand and Access-A-Ride that are critical to the community.

Community resources to respond to Accessible and Affordable Housing include local health departments with a focus on housing in the CHIP plans and community non-profits focused on affordable and accessible housing. Tri-County Health also identified health and food and health and housing their most recent CHIP; community organizations which address some of the topics that can present barriers to independence (Home Builders Foundation, organizations working to reduce food insecurity or address housing affordability; and community organizations that focus on the needs of those with disabilities (Colorado Cross-Disability Coalition, for example).

VIII. 2022 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2022 Implementation Strategy Evaluation of Impact

Craig Hospital's 2022 Implementation Strategy based on needs identified in their 2022 CHNA report. Strategies were developed by an interdisciplinary team of staff to address the health needs identified in the 2022 CHNA. This section of the CHNA Report describes and assesses the impact of these activities.

Craig Hospital reviewed the activities to evaluate progress to date on health needs identified in the 2022 CHNA. Tracking metrics for each prioritized health need includes the number of grants made, collaborations and partnerships, and Craig in-kind resources deployed.

B. 2022 Implementation Strategy Evaluation of Impact

Since completion of the 2022 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 summarizes some of the activities undertaken and the impact these activities achieved:

Our Access to care work focuses on reducing barriers through building partnerships in community education, identifying community clinics, promoting a healthy life style through wellness and prevention of injury.

Intermediate Goal: Those living with BI/SCI will encounter fewer barriers when accessing care.

Strategy 1: Seek additional feedback from the SCI/BI community to better understand specific access to care issues.

Activities:

- 78 community conversations held in 2024 with individuals, caregivers, and nonprofit partners to identify key access challenges. Comfort in providing care for an individual with a disability as well as affordability were mentioned in conversations. Accessibility in exam rooms, access to transfer equipment and staff training were also identified as barriers.

- Education and outreach efforts were expanded, including hosting events like the Living Well with Brain Injury program and launching Living Well with SCI. These efforts expand the person living with a disability and their care givers knowledge of community resources. It also educates the community on barriers that are identified for those who participated.

- Educational presentations on Disability Awareness were conducted with local schools and youth groups, Englewood City leaders through various taskforce initiatives at the city and. Conversations with the City Police Chief, Developers and community business owners again highlight a need to improve on inclusivity with ongoing efforts to develop the city.

- Access to transportation limits a person living with a disability from seeking preventative or "sick" healthcare. The Englewood free shuttle is accessible and connects the light rail to the Wellness district.

- In April 2025, Craig Hospital hosted the New Colorado Disability Office Director, Danny Combs for a tour of Craig. The conversation focused on the challenges of our graduates in our communities and considerations of ways Craig can assist the Disability work of the State.

Feedback & Outcomes:

- Community members reported challenges with accessing transportation, primary care, mental health services, and adaptive wellness programs.

- Common systemic barriers included a lack of provider knowledge, fragmented care coordination, and social determinants such as housing instability and food insecurity.

- As a result, Craig Hospital is prioritizing:
    - Strengthening partnerships with accessible transportation and housing providers.
    - Advocating for inclusive healthcare environments.
    - Providing more education and navigation support for individuals and caregivers through the Nurse Advice Line.

Assets Utilized:

- Nurse Advice Line
- Chanda Center for Health
- BIAC (Brain Injury Alliance of Colorado)
- Craig Marketing Team
- Mile High Health Alliance
- Doctor's Care
- CCHN (Colorado Community Health Network)
- Local safety net clinics and hospital partners
- DRMAC
- Mile High United way 211

Strategy 2: Work with at least one community health department or community partner to address access to care issues for the SCI/BI community.

Activities:

- Formal and informal partnerships with local clinics and community-based organizations including:
    - Denver Health SCI Clinic
    - Chanda Center for Health
    - BIAC
    - Wilderness on Wheels
    - National Sports Center for the Disabled
    - High Fives Foundation
    - Access Gallery
    - Phamaly Theatre Group
    - EDDA developer meetings
    - South Broadway and Old Hampden improvement taskforces

Outcomes:

- Craig identified gaps in preventive care and broadened its outreach to better serve rural and underserved areas via outreach clinics in Cheyenne, Grand Junction, and Pueblo.
- Enhanced participation in city task forces on accessibility and community safety in the Englewood area.

Strategy 3: Develop or support initiatives to further clinical knowledge or caring for those with a SCI/BI.

Activities:

- Collaboration with partner organizations to provide training and resources to non-specialist providers.
- Ongoing development of disability education programs, including training materials and consultations.

Outcomes:

- Healthcare providers reported increased confidence and awareness when treating SCI/BI populations.
- Craig's educational outreach led to greater community provider engagement and increased referrals to specialty services. The hospital's Clinical Liaison team, Community Impact staff, and Training and Development team provide community education as requested.

New Developments in 2024: Develop or support initiatives to further clinical knowledge or caring for those with a SCI/BI.

- Community Advisory Committee was formed to guide the Community Health Needs Assessment (CHNA) and ensure that Craig's implementation strategy remains relevant and impactful.
- Continued support for Friends and Family CPR classes and expansion of health and wellness education programs to the general public.

Our work to improve accessible transportation in the community includes participating with partners in the community working to address transportation.

Intermediate Goal: The SCI/BI Community will have access to reliable transportation options to better meet their needs

Strategy 1: Identify challenges encountered by SCI/BI community to accessing transportation on the community.

Activities:

- Learned more about the transportation options through the community's public transportation agency, Regional Transportation District (RTD). RTD develop Access-on-Demand in 2020 as a curb-to-curb service using taxi and ride share providers. Rides on the program increased from 6,200 per on in January 2021 to more than 62,750 by 2024.
- Increased participation with DRMAC in an effort to learn more about their work and its impact on the community.
- Received feedback from Community Reintegration staff at Craig Hospital on the challenges patients face in getting transportation to their appointments, particularly medical.

Outcomes:

- Increased internal understanding of transportation options and challenges the community faces.
- Continue to provide subsidies for rides to medical appointment at the hospital when transportation is not available or does not show up for patients.

Strategy 2: Partner with community organizations and/or government bodies to address identified community needs

Activities:

- Sponsored and participated in the Transit to Wellness event put on by DRMAC.
- Attended meetings through DRMAC to learn more about their work and participated in Local Coordinating Councils
- Host annual event, Living Well with Brain Injury, and host community organizations and community to provide education to access resources.
- The hospital partners with United Airlines, Denver International Airport, and TSA to provide a monthly outing to the airport to give patients and families. Resources for travel are also available through the hospital's website.

Outcomes:

- Through the Transit to Wellness event, the hospital was connected with Lyft and able to explore options around accessible transportation through their app.
- Craig educated community members about its services and work to address the community's needs at the event.
- Craig developed a Community Advisory Council to help the hospital understand and work to meet the needs of the community.
- Mile-High transit attended Living Well with Brain Injury events in 2024-2025 to educate community on transportation options
- Hospital is working to reestablish regular travel training by partnering with local organization.
- Hospital assisted Denver International Airport on an accessibility study.

IX. APPENDIX

A. Data Sources

- Adams County Public Health CHIP 2025-2029 https://storymaps.arcgis.com/stories/46bd714f32b94d84bf2ce68fc0ce2358
- Arapahoe County Public Health CHIP 2025-2030 https://www.arapahoeco.gov/your_county/county_departments/public_health_department/about_the_public_health_department/assessments_and_plans.php
- Broomfield County Public Health and Environment Department CHIP 2025 - 2029 https://www.broomfield.org/4267/Community-Health-Improvement-Plan
- Boulder County Public Health CHIP 2023-2028 https://bouldercounty.gov/departments/public-health/health-data-resources/#local
- Colorado Department of Public Health and Environment SHIP 2025-2030 https://cdphe-lpha.colorado.gov/assessment-and-planning/state-assessment-and-planning
- Denver Department of Public Health & Environment CHA 2025 https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Public-Health-Dashboards-and-Reports/Community-Health-Assessment
- Douglas County CHA and PHIP 2021-2026 https://www.douglas.co.us/health-department/community-health-assessment/
- Jefferson County CHIP 2024-2029 https://www.jeffco.us/3736/County-Health-Improvement-Plan
- CDPHE BRFSS https://www.colorado.gov/pacific/cdphe/behaviorsurvey
- Colorado Health Institute Colorado Health Access Survey https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-chas
- Healthy People 2030 https://health.gov/healthypeople/about/workgroups/disability-and-health-workgroup
- U.S Census Bureau Quick Facts https://www.census.gov/quickfacts/fact/table/jeffersoncountycolorado,douglascountycolorado,denvercountycolorado,broomfieldcountycolorado,bouldercountycolorado,CO#

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

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