CRAIG | NEUROREHABILITATION & RESEARCH HOSPITAL

2025 Community Health Needs Assessment Implementation Strategy Report

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Craig Hospital

Community Health Needs Assessment Implementation Strategy

2025-2028

I. INTRODUCTION

Craig Hospital completed its Community Health Needs Assessment (CHNA) and was adopted by the hospital's Board of Directors in September 2025. This Implementation Strategy (IS) fulfills the requirements of Internal Revenue Code Section 501(r)(3) by describing how Craig Hospital will address the significant health needs identified through the CHNA process.

Through extensive community engagement, including input from individuals with spinal cord and brain injuries, their families, healthcare providers, and community partners, Craig Hospital identified key health needs affecting our specialized patient population. Based on community feedback, available resources, and Craig Hospital's unique mission and expertise in rehabilitation for spinal cord injury (SCI) and brain injury (BI), two priority health needs were selected for focused intervention:

1. **Access to Care**
2. **Social Connectedness**

This Implementation Strategy outlines specific actions, resources, partnerships, and anticipated impacts for addressing these priority needs over the next three years. Craig Hospital is committed to improving health outcomes and quality of life for individuals with SCI and BI through evidence-based interventions, community partnerships, and continuous evaluation of our efforts.

As a member of the Denver Metro Collaborative, which includes hospitals and county health departments, Craig Hospital coordinates with regional partners to maximize community impact and avoid duplication of services.

II. PRIORITY HEALTH NEED #1: ACCESS TO CARE

Background and Rationale

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.

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.

Implementation Strategy

The following table outlines Craig Hospital's specific actions, anticipated impacts, committed resources, and collaborative partnerships for addressing access to care:

Action	Anticipated Impact	Resources
Expand Clinical Education Webinar Series - Provide continuing education webinars for healthcare providers on disability-competent care, SCI/BI medical management, and accessible care practices	Increased number of community providers equipped to deliver high-quality care to individuals with disabilities; improved patient experiences and outcomes when accessing primary and specialty care outside Craig	Staff time to support the development, implementation, and ongoing support of programs and initiatives. In-kind expenses and financial support for program expansion and enhancement and collaboration with
Enhance Living Well with Brain Injury and Spinal Cord Injury Programs – Expand annual in-person community education and resource fair for BI community, enhancing the website and resources available to community, and increase breadth of virtual education sessions.	Increased awareness of available community resources among individuals with BI and SCI; strengthened connections between community members and service providers; improved navigation of healthcare and social service systems; increased access to education materials	
Develop new community partnerships and strengthen existing ones - Assess potential collaborations to expand access to neurorehabilitation services and community-based therapy options	Potential expansion of available rehabilitation services for community members; increased geographic access to specialized therapy; strengthened continuum of care post-discharge;	
Strengthen Telehealth Service Offerings - Evaluate and expand telehealth options for follow-up care, specialty consultations, and care coordination to reduce barriers	Reduced transportation barriers for follow-up care; increased access for individuals in rural/remote areas; improved continuity of care through convenient follow-up options	

related to transportation and geography		community organizations.
Expand access to clinical expertise – develop a program to make Craig clinicians available for phone consultations with colleagues across the country.	Increased number of community providers equipped to deliver high-quality care to individuals with disabilities; improve care	

III. PRIORITY HEALTH NEED #2: SOCIAL CONNECTEDNESS

Background and Rationale

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 of 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.

Goal

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

Implementation Strategy

The following table outlines Craig Hospital's specific actions, anticipated impacts, committed resources, and collaborative partnerships for addressing social connectedness:

Action	Anticipated Impact	Resources
Expand Peer Mentoring Program - Increase Mentor & Mentee Recruitment - Actively recruit and train additional peer mentors from the Craig alumni community and broader SCI/BI community. Enhance outreach to community members who could benefit from peer support; reduce barriers to program participation	Increased capacity to match community members requesting peer support; reduced wait times for matching; more individuals with SCI/BI connected to peer support; reduced social isolation; improved adjustment and quality of life outcomes for participants	Staff time to support the development, implementation, and ongoing support of programs and initiatives. In-kind expenses and financial support for program expansion and enhancement and collaboration with community organizations.
Expand Peer Mentoring Program - Increase Mentor-Mentee Engagement - Support more frequent and sustained mentor-mentee connections through structured programming, virtual connection options, and group activities	Deeper, more impactful mentor-mentee relationships; sustained social connections beyond initial matching; improved outcomes through ongoing peer support	
Expand Access to Recreation Activities - Identify and address barriers to recreational participation; connect community members with adaptive recreation opportunities; potentially develop or sponsor accessible recreation programming	Increased community participation in recreational activities; reduced social isolation through group activities; improved physical and behavioral health through active recreation	
Enhance Behavioral Health Service Access - Explore opportunities to expand access to behavioral health services that understand disability experience; may include provider education, telehealth options, or partnership development	Improved access to behavioral health support for individuals experiencing depression, anxiety, adjustment challenges, or other behavioral health needs related to SCI/BI; reduced stigma around behavioral health care-seeking	
Strengthen community involvement – Increase collaboration with community groups to increase social connectedness	Increase community awareness of community events taking place.	

IV. SIGNIFICANT HEALTH NEEDS NOT ADDRESSED

The CHNA process identified the following additional significant health needs that Craig Hospital will not directly address in this Implementation Strategy:

1. **Accessible and Affordable Housing**
2. **Transportation**

Rationale for Not Addressing:

While Craig Hospital recognizes that accessible and affordable housing and transportation are critical health needs for individuals with spinal cord and brain injuries, the hospital has determined that its resources and expertise can make a greater impact by focusing on Access to Care and Social Connectedness.

Housing and transportation barriers are complex, systemic issues that require policy-level interventions, significant capital investment, and coordination across multiple government and community sectors. While these needs affect Craig's patient population, they extend far beyond the healthcare sector and are more appropriately addressed through housing authorities, urban planning departments, public transportation agencies, and advocacy organizations focused on disability rights and community development.

By concentrating efforts on Access to Care and Social Connectedness—areas where Craig Hospital has demonstrated expertise, existing infrastructure, and established community partnerships—the hospital can maximize its impact and avoid duplication of efforts already underway by other community organizations better positioned to address housing and transportation needs.

Craig Hospital remains committed to advocating for accessible housing and transportation at the policy level and will continue to connect community members with available resources through programs like the Living Well series. However, direct programmatic intervention in these areas is not included in this three-year Implementation Strategy.

V. COLLABORATION AND COMMUNITY PARTNERSHIPS

Craig Hospital recognizes that addressing community health needs requires collaborative effort across multiple organizations and sectors. Through the Denver Metro Collaborative, Craig participates in regional coordination among hospitals and county health departments to align CHNA and Community Health Improvement Plan (CHIP) efforts, share best practices, and maximize collective impact.

Key collaborative partnerships supporting this Implementation Strategy include:

- **Brain Injury Association of Colorado (BIAC)**
- **Rehabilitation Services Volunteer Project (RSVP)**
- **Chanda Center for Health**
- **Denver Metro Collaborative**
- **NeuAbility**
- **Community healthcare provider**s
- **Adaptive recreation organizations**

Craig Hospital will continue to identify and develop partnerships that strengthen our ability to address community health needs and will regularly evaluate partnership effectiveness and impact.

VI. ADOPTION AND PUBLIC AVAILABILITY

This Implementation Strategy was developed in response to Craig Hospital's 2025 Community Health Needs Assessment and reflects community input, organizational priorities, and evidence-based approaches to addressing identified health needs.

Adoption: This Implementation Strategy will be presented to the Craig Hospital Board of Directors for adoption on January 29, 2026, in accordance with Internal Revenue Code Section 501(r)(3) requirements.

Public Availability: This Implementation Strategy is publicly available on Craig Hospital's website at https://www.craighospital.org/about/community-health-needs-assessments. Printed copies are available upon request by emailing chna@craighospital.org.

VII. CONCLUSION

Craig Hospital is committed to evaluating the effectiveness of this Implementation Strategy and making data-driven adjustments to maximize community impact over the next three years.

Evaluation findings will inform program adjustments, resource allocation decisions, and priorities for the next CHNA/Implementation Strategy cycle.

Craig Hospital recognizes that community health needs evolve over time and commits to remaining responsive to changing needs, emerging evidence, and community

priorities. This Implementation Strategy represents a living commitment to health equity and improved quality of life for individuals with spinal cord and brain injuries.