

A group of diverse elderly people walking outdoors and smiling. The group includes a woman with white hair and glasses, a woman with long dark braids, and a woman with short white hair. They are all dressed in casual, comfortable clothing. The background is a soft-focus outdoor setting with trees and a building.

2023-2025
AdventHealth
Littleton
Community
Health Plan

Executive Summary.....3

About AdventHealth.....7

Priorities Addressed.....9

Mental Health (Suicide Prevention).....10

Housing Stability.....12

Food Security.....14

Priorities Not Addressed.....15

Table of Contents

Acknowledgements

This community health plan was prepared by Bryan Trujillo, Regional Director of Community Health Improvement, with contributions from members of AdventHealth Littleton’s Community Health Needs Assessment Steering Committee and the Metro Denver Partnership for Health representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



EXECUTIVE SUMMARY



I Executive Summary

Portercare Adventist Health System d/b/a AdventHealth Littleton will be referred to in this document as AdventHealth Littleton or the “Hospital”.

Community Health Needs Assessment Process

AdventHealth Littleton in Littleton, Colorado conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. The priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, AdventHealth Littleton created a Community Health Needs Assessment Steering Committee (Steering Committee) to help guide the Hospital through the assessment process. The Committee included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

The Steering Committee met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the Steering Committee, and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Littleton is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



Executive Summary

Priorities Addressed

The priorities addressed include:

1. Mental Health (Suicide Prevention)
2. Housing Stability
3. Food Security

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Access To Primary Care
2. Substance Use
3. Injury

See page 15 for an explanation of why the Hospital is not addressing these issues.



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

Executive Summary

Board Approval

On November 17, 2022, the AdventHealth Littleton Board approved the Community Health Plan (CHP) goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website. An update to plan was approved by the Hospital board on March 21, 2024.

Ongoing Evaluation

AdventHealth Littleton's fiscal year is January – December. The CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Littleton at <https://www.adventhealth.com/community-health-needs-assessments>.



ABOUT ADVENTHEALTH



■ About AdventHealth

AdventHealth Littleton is part of AdventHealth. With a sacred mission of **Extending the Healing Ministry of Christ**, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than **80,000** skilled and compassionate caregivers serve **4.7** million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly **50** hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

About AdventHealth Littleton

Since 1989, AdventHealth Littleton has been proud to serve the flourishing south Denver-metro community as their partner in health. Providing whole person care and treatment that is powered by their faith, the Hospital offers high quality essential healthcare as well as specialty and destination services — including neurosurgery, breast surgery, and vascular procedures. The Hospital is also recognized for their focus on sustainability as a proven method of stewardship for the environment.



PRIORITIES ADDRESSED



Mental Health (Suicide Prevention)

Mental health helps to determine how we handle stress, relate to others and make choices. Additionally, poor mental health can increase risk for other chronic health problems. In Arapahoe County, mental health distress is higher among those with incomes \$50K or less than those above, 40% and 22% respectively. Additionally, persons of color experience more mental distress than white, non-Hispanic community members, 33% and 30% respectively. Before the pandemic, mental health distress was high among high school students. Thirty-four percent experience mental distress, 13% made a suicide plan, 17% seriously considered suicide and 8% attempted suicide.

Goal 1: Increase identification of suicide risk by implementing Zero Suicide, an evidence-based/informed mental health/suicide prevention training that will result in improved post-discharge patient and community member outcomes including reducing community risk of deaths by suicide.

Objective 1.1: By 2024, scale the implementation of Zero Suicide post-discharge follow-up program for patients. This includes suicide screening and post-discharge follow-up support access to patients, including warm hand-off and referral to the Colorado State Crisis hospital post-discharge follow-up program, crisis service, and the National Suicide Prevention Service.

Target Population: Teenagers and adults presenting with behavioral health needs in Arapahoe and Douglas Counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Advance Zero Suicide, an evidence based best practices framework for decreasing suicide risk in health care systems and their communities. By continuing to advance best practice trainings (Question Persuade Refer, Start, Applied Suicide Intervention Skills Training-ASSIST, Faith, Mental Health First Aid) and practices, the hospital will improve suicide risk identification, post risk identification support and patient and community outcomes.	Development of scalable model throughout the Rocky Mountain Region	The Psych Assessment Team – staff time to scale framework	LivingWorks, Colorado Mental Health First Aid, Rocky Mountain Crisis Services, Community Mental Health Centers, the State Office of Suicide Prevention, and Faith-based partners	X	X	X

Mental Health (Suicide Prevention)

Goal 1 continued: Increase identification of suicide risk by implementing Zero Suicide, an evidence-based/informed mental health/suicide prevention training that will result in improved post-discharge patient and community member outcomes including reducing community risk of deaths by suicide.

Objective 1.2: By 2024, offer Zero Suicide training and best practices to clinicians and caregivers.

Target Population: Teenagers and adults presenting with behavioral health needs in Arapahoe and Douglas Counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Provide clinical and non-clinical trainings to associates.	# of staff trained # of participants attending trainings	Community Health, along with the Psych Assessment Team – staff time to deliver presentations, and strengthen relationships with community-based organizations	LivingWorks, Colorado Mental Health First Aid, Rocky Mountain Crisis Services, Community Mental Health Centers, the State Office of Suicide Prevention, and Faith-based partners		X	X
Community trainings in suicide prevention or mental wellness for caregivers offered or supported by our system trainers or partners.	# of community presentations provided # of participants attending trainings	Community Health, along with the Psych Assessment Team – staff time to deliver presentations, and strengthen relationships with community-based organizations	LivingWorks, Colorado Mental Health First Aid, Rocky Mountain Crisis Services, Community Mental Health Centers, the State Office of Suicide Prevention, and Faith-based partners		X	X

Housing Stability

In Arapahoe County, Housing prices have sharply risen. Average monthly income rose 25% while average rent rose 25% between 2014 and 2019. Safe and stable, affordable, healthy housing is directly related to health. The housing crisis was exacerbated by COVID-19 pandemic. Additionally, people who rent their homes pay a higher percentage of income toward housing. Fifty percent of renters paid 30% or more of household income on housing in 2019, vs. 24% of homeowners.

Goal 1: Increase access to safe and stable housing and shelter within the community. Identify community members who report housing insecurity and refer them to appropriate resources in the community.

Objective 1.1: By 2023, participate in collaborative efforts to address affordable housing and homelessness in Arapahoe and Douglas counties.

Target Population: Adults in Arapahoe and Douglas Counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify policy opportunities at various levels to impact housing stability. Collaborate with community to advance policy opportunities that promote stable housing. Furthermore, identify the role of health care within the housing and homelessness plans	Continue to collaborate with regional partners	The Mission and Community Health Team – staff time to attend meetings	Mental Health Partners, Colorado Access, Arapahoe Public Health, Rocky Mountain Adventist Health, and local community-based organizations	X	X	X

Housing Stability

Goal 1 continued: Increase access to safe and stable housing and shelter within the community. Identify community members who report housing insecurity and refer them to appropriate resources in the community.

Objective 1.2: By 2023, screen households for housing insecurity and refer them to resources in the community to promote stable housing.

Target Population: Adults in Arapahoe and Douglas Counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Administer a Social Determinants of Health (SDoH) screening for patients which determines housing instability	# of SDoH screenings completed	Case Management – staff time to screen and refer	Mental Health Partners, Colorado Community Health Alliance, Arapahoe Public Health, Rocky Mountain Adventist Health, UnitedWay 211, and local community-based organizations	X	X	X
Establish referral pathways for screened patients to appropriate community-based organizations	# of screenings completed # of organizations funded to promote housing stability Continue to collaborate in existing coalitions and health alliances to address housing stability	The Mission and Community Health – staff time to attend coalitions and fund appropriate organizations	Mental Health Partners, Colorado Community Health Alliance, Arapahoe Public Health, County Public Health, Rocky Mountain Adventist Health, UnitedWay 211, and local community-based organizations	X	X	X

Food Security

Our community initially identified economic security as a priority because qualitative data indicated that community members are having difficulty affording basic needs, including food and self-reported health has a direct relationship to household income. Between March and December 2020 unemployment insurance claims increased 938%. Based upon the resources identified in the community, this priority was transitioned to Food Security, as having access to affordable healthy foods provides more resources for other basic needs. Additionally, the cessation of food security benefits and extra services during the COVID pandemic means that this is likely to worsen again in 2022. The community would like to continue existing efforts to ensure families have access to healthy foods and enough to eat.

Goal 1: Increase utilization of and access to affordable, fresh produce and federal food assistance programs and enhancements.

Objective 1.1: By 2023, screen and provide referrals for unmet social risks, including food insecurity.

Target Population: Children and adults in Arapahoe and Douglas counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Administer a Social Determinants of Health screening for patients which determines food insecurity	# of SDoH screenings completed	Case Management – staff time to screen	Colorado Blue Print to End Hunger, Nourish Colorado, Family Connects, Hunger Free Colorado, UnitedWay 211 Colorado	X	X	X
Establish referral pathways to appropriate community-based organizations	Continue to collaborate with Colorado’s Blueprint to End Hunger to expand the network of community-based organizations that address food insecurity	Community Health – staff time to establish referral pathways, and attend meetings	Colorado Blue Print to End Hunger, Nourish Colorado, Family Connects, Hunger Free Colorado, UnitedWay 211 Colorado	X	X	X

Food Security

Goal 1 continued: Increase utilization of and access to affordable, fresh produce and federal food assistance programs and enhancements.

Objective 1.2: By 2024, partner with community-based organizations and businesses to increase utilization of benefits that promote food security.

Target Population: Children and adults in Arapahoe and Douglas Counties.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Support local food businesses new acceptance of and or maintenance of the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or their program enhancements by supporting technology, technical assistance, outreach and promotion through community food advocates/navigators	# of organizations funded to determine feasibility of expanding benefits acceptance	Community Health – staff time to attend coalitions and fund appropriate organizations	Nourish Colorado and Hunger Free Colorado		X	X

PRIORITIES NOT ADDRESSED



I Priorities Not Addressed

AdventHealth Littleton also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Injury

While Littleton Adventist Hospital treats many patients due to injuries, this did not arise as a health priority in the conversation. It was, however, recognized that our work to focus on Mental Health will address injury through the links between mental health status and injury, intentional or unintentional.

Substance Use

While substance use is an issue being seen in the community, there was a good discussion about the links between substance use and mental health and the need to focus on mental health at this point in time.

Access to Primary Care

Access to primary care was ranked fifth out of the five top priorities identified during the ranking process. Primary care is a method to identify health needs early and connect people with necessary treatment and resources. The Steering Committee discussed that access to care is a changing environment which we need to monitor due to continually changing guidelines and policies. After the pandemic, there will be a need to monitor how health coverage shifts when emergency coverage through Medicaid ends. However, they determined it would be best to focus on access to mental health care to maintain a strong focus on this issue and to have a greater impact with a greater focus on fewer priorities.





**Portercare Adventist Health System d/b/a
AdventHealth Littleton**

CHP Approved by the Hospital Board on: November 17, 2022

Updated and approved by the Hospital Board on: March 21, 2024

For questions or comments please contact:

rnr.communityhealth@adventhealth.com