AdventHealth Littleton 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ

AdventHealth

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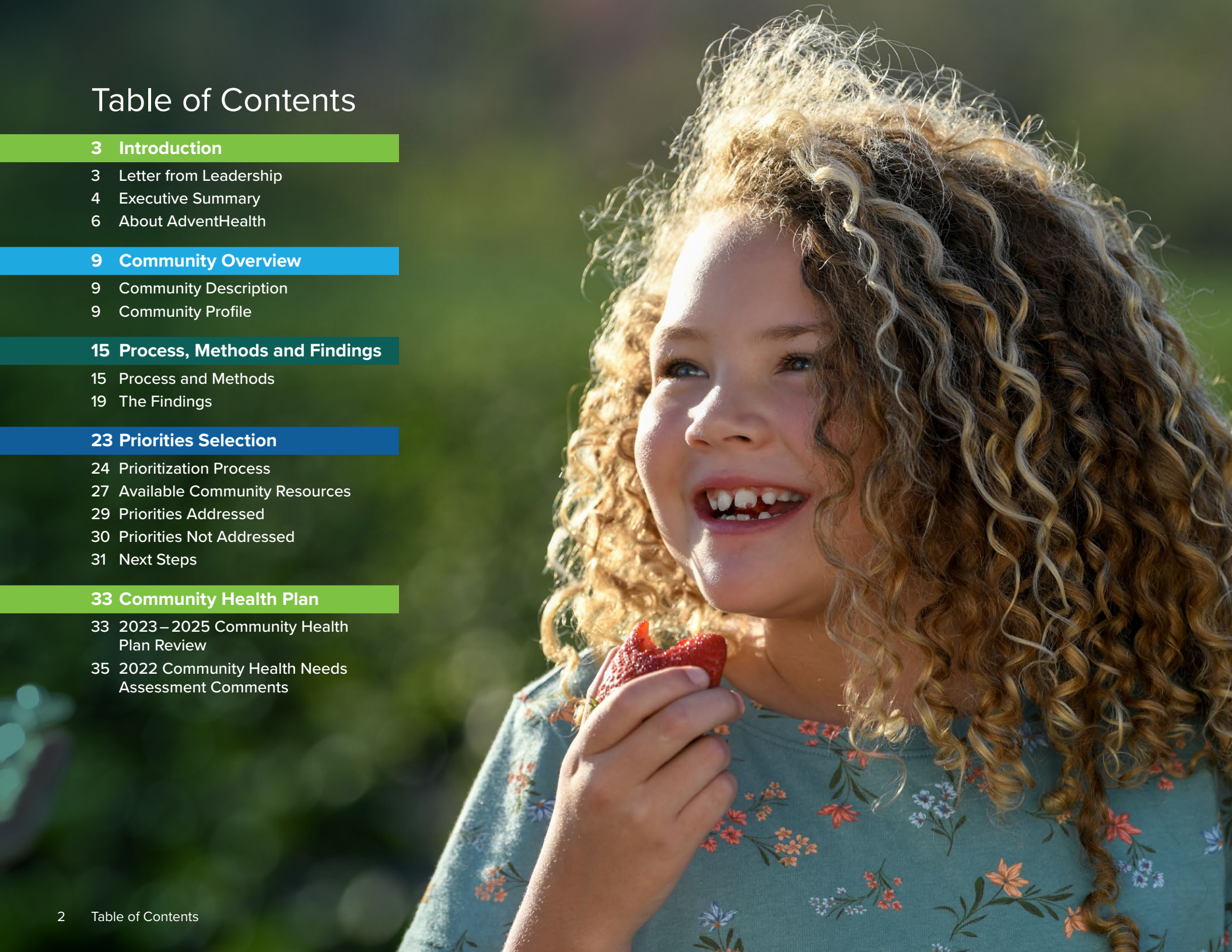


Letter from Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our hospital walls and permeates into our communities. Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years, AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment, we talk and work with community organizations, public health experts and people like you who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience helps AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition—everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaborative efforts, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,

Terry Shaw

Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit.

Executive Summary

Portercare Adventist Health System dba AdventHealth Littleton will be referred to in this document as AdventHealth Littleton or "The Hospital." AdventHealth Littleton in Littleton, Colorado conducted a community health needs assessment from May 2024 to November 2024. The goals of the assessment were to:

- Engage public health and community stakeholders, including low-income, minority and other underserved populations.
- Assess and understand the community's health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use the assessment findings to develop and implement a 2026–2028 Community Health Plan based on the needs prioritized in the assessment process.

The Arapahoe County and AdventHealth Littleton Collaborative

To ensure broad community input, AdventHealth Littleton took part in a Collaborative with Arapahoe County Public Health (ACPH) to help guide the Hospital through the assessment process. The Collaborative included representation from the Hospital, public health experts, other hospital systems, and purposeful, routine engagement of community members. This included intentional representation from low-income, minority and other underserved populations.

The Collaborative met monthly from March 2024 until November 2024. They reviewed primary and secondary data and helped to identify the top priority needs in the community.

See Prioritization Process for a list of Collaborative members.

Hospital Health Needs Assessment Committee

AdventHealth Littleton also convened two councils which functioned as the Hospital Health Needs Assessment Committee (HHNAC). The purpose of the HHNAC was to select the needs the Hospital would address due to the findings in the assessment. The HHNAC made this decision by reviewing the priority needs that were selected by the Collaborative and by the internal hospital resources available. With this information, the HHNAC was able to determine where the Hospital could most effectively support the community.

See Prioritization Process for a list of HHNAC members.

Data

AdventHealth Littleton in collaboration with the Arapahoe County Public Health Department collected both primary and secondary data. The primary data included a community survey and focus groups. Secondary data included internal hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospital from 2023–2024. In addition, publicly available data from state and nationally recognized sources were used. Primary and secondary data was compiled and analyzed to identify the top five needs.

See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the Collaborative understand the existing community efforts being used to address the needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The Collaborative participated in a prioritization process after a data review and two stakeholder engagement sessions. The five identified needs were ranked during these meetings based on clearly defined criteria.

The HHNAC reviewed and discussed the needs identified by the Collaborative and the available resources to address them in the community. The HHNAC also considered the Hospital's current resources and strategies. Through these discussions the Hospital selected the top three needs it is best positioned to impact.

See Prioritization Process for more.

The following criteria were considered during the prioritization process:

A. Impact on Community

What are the consequences to the health of the community of not addressing this issue now?

B. Resources

Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities

Do interventions addressing this issue have an impact on other health and social issues in the community?

Priorities to Be Addressed

The priorities to be addressed are:

1. Economic Stability—Housing
2. Health Care Access and Quality
3. Neighborhood and Built Environment—Food Security

See Priorities Addressed for more.

Approval

On May 1, 2025, the AdventHealth Littleton board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospital's website prior to May 15, 2025.

Next Steps

AdventHealth Littleton will work with the Collaborative and the HHNAC to develop a measurable implementation strategy called the 2025–2027 Community Health Plan to address the priority needs. The plan will be completed, board approved and posted on the Hospital's website prior to May 15, 2025.

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 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier—creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

AdventHealth Littleton

Caring for Our Community

AdventHealth Littleton is a 231-bed hospital that has been a part of the flourishing south metro Denver community since 1989. Previously known as Littleton Adventist Hospital, AdventHealth Littleton is proud to have "come home" to AdventHealth in 2023. AdventHealth is one of the nation's largest faith-based health care systems with more than 80,000 employees, 52 hospitals, and hundreds of care sites across nearly a dozen states.

With the mission of Extending the Healing Ministry of Christ, AdventHealth Littleton supports our community with expert medical care and uncommon compassion. We have proudly served Littleton, Highlands Ranch, Centennial, and the surrounding communities for 35 years and counting, specializing in cardiac care, neurology, orthopedics, and so much more.

AdventHealth Littleton offers many services, including breast care, cancer care, emergency and trauma services, genomics, heart and vascular care, imaging services, mother and baby care, neurology, orthopedics, wound care, inpatient and outpatient surgery, sports medicine and rehabilitation services, and an outpatient infusion center.

Awards and Recognition

- Accredited Chest Pain Center
- Accredited Geriatric Emergency Department
- American Heart Association Get with the Guidelines—Stroke Gold Plus Award
- Best Hospitals Women's Choice Award for stroke care, women's services, breast care, emergency care, mammogram imaging and obstetrics
- Certified Comprehensive Stroke Center
- Leapfrog A Grade for patient safety
- Leapfrog Emerald Award for patient safety, quality and transparency
- Level III Epilepsy Center
- Level III Neonatal Intensive Care Unit (NICU)
- Magnet Recognition for Excellence in Nursing
- Verified Level II Trauma Center

AdventHealth Littleton is a 231-bed hospital that has been a part of the flourishing south metro Denver community since 1989.

Community Programs

AdventHealth Littleton offers the community and patients a wide variety of support groups for people of all ages.

We are also proud to provide our Healing Arts program to patients, which integrates visual arts into health care.

Additionally, AdventHealth Littleton is proud to partner with Littleton Public Schools to provide 24/7 access to lifesaving automatic external defibrillators (AEDs) outside of schools and playing fields.

We also offer free car seat safety checks to give parents peace of mind before heading home with their newborns.

Additional Community Partnerships

- City of Littleton
- Epilepsy Foundation of Colorado
- Fall Prevention Classes
- Hunger Free Colorado
- Littleton Town Arts Center
- Parkinson's Association of the Rockies
- Safe Choice Driving Program
- Stop the Bleed

Community Overview

Community Description

Located in Littleton, Colorado, AdventHealth Littleton defines its community as the Primary Service Area (PSA), the area in which 75–80% of its patient population lives. This includes 18 zip codes in Arapahoe County.

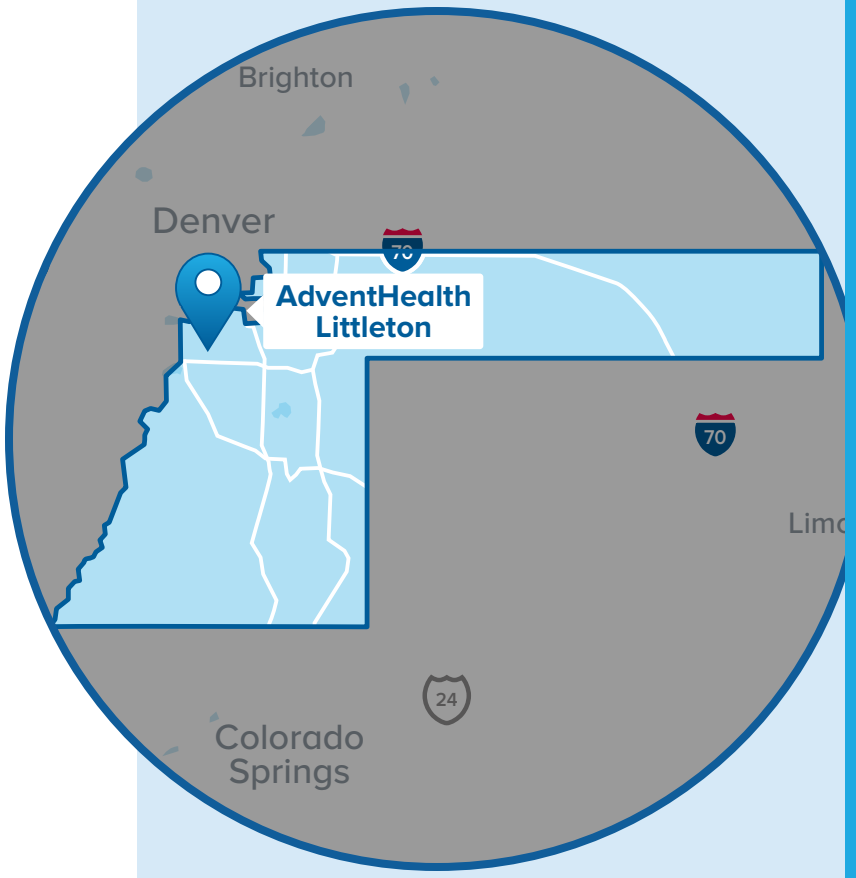
Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data is reported for the county, unless listed differently. Data are also provided to show how the community compares locally, in the state, and at a national level for some indicators.

Community Profile

Age and Sex

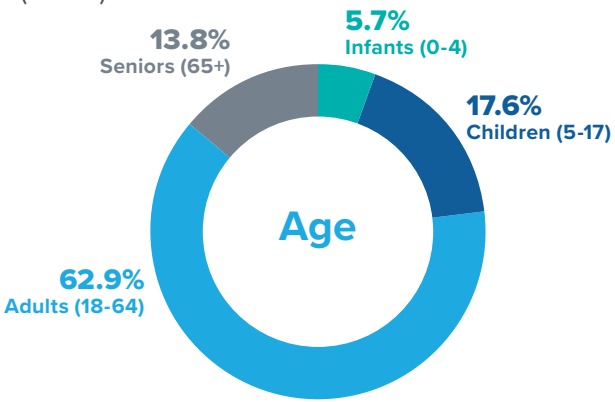
The median age in the Hospital's community is 38.1, lower than that of Colorado which is 37.3 and the US, 38.5. Seniors, those 65 and older, represent 13.8% of the total population in the community.

Males are the majority, representing 50.1% of the population. Adults 18–64 are the largest demographic in the community at 62.9%.



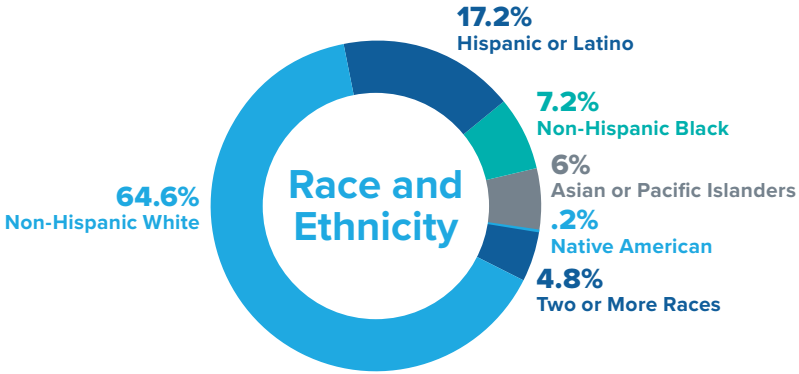
AdventHealth Littleton defines its community as...18 zip codes in Arapahoe County.

Children aged 0–17 make up 23.3% of the total population in the community. Infants, those zero to four, are 5.7% of that number. The community birth rate is 49.47 births per 1,000 women aged 15–50. This is lower than the U.S. average of 51.58, and higher than that of the state, 48.86. In the Hospital's community, the highest percentages of residents in poverty are adolescents aged 5–17 (8.15%) and infants aged 0–4 (8.77%).



Race and Ethnicity

In the Hospital's community, 64.6% of the residents are non-Hispanic White, 7.2% are non-Hispanic Black and 17.2% are Hispanic or Latino. Residents who are of Asian or Pacific Islander descent represent 6% of the total population, while 0.2% are Native American and 4.8% are two or more races.



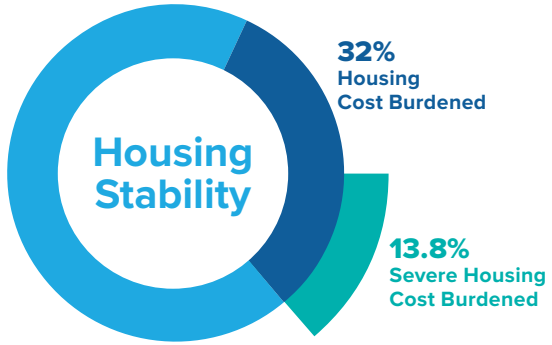
Economic Stability

Income

The median household income in the Hospital's community is $114,361. This is above the median for the state, which is $81,883. Although above the median, 6.64% of residents live in poverty, the majority of whom are between the ages of 5 and 17.

Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.[1] When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more the 50%.



1 Severe housing cost burden* | County Health Rankings & Roadmaps

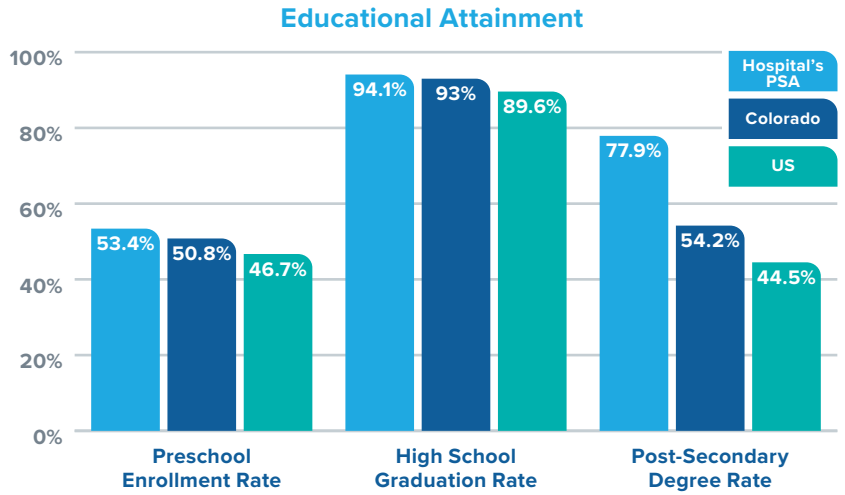
Education Access and Quality

Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.[2] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is a 94.1% high school graduation rate, which is higher than both the state, (93%) and national averages (89.6%). The rate of people with a post-secondary degree is higher in the Hospital's PSA than in both the state and nation.

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.[3]

In the Hospital's community, 53.4% of three- and four-year olds were enrolled in preschool. Although higher than both the state (50.8%) and the national (46.7%) average, there is still a large percentage of children in the community who may not be receiving these early foundational learnings.



2 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

3 Early Childhood Education | U.S. Department of Health and Human Services

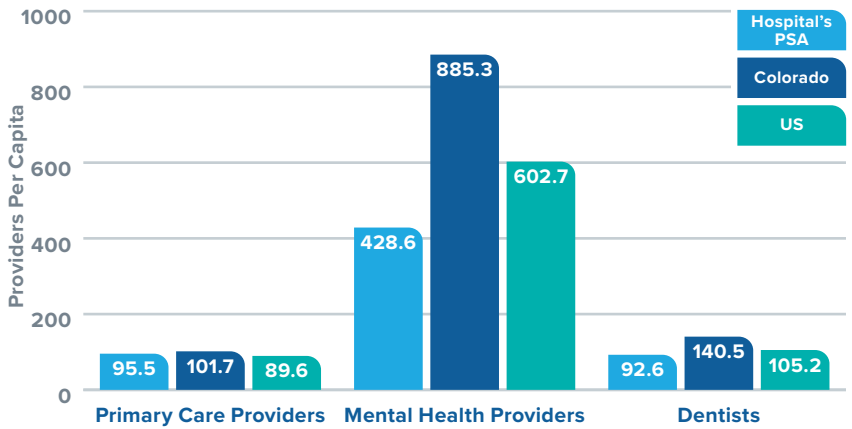
Health Care Access and Quality

In 2023, the Colorado Health Institute reported that 3.9% of community members aged 18–64 were found to lack health insurance. Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.[4]

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. The Hospital's service area has 95.50 primary care providers per 100,000 residents, this is lower than the state average of 101.7 per 100,000.

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital's community, 68.87% of people report visiting their doctor for routine care.

Available Health Care Providers

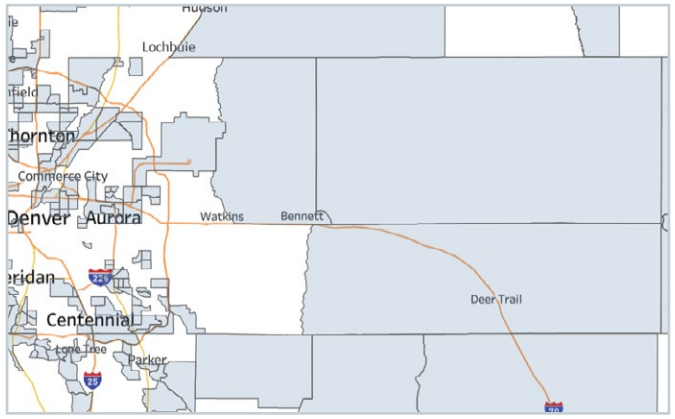


4 Health Insurance and Access to Care | CDC

Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than ½ mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.[5] Arapahoe County is depicted in grey on the map below, indicating that this area is identified as a community that lives in a low food access area.



People who are food insecure, who have reduced quality or food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.[6] Feeding America estimates for 2022,[7] showed the food insecurity rate in Arapahoe County, where the Hospital is located, at 10.3%.

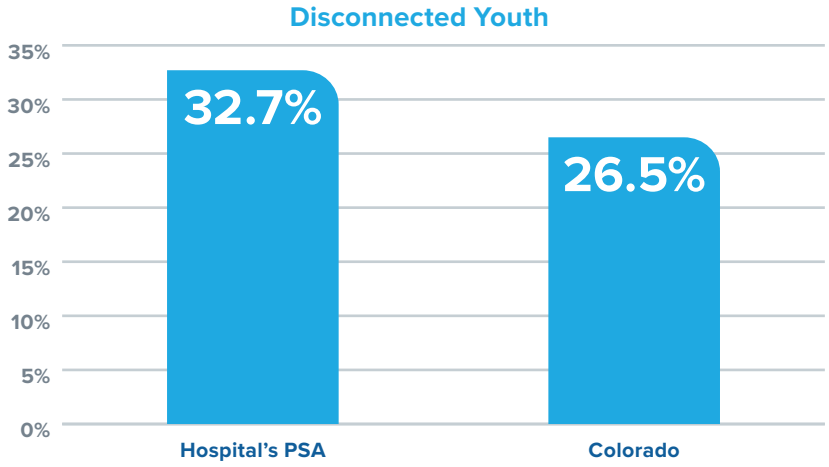
5 Heart Disease Risk Factors | CDC
6 Facts About Child Hunger | Feeding America
7 Map the Meal Gap 2022 | Feeding America

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and steady employment. In the community, 4.3% of the households do not have an available vehicle.

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.[8] When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, like language.

In the community, 32.7% of youth aged 16 – 19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time. Disconnected youth are also referred to as opportunity youth, marginalized youth, disengaged youth, and NEET (Not in Education, Employment, or Training).



Also, in the community 23.08% of seniors (age 65 and older) report living alone and 2.90% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

8 Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services

Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health outcomes in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so the Hospital could align its work with national efforts when addressing social determinants of health when possible. For the purposes of CHNA, the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:

Economic Stability

Includes areas such as income, cost of living and housing stability.

Education Access and Quality

This framework focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

Health Care Access and Quality

Covers topics such as access to health care, access to primary care and health insurance coverage.

Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security, and neighborhood crime and violence.

Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Process, Methods and Findings

Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospital in partnership with Arapahoe County Public Health, solicited input directly from the community and from individuals who represent the broad interests of the community.
A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location. The Collaborative also collected publicly available and internal hospital utilization data for review.

The Hospital partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members, through collaboration with the Arapahoe County Public Health. Together, they formed the Collaborative.

During stakeholder engagement meetings, community leaders and community members provided insight on how health conditions and areas of need were impacting those they represented. The Collaborative used the data review and discussion sessions to understand the most important health needs and barriers to health the community was facing and to guide the selection of needs to be addressed in the 2025 CHNA.

A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.

Community Input

The Collaborative collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community. Input was collected through a community survey and focus groups.

Community Survey

(Open July to December 2023)

Participants in the community survey included Arapahoe County residents, community leaders and Arapahoe County Public Health employees.

The 18-question survey was distributed through meetings and events with organizations and partners, email listservs, ads on the Arapahoe County Public Health website and Facebook page, links disseminated by the Public Information Officer and external partners, and physical promotion at county libraries, community centers, and local events. In addition to digital, paper versions were created in English (including large print), Spanish, Amharic and Dari.

Total respondents — 1,018

- 686 — Residents
- 113 — Partners
- 215 — Arapahoe County Staff
- 7 — Board of Health/Board of County Commissioners members

Questions assessing needs of the community included:

- What are the three most important characteristics of a happy and healthy community?
- Rank the following healthcare issues (economic security, affordable housing, safety, access to physical and behavioral care, environment, food security, resilience and mental well-being, social connection, other) in order of most to least urgent.
- Tell us what services or resources you would like to see added or improved in your community.
- Tell us what services or resources you would like to see added or improved in the communities you serve.
- Tell us what you are most proud of in your community.
- How can Arapahoe County Public Health be a strong partner in supporting community health?
- To what extent do you agree with the following statement? I feel a sense of belonging in my neighborhood.
- To what extent do you agree with the following statement? When things get tough in my life, I am able to get back to normal fairly quickly.

Key takeaways revealed social connection, access to care, and safety as top priorities for Arapahoe residents, as well as a push for fostering partnerships with local community leaders.

Focus Groups

Two back-to-back in-person focus groups were conducted by Metopio contractors in Fall 2024. These groups focused on behavioral health in Arapahoe County, specifically in the following areas:

- Challenges in Accessing Behavioral Health Services
- Experiences with Healthcare Providers and Medication
- Quality of Behavioral Health Providers and Cultural Considerations
- Social Connectedness and Future Improvements
- Improving Healthcare Awareness and Education
- Other Considerations

The focus groups aimed to gather community insights on mental health and substance use services. Participants shared their experiences, highlighting the following concerns:

- Lack of accessibility
- Discrimination
- Financial barriers

Participants emphasized the need for more comprehensive behavioral health services, including life skills training and better cultural sensitivity from providers.

Recommendations include improving access, reducing stigma and judgment, increasing cultural competency of providers, and addressing issues raised in the discussion.

Public and Community Health Experts Consulted

A total of 12 stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Heather Baumgartner	Arapahoe County Public Health	Wraparound Public Health Support for Arapahoe County	Arapahoe County Residents
Laura Don	Arapahoe County Public Health	Wraparound Public Health Support for Arapahoe County	Arapahoe County Residents
Alexa Escobar Paez	Arapahoe County Public Health	Wraparound Public Health Support for Arapahoe County	Arapahoe County Residents
Grace Soulen	Arapahoe County Public Health	Wraparound Public Health Support for Arapahoe County	Arapahoe County Residents
Laura Wolton	Arapahoe County Public Health	Wraparound Public Health Support for Arapahoe County	Arapahoe County Residents
Michelle Weinraub	Arapahoe County Board of Health	Policy and Regulatory Support for Public Health and Arapahoe County	Arapahoe County Residents
Bebe Kleinman	Doctor's Care	Free and Discounted Healthcare Services	Colorado Residents who are Uninsured or Underinsured
Nikki Brooker	YANA (You Are Not Alone)	Wraparound Post-partum Mental and Physical Care Aimed at Maternal Suicide Reduction	Birthing Individuals up to Two Years Post-Partum in Colorado
Jessica Gould	Littleton Schools	Health Support for Littleton Schools	Arapahoe County School-Aged Children
Julie Hall	Gracefull Foundation	Free Restaurant Meals for Low-Income Individuals and Persons Experiencing Homelessness	Persons Experiencing Homelessness in Arapahoe County
Laura Backhaus	Arapahoe County WIC	WIC Food Assistance	Women and Children that Qualify for Food Assistance in Arapahoe County
Kayla Rockwell	Kempe Center	Social Support for Strengthening Families and Preventing Child Maltreatment	Families and Children Experiencing Abuse in Colorado

Secondary Data

To inform the assessment process, the Hospital collected existing health-related and demographic data about the community from public sources. This included data on health conditions, social determinants of health and health behaviors.

The most current publicly available data for the assessment was compiled and sourced from government and public health organizations including:

- VISION—Visual Information System for Identifying Opportunities and Needs
- Colorado Hospital Association 2022 Hospital Utilization Report
- CDPHE Drug Overdose Dashboard
- Colorado Blueprint to End Hunger Data Dashboard
- Colorado Health Access Survey (CHAS) Data Dashboard 2023
- Healthy Kids Colorado Survey Dashboard
- Colorado Motor Vehicle Problem ID Dashboard—Colorado Department of Transportation (codot.gov)
- Metopio Data System
- Colorado Coalition for the Homeless—The State of Homelessness 2024
- Colorado Health Information Dataset (COHID) Deaths Dashboard

Hospital utilization data for uninsured or self-pay patients who visited the Hospital for emergency department, inpatient or outpatient services in 2024 was also used in the assessment. The AdventHealth Information Technology Team provided the top ten diagnosis codes.

The Findings

To identify the top needs, the Collaborative analyzed the data collected across all sources. At the conclusion of the data analysis, there were five needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders.

The significant needs identified in the assessment process included:

Environmental Health

The rise in knowledge around climate and environment is reflected in health concerns related to air and water quality. Poor water quality can create a variety of issues from mineral buildup to disease transmission. Areas with a larger population of low-income individuals often suffer from poor water quality, including issues with sewage management or water with unsafe levels of lead or other heavy metals due to poor housing and pipe quality. Air quality continues to be a key indicator of health. Poor air quality can contribute to an increase in respiratory disease, or an exacerbation of existing conditions. This is especially a concern for the old or the young. In addition to poor air quality created by vehicle exhaust or nearby factory facilities, wildfire smoke can also create health concerns for those in many areas of Colorado.

Economic Stability — Housing

Housing is a key indicator of health. Having access to safe and stable housing permits individuals to stay safe from weather events and provides a space to sleep and prepare food. In addition to this stable housing allows for access to nearby providers and for the building of community in the area where housing is located.

Health Care Access and Quality

Accessible healthcare—particularly preventative services—can save lives and prevent suffering. Access to regular health screenings and physician services can catch life-threatening conditions early, increase knowledge of individual health risks, and provide much-needed education on healthy life practices.

Affordable healthcare is the other side of healthcare access. A substantial number of Colorado individuals are uninsured, and this group has a disproportionate representation of people of color, individuals who are low-income, and newcomers. Health issues unable to be addressed quickly due to cost will compound and create significantly worse health outcomes. This also extends to dental care and medication access.

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Behavioral Health includes our emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Behavioral Health is important at every stage of life, from childhood and adolescence through adulthood.

Neighborhood and Built Environment—Food Security

Access to healthy food is a massive predictor of health and health outcomes. Individuals unable to feed themselves or their families healthy and nutritious food regularly are more likely to have poor health outcomes and experience additional health challenges. Many of the programs offered to close the food gap offer only shelf-stable foods and it is difficult to access fresh produce, dairy products, and meat products. In addition to this, there is a shortage of culturally appropriate foods and foods that accommodate allergies or sensitivities. Those with medically required diets may also face barriers in accessing these foods if they are unable to buy them outright due to cost or access issues (i.e., living in food deserts or lack of transportation).

Social and Community Context

Social connection continues to rise to the top of identified social needs, especially with the recent COVID-19 pandemic and the rising use of social media and online spaces. Social connection—including and outside of immediate family members—is a predictive force for mental and physical wellness. In addition to the mental benefits of participating in the community and practicing social connection, the practical aspects of having a social circle include emotional, spiritual, financial, and physical support with any health challenges that the individual may develop. This need has been identified as especially important for adolescent age groups and older adults.

Priorities Selection

The Collaborative, through data review and discussion, prioritized the health needs of the community to a list of five. Community partners in the Collaborative represented the broad range of interests and needs, from, low-income and minority people in the community. During the fall of 2024, the Collaborative hosted stakeholder engagement meetings to select and confirm the priorities.

Members of the Collaborative included:

AdventHealth Team Members

- Bryan Trujillo, Regional Director of Community Health Improvement
- Monica Kneusel, Community Benefit Coordinator

Public Health and Healthcare System Experts

- Heather Baumgartner, Director of Public Health, Arapahoe County Public Health
- Laura Don, Regional Health Connector, Arapahoe County Public Health
- Alexa Escobar Paez, Sr. Population Health Epidemiologist, Arapahoe Public Health
- Grace Soulen, Health Equity and Community Engagement Coordinator, Arapahoe Public Health
- Laura Wolton, Health Analyst, Arapahoe County Public Health
- Brooke Wagenseller, Public Health Planner, Arapahoe County Public Health

Community partners in the Collaborative represented the broad range of interests and needs, from, low-income and minority people in the community.

Prioritization Process

To identify the top needs, the Collaborative contracted with Advancing Dynamic Solutions to host two stakeholder engagement meetings that also functioned as prioritization of the needs. The first meeting took place on August 29, and the second meeting took place on September 5.

August 29, 2024

Publicly available secondary data and the five selected health priorities that arose from the community survey were presented to meeting participants. Participants included Collaborative members, community leaders and organizations, and hospital partners.

Individuals were asked to consider the following five needs presented as two "buckets" (Economic Security and Mobility and Safety) and consider the needs presented in those categories.

Buckets	Economic Security and Mobility	Safety
Needs	Economic Stability—Housing Health Care Access and Quality Neighborhood and Built Environment—Food Security	Social and Community Context Environmental Health

After the presentation of data, participants were asked to split into two smaller groups to explore the needs presented in each "bucket." During these small groups, participants were asked to consider smaller factors of each need and brainstorm potential strategies to overcome any barriers.

September 5, 2024

During the September 5 meeting, participants were invited to participate in a narrowing exercise to help identify key strategies for each identified health need. This exercise asked participants to score each of the strategies that came out of the August 29 meeting between 1–4 (4 = MUST include in the Community Health Implementation Plan (CHIP), 3 = Should be strongly considered for the CHIP, 2 = A good strategy, but is a lower priority for the CHIP or can be incorporated into a different strategy, 1 = Lowest priority). They were also asked to consider the following for each strategy:

- Existing Efforts
- Partners/Groups to Engage
- Potential Measures
- Resources Available

After the narrowing exercise was completed, everyone was given the opportunity to score the proposed strategies from 1–4. For strategies that were rated 3 or 4, participants were asked to keep in mind the following before assigning those ratings:

- **Importance**—Addressing this problem should be elevated by being in the plan
- **Feasibility**—Work can be done to address the problem (e.g., there is funding/programming, staffing, community, and political will, etc.)
- **Alignment**—Addressing the problem would be in alignment with existing efforts
- **Impact**—Addressing the problem would impact the root cause of the issue

The following strategies scored the highest in each of the four categories above. In addition to the strategies below for each health priority, there were a number of "cross-cutting" strategies identified that were intended to be applied to all or multiple health priorities.

Category	Strategies	Cross-Cutting Strategies
Health Care Access and Quality	• Identify and support efforts to increase health enrollment and provide community members with enrollment assistance • Increase access to existing programs (e.g., enrollment, mobile delivery, reactivation) among those most at risk and experiencing inequities • Increase navigation to services and education about existing resources including program requirements and criteria and improve processes for follow-up and continuity after resource navigation is provided to improve enrollment into and uptake of services	• Promote policies that reduce financial burden and improve financial literacy/resources for families and businesses (e.g., Family and Medical Leave Act, Child Tax Credit, Increased Support for Assistance Programs). • Develop a learning agenda to determine involvement and advocacy on financial stability issues, including wages, income, cyclical-generational poverty, and the impacts on health.
Neighborhood and Built Environment—Food Security	• Partner with community organizations currently working to improve access to nutritious and local foods (e.g., Arapahoe County Food Security Collaborative) • Address systems-level actions that address cost of food and where affordable food options exist • Connect to economic mobility conversation and income/wage conversations; look at root cause issue of income inequality, employment opportunities	
Economic Stability—Housing	• Collaborate among organizations such as the Arapahoe County Urban Consortium, Arapahoe County Housing and Community Development, and city housing authorities • Address lack of services and barriers to qualifications and ability to apply that exist for housing • Advocate for policies to allow residents to be able to submit complaints or concerns on living conditions without fear of eviction or retribution	
Social and Community Context	• Use data from ACPH community engagement efforts to evaluate, identify, develop (where necessary), and join/implement sustainable interventions and strategies to promote greater connection and prevent social disconnection	
Community Safety	• Prioritize increased access to affordable, high quality mental health care, substance use treatment, and other trauma informed resources (Align with Goal 1A) • Address structural determinants that increase the risk of firearm violence such as educating the community about firearm safety and increasing access to gun locks	

After a list of the top five health needs of the community had been voted on by the Collaborative, they were presented to the Hospital Health Needs Assessment Committee (HHNAC). The HHNAC met and reviewed the data behind the selected needs and the available resources to address them in the community. The HHNAC also considered the Hospital's current resources and strategies to find ways to address the needs most effectively. Through these discussions the Hospital selected the needs it is best positioned to impact.

Members of the HHNAC included:

- Rick Dodds, Chief Executive Officer
- Matthew Mendenhall,
  VP Chief Medical Officer
- Jason Tacha, VP Chief Operating Officer
- Mesha Brown, Physician
- Kevin Miller, Director Mission Integration
- Bryan Trujillo, Regional Director
  Community Health Improvement
- Brenda Grizzle-Dunn,
  Trauma Program Manager
- Kristin Feldbush, Nurse Manager
- Amy Perez, Manager Clinical Nursing
- Stephanie Shum, Manager Clinical Nursing
- Elisabeth Wiethorn,
  Quality Improvement Coordinator
- Robin Clutters,
  Regional Communications Manager
- Amy Laurent,
  Director of Business Development
- Ashley Nordberg, Director of Foundation

The HHNAC narrowed down the list to three priority needs:

- Economic Stability—Housing
- Health Care Access and Quality
- Neighborhood and Built
  Environment—Food Security

Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the Collaborative chose which priorities to address.

Top Needs	Community Programs		County and State Programs	Collaboratives
Health Care Access and Quality	• Doctor's Care • YANA (You Are Not Alone)* • Share Rising • North Littleton Promise	• Integrated Family Community Services • Village Exchange Center	• Connect for Health Colorado	• UnitedWay211*
Neighborhood and Built Environment—Food Security	• Go Farm* • Gracefull Cafe • Cafe 180 • Food Justice Northwest Aurora • American Diabetes Association • American Heart Association • Aurora Community Garden Network • Backpack Society • Colorado Breastfeeding Coalition • Community Fridge	• Denver Urban Gardens • Farmers Markets • Food Bank of the Rockies • Hunger Free Colorado • Metro Caring • Urban Symbiosis • VOA Meals on Wheels • WeDontWaste • Fresh Food Connect • Benefits in Action	• Colorado Blueprint to End Hunger • Arapahoe County WIC • Arapahoe County SNAP	• Arapahoe County Food Security Collaborative • Southwest Food Coalition • UnitedWay211*
Economic Stability—Housing	• Colorado Housing Connects • Get Ahead Colorado	• Economic Mobility Group • Gary Community Ventures • Chapin Hall	• DOLA Division of Housing • Arapahoe Housing Authority Navigators • Arapahoe Public Works and Development • Colorado Office of Financial Empowerment	• Colorado Partnership for Thriving Families • UnitedWay211*

* AdventHealth Littleton partners with UnitedWay211 to obtain validated patient resources every two weeks, as well as partnering with GoFarm in 2023 and 2024 to provide fresh produce to the community. YANA (You Are Not Alone) maternal mental health support is on track to be integrated into all hospitals by 2026.

Addressing Food Security priority can make a significant and life-changing difference for families and individuals in the community.

Priorities Addressed

The priorities to be addressed include:

Economic Stability — Housing

Access to safe/healthy and affordable housing continues to be a concern in this community. Housing instability is on the rise in the Hospital's community, increasing from 12.10% in 2019 to 13.76% in 2022. In addition to this, the median income needed to procure affordable housing (less than 30% of monthly income spent on housing) has increased. Homelessness is on the rise, with an alarming 39% increase reported by the Colorado Coalition for the Homeless in 2023. Homelessness continues to have a disproportionate effect on people of color, particularly Black and African American populations. The second most frequently reported reason for experiencing homelessness is an inability to pay rent or a mortgage.

Identified as a key determinant of health in the stakeholder survey, housing affects the health of the community in a wide and expansive way. Addressing this need will combine the Hospital's effort with that of several existing housing coalitions and groups.

Health Care Access and Quality

In the Hospital's community, behavioral health care continues to be a prevalent need. The percentage of adults reporting poor mental health has risen in the last three years, from 12.58% to 16.64%. The percentage of adults reporting depression in 2022 was 21.37%, with death by suicide on the rise in this community since 2022. This need was highlighted by the focus groups conducted among youth and older adults — with youth citing increased stress and continuing mental health effects from the COVID-19 pandemic, and older adults mentioning the need for social connection to combat high levels of loneliness. The stakeholder survey indicates that mental health and the increase in suicides were the top concern for community organizations. Choosing to address this priority aligns the Hospital with public health and community organizations battling the rise in mental health conditions in this community.

Neighborhood and Built Environment — Food Security

Food insecurity is on the rise in Colorado, as indicated by an 8% increase in SNAP benefits claimed from 2020 – 2022, representing an additional 41,829 individuals who could not afford food without SNAP benefits. In the Hospital's community 10% of individuals report an inability to afford food. This concern was highlighted by the Spanish-speakers focus group, who indicated that rising food prices increase their stress and — for newcomers — are one of the basic needs that they struggle to meet. The older adult focus group report struggles to accommodate rising grocery prices on a fixed income that has not expanded to meet that need.

Addressing this priority can make a significant and life-changing difference for families and individuals in the community who struggle to meet the basic need of having adequate meals and nutrition. Increasing the number of people who can eat well and often will have far-reaching effects on the overall health of the community.

Priorities Not Addressed

The priorities not to be addressed include:

Environmental Health

Lack of Social Connection was identified as a special risk to youth and to older adults. Youth in the Littleton area report a high rate of disconnection from the community (according to the Healthy Kids Colorado Survey). In 2023, over 30% of Arapahoe county adolescents reported no extra-curricular activities or involvement with any other social groups outside of immediate family. In addition to this, the increased social need for supporting an aging population includes addressing and recognizing the loneliness epidemic in older adults.

AdventHealth Littleton takes these concerns seriously and has built a system of referral and on-site mental health support to assist patients in building or re-building social connections. However, the work of creating these connections is slow and incremental, and there is a limited capacity in a hospital setting to guide individuals through social improvement over a long period of time and with sufficient involvement. Instead, the HHNAC has made the decision to continue to build referral pathways and focus on socially supporting patients to the degree possible while they receive services.

Social and Community Context

Environmental Health in the form of air and water quality are a continuing source of concern for many individuals in Colorado. The Hospital's PSA does not suffer from significant and ongoing poor water or air quality, except for the wildfire smoke that periodically affects the Front Ranges of Colorado at specific times of the year. Although the Hospital is ready and willing to support collaboration in this area, this is not a priority that can be significantly improved by the Hospital over the next three years.

Next Steps

The Collaborative will work with the Hospital and other community partners to develop a measurable Community Health Plan for 2025 – 2027 to address the priority needs. For each priority, specific goals will be developed, including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence-based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly, with an annual assessment of progress. A presentation of progress on the plan will also be presented annually to the Hospital board.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2025.

Community Health Plan

2023 – 2025 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

Priority 1: Mental Health — Suicide Prevention

In the 2022 CHNA, Mental Health and Suicide Prevention was identified as a priority. Data from the assessment showed, in Arapahoe County, mental health distress was higher among those with incomes $50K or less than those above, 40% and 22%, respectively. Additionally, persons of color experienced 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 experienced mental distress, 13% made a suicide plan, 17% seriously considered suicide and 8% attempted suicide.

A comprehensive suicide prevention pathway has been developed at AdventHealth Rocky Mountain Region (which includes the Hospital), including the universal screening of patients with the Columbia Suicide Severity Rating Scale (C-SSRS). Low-scoring patients are assessed by a behavioral health practitioner using the Safe-T model. Depending on need, the patient is provided with resources (including a connection to Caring Contact and a RMCP Hospital Follow-Up program) or referred to the crisis assessment team for a full assessment (Safe-T, Audit C+ Two, SBIRT, CALM (Counseling Access to Lethal Means) and a Stanley Brown Safety Plan (if discharged). Patients are either discharged home, sent to a crisis stabilization unit, an acute treatment unit, or inpatient behavioral health unit based on risk assessment.

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually.

Trainings provided to staff members at the Hospital from January 1, 2024 to September 30, 2024 include Institute of Reproductive Grief 8-hour training, The Birth Squad- Postpartum International Training, Access to Lethal Means Training (CALM) Training, C-SSRS Training Columbia Suicide Severity Rating Scale LEARN, LEARN for Perinatal Care. Community and caregiver trainings are on track to be offered during the remainder of the year. In addition to offering trainings throughout the year, RMR Behavioral Health has partnered with the local Veterans Association to stage an event focused on mental health care for veterans. This event provided free gun safes and education on safe weapons handling. Two articles on suicide prevention were published on the internal SharePoint site for hospital employees in Q3, including resources for suicide prevention.

Priority 2: Food Security

During the previous needs assessment, the community initially identified economic security as a priority because qualitative data indicated that community members were 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 meant that this was likely to worsen again in 2022. The community chose to continue existing efforts to ensure families have access to healthy foods and enough to eat.

AdventHealth RMR has become a founding member of the Arapahoe County Food Security Coalition (ACFSC)- a concentrated effort to build collaboration within organizations that promote food access in Arapahoe County. The Director of Community Health Improvement RMR and the Community Benefit Coordinator both hold leadership roles in task forces dedicated to the ACFS coalition, and the group continues to grow—tripling attendance since its inception. In addition to this, AdventHealth Littleton has partnered with GoFarm to bring fresh produce to the hospital each week—these food shares are available at a discounted price to the wider community. This $15,000 hospital investment has served over 50 community members in the last two months. Advent Health RMR continues to work with Hunger Free Colorado with the intention of establishing hospital staff as PEAS (Partners Engaging in Application Services) to provide SNAP and WIC sign-up services to patients the surrounding community. This collaboration is expected to continue into the year.

SDOH (Social Determinant of Health) screenings assessing food, housing, transportation, utilities and safety are universally administered at all inpatient encounters. The Hospital reported 139 positive SDOH screenings for food security between January 1, 2024 to September 30, 2024. Advent Health RMR has built a collaboration with the Colorado Blueprint to End Hunger that has provided workgroup access to efforts around policy and food access and has partnered with Blueprint to support the RMR's needs assessment process by inviting the organization to speak at public community health improvement meetings across the RMR.

Priority 3: Housing Stability

Housing stability was the final priority selected during the 2022 needs assessment. In Arapahoe County, housing prices had sharply risen. Average monthly income rose 25% while average rent rose 25% between 2014 and 2019. Safe and stable, affordable, healthy housing is related to health. The housing crisis was exacerbated by COVID-19 pandemic. Additionally, people who rent their homes paid 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.

Advent Health RMR holds an active seat in two housing collaboratives in the Arapahoe/Douglas service area. Change The Trend is a weekly meeting of housing partners focused on workgroup building and collaborative effort, as is the Tri-Cities Homelessness Group. Both collaboratives have resulted in making increased connections, consolidating effort, and expanding the knowledge of housing resources in this area.

SDOH (Social Determinant of Health) screenings assessing food, housing, transportation, utilities and safety are universally administered at all inpatient encounters. The Hospital reported 117 positive SDOH screenings for housing between January 1, 2024 to September 30, 2024.

2022 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and the most recently adopted implementation strategy, 2023 Community Health Plan on our hospital website as well as on AdventHealth.com prior to May 15, 2023 and have not received any written comments.

AdventHealth

Portercare Adventist Health System dba AdventHealth Littleton

CHNA Approved by the Hospital board on: May 1, 2025

For questions or comments, please contact
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