



St. Mary-Corwin Medical Center

 Centura Health®

Community Health Improvement Plan

FY2016



Brian Moore, CEO and President

As health care systems continue to progress and adapt to new legislation, Centura Health is working to improve the connectivity between health care and you. For patient care to be sustainable, our presence must move into the corners of our neighborhood. This means traveling outside of the hospital and into the surrounding area to connect and learn how to better our community together. Part of our commitment to this integrated health understanding is conducting our triennial Community Health Needs Assessment (CHNA) allowing us to measurably improve overall community health. During this process we meet and collaborate with community leaders, public health officials, and other various community representatives in order to identify and target specific health issues that are particular to our community. From this assessment, we will generate annual plans of action called Community Health Improvement Plans to carry out strategies for the advancement of all individuals.

We are in the final year of our most recent triennial Community Health Needs Assessment, conducted in 2012, and this year's Community Health Improvement Plan details the specifics of implementing the strategies from that assessment. Currently, we are conducting research and evaluation for our next Community Health Needs Assessment, which will be completed in June of 2016.

This type of evaluation helps us to improve upon our skills by catering to your concerns and needs. We want to better understand the social

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We are moving outside of the clinics and into the lives of all those in our community in order to educate and prevent.
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and environmental issues that our community grapples with and what we can do to alleviate some of these pressures.

At St. Mary-Corwin, our vision is to increase access to health care services, utilize health improvement activities to reduce and prevent obesity and diabetes, improve mental health services and treatment, and continue to reduce teen pregnancy in the communities we serve. We believe enacting these programs is crucial to maintaining our leading role in patient care and service.

We are moving outside of the clinics and into the lives of all those in our community in order to educate and prevent. Unless we work cohesively with stakeholders and individuals representing pieces of the community to keep children, men, and women informed about their health and the risks and benefits of everyday choices, we are not doing our duty as a hospital. With recent increased access

to care, we want our online patient navigation to be excellent, while touching on invaluable health education. If time and distance keep individuals from reaching a physician, we want to use technology to bring them together. As issues arise in the future, we want to be there to lend a helping hand.

Since the emergence of the Community Health Advocacy Program last winter, we have been focusing our efforts toward spreading the word of health and empowering knowledge. Just last year, Centura enrolled over 5,500 individuals into health insurance and we expect that number to continue to grow as this program reaches more and more individuals. We are actively pushing toward a new norm of health care; one that teaches and learns, helps and hears, intervenes and adapts. Our goal is to extend care beyond our original confines, and the Community Health Improvement Plan is where it starts.

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Obesity and Diabetes



Decrease the number of Pueblo County adults who are overweight or obese to 50%

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Teen Pregnancy



Identify socioeconomic and cultural factors that influence teens' decisions to get pregnant

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About St. Mary-Corwin Medical Center

St. Mary-Corwin Medical Center

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St. Mary-Corwin Medical Center is Pueblo's most historic hospital, known throughout southeastern Colorado for its legacy of benevolent care for the most vulnerable populations for more than 130 years. The Sisters of Charity established St. Mary's Hospital in an old boarding house in 1882. The hospital grew with construction of a 90-bed building, and operated into the 1950s. During the 1940s, the Colorado Fuel and Iron Company decided to divest itself of its 200-bed Corwin Hospital, named in 1929 after its founding physician, Dr. R.W. Corwin. Convinced of the Sisters' good work, CF&I's board of directors voted to transfer ownership of Corwin Hospital to them for \$1. By 1953, the Sisters of Charity consolidated the two hospitals, razing St. Mary's and expanding Corwin by building a new hospital around and over the existing institution, a first in American construction history. In 1957, St. Mary-Corwin Hospital, with almost 500 beds, was dedicated. It offered state of the art equipment and resources, full internal communications system, and other features new to the hospital world. These advancements, in turn, drew new specialists to the beautiful southern Colorado area.

A Medical Arts building, pharmacy annex, new EEG lab, cafeteria, and dining room further complemented the modernized hospital. A chapel, Catholic in concept, was dedicated in May 1958. An on-site blood bank opened in 1961, and 1962 marked the establishment of the hospital's first Intensive Care Unit. The 1970s brought more changes: A heliport was constructed for Flight For Life® service; the Southern Colorado Family Medicine residency clinic was established; the lab, emergency room, admitting and radiology expanded; and a new circular-designed ICU was built. By the

mid-1980s, an \$8.4 million addition to St. Mary-Corwin was complete.

St. Mary-Corwin's legacy of excellent care continued into the 1990s with the opening of an outpatient rehabilitation center, one-stop outpatient services, and an off-site clinic in north Pueblo. In 1995, the Sisters of Charity joined with others to form Catholic Health Initiatives (CHI). St. Mary-Corwin and other mountain-region CHI hospitals signed a joint operating agreement with PorterCare Adventist Health System to form Centura Health management company.

St. Mary-Corwin Medical Center provides state of the art regional health care for all of southeastern Colorado, northern New Mexico, and western Kansas through its distinctive strength in these service lines:

- Elizabeth Ann Seton Breast Center of Excellence
- Dorcy Cancer Center: prevention education, treatment options, clinical trials, diagnostic testing, support services
- Joint Replacement Center
- Stroke Center: Gold Seal-approved by The Joint Commission for high-quality care for acute stroke patients
- Sleep Disorders Center
- The Birth Place, Level IIB Nursery
- Concussion Program
- Diabetes Services, including Medical Nutrition Therapy
- Emergency Services—Designated Level III Trauma Center supported by Flight for Life® Colorado



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Our approach: respond to community health needs, increase access to care, and improve health, especially for the most vulnerable and underserved individuals and families
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Community Health Improvement Mission

Centura Health's mission is to "... extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities."

The mission of Community Health Improvement at Centura Health is to put the second part of the organization's mission statement into practice. It is the responsibility of St. Mary-Corwin Medical Center to create and operationalize data-driven, evidence-based, and innovative health improvement programming to support this effort. We accomplish this by

- ✓ Assessing the health needs of the communities we serve
- ✓ Establishing programmatic responses to identified health needs
- ✓ Collaborating with statewide and local civic, non-profit, and private partners, to scale health improvement efforts and establish common agendas
- ✓ Providing accessible, high-quality care and services to those in our community, regardless of their ability to pay
- ✓ Encouraging citizens to improve health by creating opportunities in their communities to participate in their health care, and to become responsible for healthy decision-making

Community Alignment

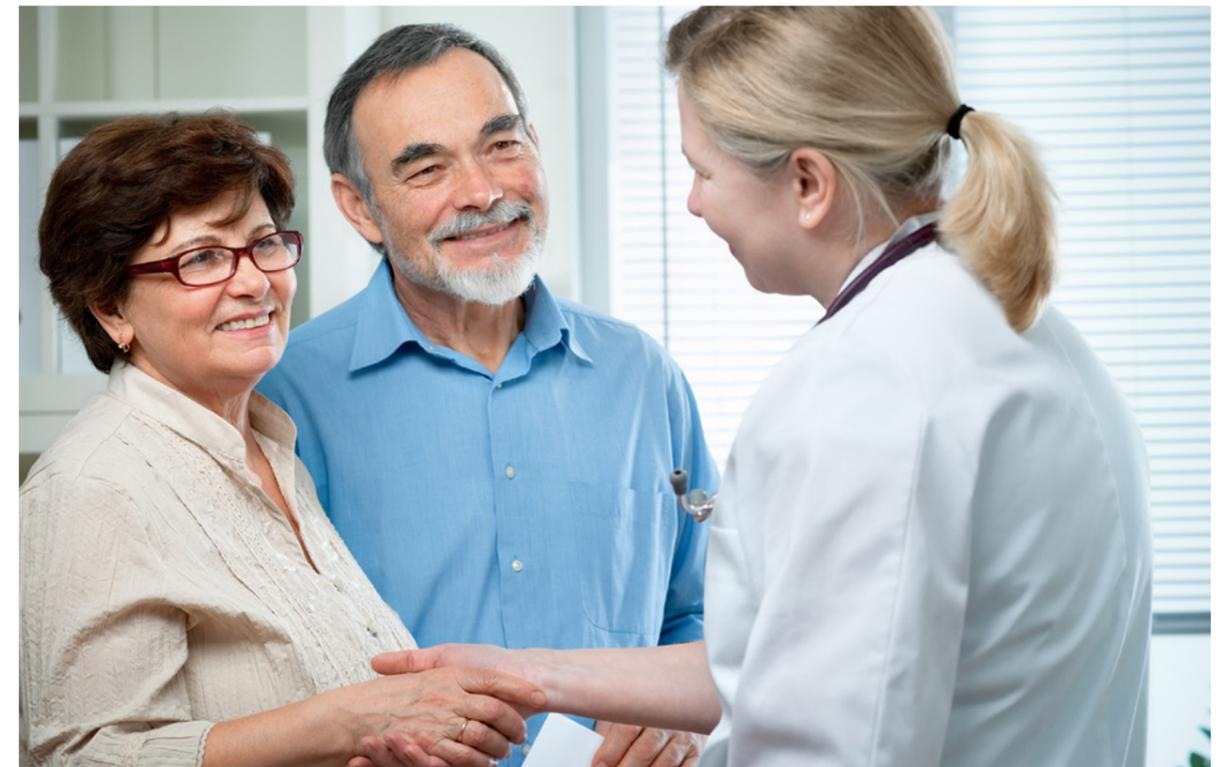
Across the country, hospitals are among the largest employers in their cities and have enormous impact on their local economy. They also attract a highly educated workforce and can strengthen and transform the communities they serve.

As a faith-based institution, Centura Health is committed to our role as the anchor of the communities we serve. At the same time, we want to be careful not to create an overreliance on hospital-based care. Our vision of Community Health Improvement takes into account the importance of collaboration with community partners, thus creating a health care definition much broader than medical care alone.

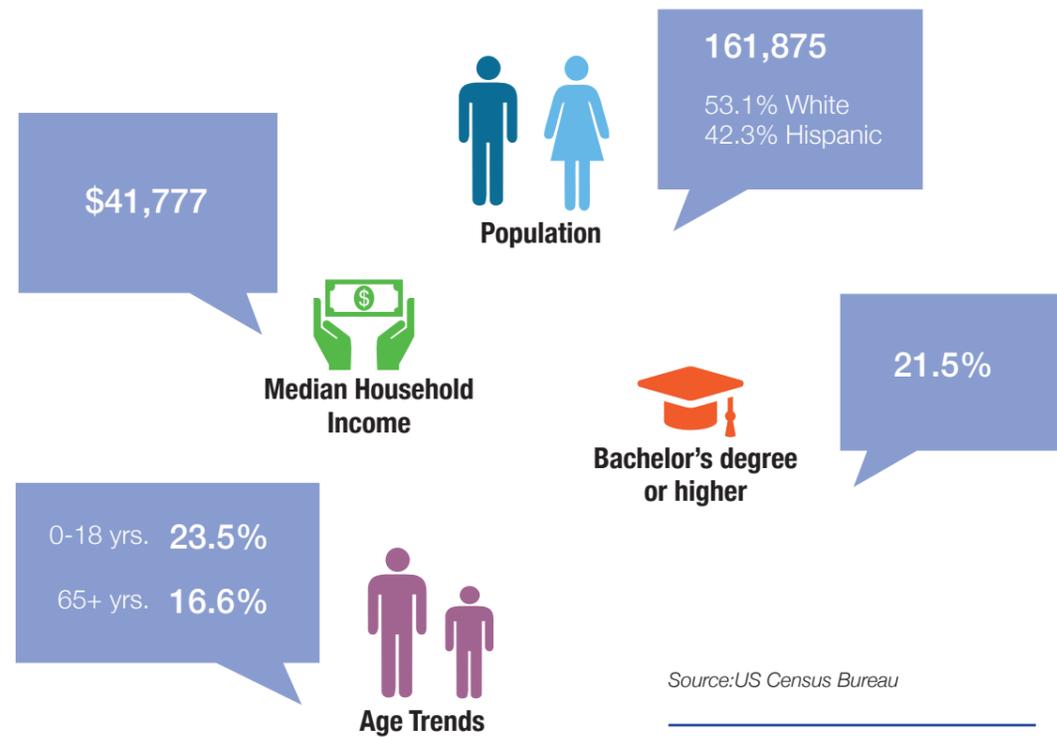
As a community anchor institution, St. Mary-Corwin Medical Center classifies its community health improvement activities into four categories:

- **Access and Insurance Enrollment:** activities focused on improving the access and availability of health care services
- **Community Engagement/Activation:** activities focused on establishing and advancing the hospital's role as a community anchor and health improvement leader
- **Wellness and Obesity:** programmatic health improvement activities focused on skills transfer, motivational support, and knowledge activation opportunities in the pursuit of sustained health behavior change and obesity reduction
- **Behavioral Health:** activities focused on expanding the availability and accessibility of behavioral health services

This implementation plan was created with a goal to align with local, state, and federal health



Pueblo County Demographic Profile



Community Health Needs Assessment

In 2012, St. Mary-Corwin Medical Center and Centura Health conducted a comprehensive Community Health Needs Assessment (CHNA). The CHNA is a triennial assessment, and this year's Community Health Improvement Plan represents the final year of that implementation strategy. Currently, we are conducting research and evaluation for our next Community Health Needs Assessment, which will be completed in June of 2016.

St. Mary-Corwin Medical Center collaborated with the Center for Health Administration at the University of Colorado Denver as a primary data source. Additional data came from the 2011 Health Status Report through the Pueblo City-County Health Department's compliance with Colorado Senate Bill 08-194. Other data collection processes consisted of the following:

- Community Health Needs Assessment Ranking Tool developed by St. Mary-Corwin's CHNA Team. Data was collected from a broad cross-sectional constituency of internal and community groups throughout Pueblo County during March and April 2012. Surveys were distributed through: Southern Colorado Family Medicine, Touchstone Health Clinic, Pueblo County United Way member agencies, Greater Pueblo Chamber of Commerce members, Centura Health at Home constituents, Long-Term Care Ombudsman, Senior Resource Development Agency, Colorado State University social work students, Wilz Trauma Symposium, Diocese of Pueblo Finance Council, St. Mary-Corwin Patient-Family Advisory Council, St. Mary-Corwin

Diabetes Education Classes, and Catholic Charities Family Outreach. Thirty-four categories of health issues were ranked by 382 respondents. Analysis of this raw data by hospital and community leaders identified the top four health issues of concern: obesity, diabetes, teen/unintended pregnancy, and access to health care.

- Analysis of Centers for Disease Control and Prevention's model for Winnable Battles: Review resulted in the identification of eight major health concerns in the Pueblo area: cardiovascular disease, communicable disease, lack of access to care/providers, mental health, obesity, poverty, and teen/unintended pregnancy.
- Partnership with the Pueblo City-County Health Department: Engagement and strong participation from community leaders identified their top two health issues of concern: obesity and teen/unintended pregnancy.

The CHNA process was successful in identifying opportunities for St. Mary-Corwin Medical Center to address many of the most prevalent health and wellness-related issues and concerns within the community.

Other data sources: (noted with detail page 10)

- Colorado Department of Public Health and Environment—Colorado's 10 Winnable Battles
- Pueblo City-County Community Health Improvement Plan 2013-2017
- Healthy People 2020

improvement priorities. Those opportunities are noted when applicable throughout this document.

Pueblo City-County Community Health Improvement Plan 2013-2017:

Working under the premise that health starts in the places where we live, work, and play, the Pueblo City-County Community Health Improvement Plan brings together partners from a variety of sectors to enhance and promote health for all of our residents, workers, and visitors.

Colorado's 10 Winnable Battles:

Colorado's Winnable Battles are key public health and environmental issues where progress can be made in the next five years. The 10 Winnable Battles were selected because they provide

Colorado's greatest opportunities for ensuring the health of our citizens and visitors and the improvement and protection of our environment.

Healthy People 2020: Healthy People provides science-based, 10-year, national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities



Success Story

Centura Health is focused on improving the health of the communities it serves and has renewed its focus to accurately report community benefit activities. Community benefit reporting is integral in supporting our Mission and Vision, and maintaining our nonprofit status. By utilizing our resources and talent to connect with our communities, we can move beyond direct patient care and further demonstrate our ministry's commitment to nurture the health of the communities we serve. This Community Health Matters Impact Story highlights St. Mary-Corwin's Spring Break Youth Health Camp as part of their Mission Integration and Spiritual Care.

St. Mary-Corwin, partnering with Steelworks Museum and Pueblo County Boys' and Girls' Clubs, offered its second annual, 5-day **Spring Break Youth Health Camp** for 23 Pueblo and Avondale middle schoolers who would not otherwise be able to afford a camping experience. Total camp activity time was 345 hours.

This initiative works upstream to increase health literacy among youth who are at high risk of life-limiting chronic illnesses such as obesity, high blood pressure, and diabetes, due to poverty and lack of access to healthy food choices.

Each day, students focused on experiments, nutrition information, and healthy physical activity relating to maintaining healthy lungs, heart, bones, eyes, ear, and nose. Special seasonal experiments helped guard against communicable bacteria and viruses. They also learned how to assess and improve household hygiene for healthier air quality. Healthy snacks supplemented nutrition for these campers, whose food logs showed that parents cannot provide enough food

for them in the absence of school meals. Their favorite activities were learning to don protective gear and dissecting cow eyeballs.

Using methods of scientific inquiry, students created hypotheses, written data, and conclusions. Educators from Steelworks Museum and clinical staff from St. Mary-Corwin—including a respiratory therapist, cardiologist, infection preventionist, registered nurses, and an interventional radiologist—led activities. As male and female clinical role models, they encouraged the campers to stay in school and to consider careers in the health care field.

Follow-up summer activities are planned to assess how much information campers have retained and how the camp may have influenced healthy behaviors.

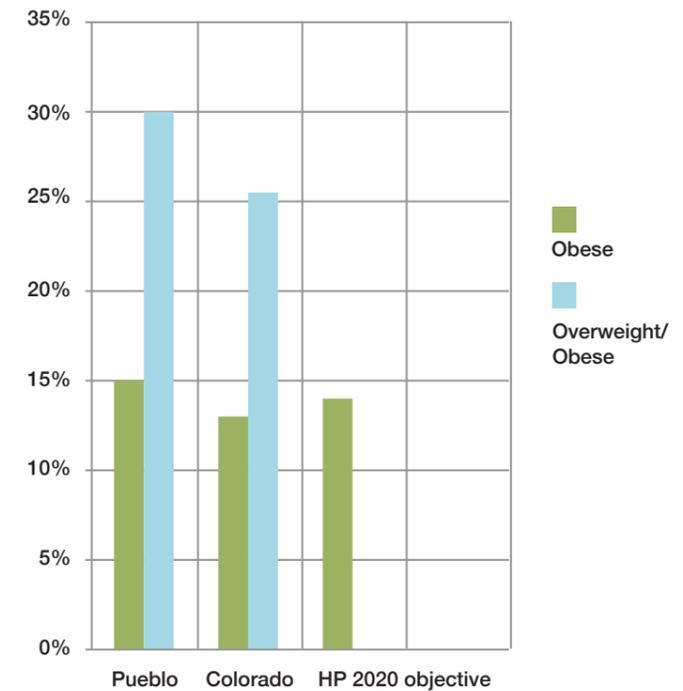


Priority: Wellness — Obesity and Diabetes

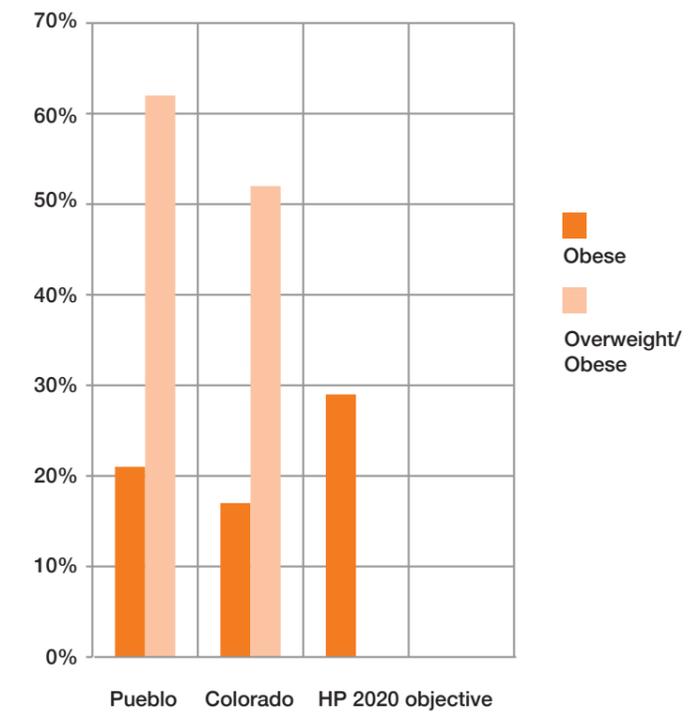
In Pueblo, Colorado, 66.6% of adults over the age of 18 are overweight or obese. This figure is high compared to the overall Colorado rate of 56.2%, according to the 2008-2010 Colorado Health Indicators. The same indicators show that 31.8% of children ages 2-14 years are also obese, compared to the 25.8% in Colorado as a whole.

According to HBO's *Weight of the Nation*, annual health care costs for an obese individual are \$1,400 higher than for someone not considered obese. With the obesity rates markedly high in the current generation of adults, and with the next generation of obese children coming along, the potential cost of obesity to the health care system is substantial. Coupled with the economic impacts of lost productivity through disability and lost work time, decrease in skilled work force, and higher insurance

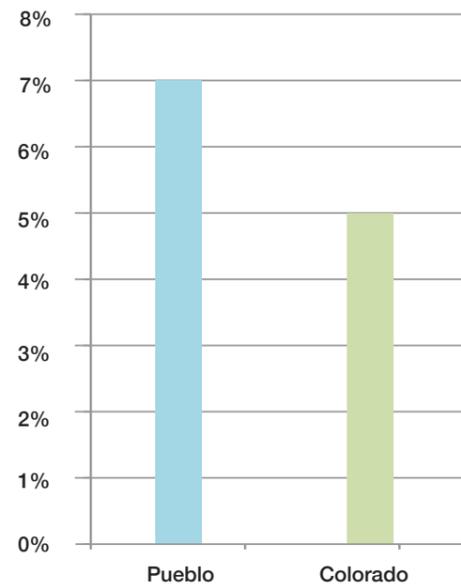
Percent of Youth (ages 2–14) Overweight & Obese 2008–2009



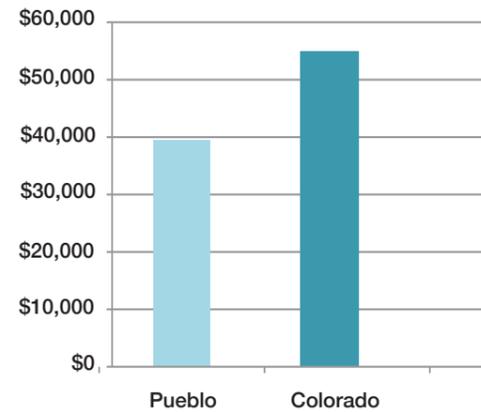
Percent of Adults Overweight & Obese 2008–2009



Percent of Adults Informed of Diabetes by Doctor 2008–2009



Median Household Income, 2009



costs over a lifespan, obesity cannot be ignored as a major threat to the sustainable health of the community in Pueblo.

According to Pueblo Community website demographics for 2010, the median age in Pueblo is 38, and median household income for families of three is about \$43,000. The Pueblo City-County Health Department finds that figure slightly inflated; regardless, the median income in Pueblo is significantly lower than statewide median income.

According to the Pueblo City-County Health Department, 7.4% of adults in Pueblo have been diagnosed with diabetes, compared to the 5.45% average in Colorado—and the disparities

increase in minority populations over the age of 65. Type II Diabetes causes 5% of all deaths in Pueblo. The St. Mary-Corwin Community Health Needs Assessment in 2012 reported that 28% of all hospitalized patients at St. Mary-Corwin had a diagnosis of diabetes.

According to the U.S. Department of Health and Human Services, 22.7% of the Pueblo population does not exercise on a regular basis. High blood pressure often accompanies obesity, diabetes, and lack of exercise. Compared to the national average of 26% of persons with hypertension, Pueblo residents are predictably higher at 28.8%, placing them at increased risk for stroke and other cardiovascular comorbidities.

The implementation plan seeks to lower the impact of obesity, diabetes, and their comorbidities by increasing physical activity in adults and by working upstream to promote better physical activity habits in youth.

Through grassroots community support, programs will provide selected healthy vegetables and fruits in a prescriptive context to supplement the efforts of medical professionals. Physicians can prescribe lifestyle modifications in conjunction with traditional treatments, mitigating the economic disparity that deprives obese and diabetic populations in Pueblo of supportive nutrition, so persons can maintain higher levels of health over time.

Last Year Highlights:

Provided availability of \$8,000 of produce to ZIP 81004 and wider public, including 37 food prescriptions and 51 wholesale cases of produce to St. Mary-Corwin associates in our case pricing program.

Target Population:

Adults and school-age children identified as obese or at-risk of becoming obese

Region Served:

Pueblo County

Demographics:

- Persons of all ages, genders, and ethnicities (African-American, Hispanic, Western European)
- Focus on residents of zip codes 81004 (Bessemer neighborhood) and 81005 as most economically vulnerable populations in Pueblo

Partners:

Southern Colorado Family Medicine; Bessemer Historical Society and Museum Classroom; Black Hills Energy; St. Mary-Corwin Health Foundation; Pueblo City-County Health Department Mid-Level Obesity Stakeholders Group; Pueblo Trip Aim Corporation; Milagro Christian Church; First Church, Seventh Day Adventist; Arkansas Valley Organic Growers; City of Pueblo Parks and Recreation Department; St. Mary-Corwin Pulmonary Rehab Program; Delta Dental Foundation; Boys' and Girls' Clubs of Pueblo County; Colorado Department of Agriculture; St. Mary-Corwin Healing Arts program; St. Mary-Corwin Health Promotion Center; Pueblo Neighborworks; Colorado State University-Pueblo Extension Office; Pueblo Police Department; Pueblo Fire Department

Healthy People 2020 Priorities:

Diabetes, Nutrition and Weight Status, Physical Health

Colorado's 10 Winnable Battles Priority:

Reducing Obesity; Increasing Oral Health

Pueblo County Priority:

Decreasing obesity through awareness campaigns, increasing physical activity, increased usage of the built environment, and healthy food access

Hospital Priority Category:

Wellness and Obesity

Goals:

- Continue addressing food insecurity issues and impact of unhealthy diet on chronic illness in zip codes 81004 and 81005, with particular attention to food prescriptions, medically fragile and impoverished youth populations
- Through experiential education and physical activity, increase activity levels of elementary and middle-school aged students, middle-aged adults at risk of or with chronic illness, and older adults at risk of accidental injuries
- Collaborate with the faith community to create widespread congregational infrastructure for grassroots-level health care education and congregational wellness

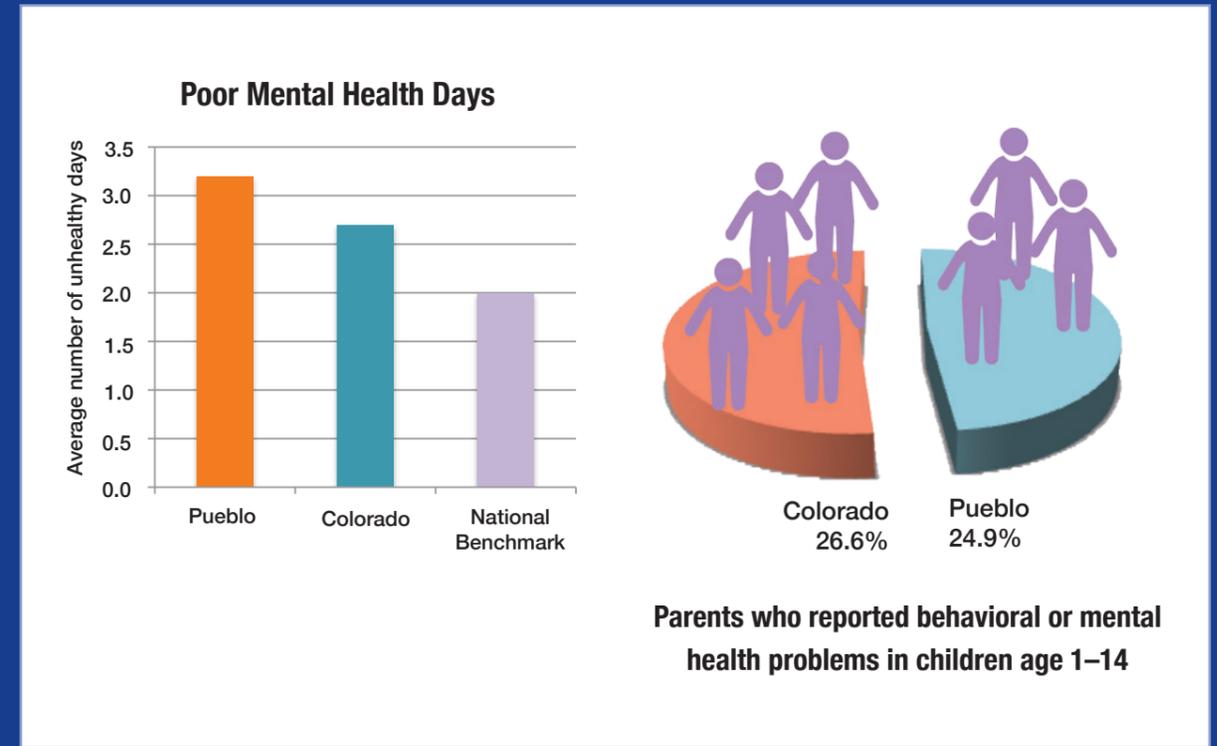
- Decrease the number of Pueblo County adults who are overweight or obese to 50% (Colorado's 10 Winnable Battles)
- Decrease the financial and social impact of critical-care hospital admissions, readmission and early death due to deferred medical care, especially among men aged 25-44 years
- Collaborate with community partners to identify and resource effective population management strategies as numbers of homelessness people and individuals with mental illness is increasing due to legalization of marijuana

FY16 Tactics/Initiatives:

- ★ Double the number of health screenings, insurance enrollment opportunities and trials of healthy physical activity for all generations. Continue this event annually in conjunction with the St. Mary-Corwin Farm Stand and Walk with a Doc
- ★ Expand the prescription pantry program to ACOs with fragile and impoverished populations and to employed Centura Health physician clinics
- ★ Continue this strategy as it triples activity participation and integrates healthy food choices and health screening into one event
- ★ Continue one activity annually for developmentally disabled adults and for one faith-based youth group
- ★ Continue and expand offerings via payroll deduction, case quantity offerings, and internal farm stands for associates only; target the populations living in weekly motels and run-down trailer courts just south of the hospital to investigate their capacity to cook and store foods safely
- ★ Continue seeking funding to support the first five gardens that are underway; expand church gardens in the Catholic community; create audit program to limit liability for church gardens who wish to donate foods to local food banks; expand community gardens to homeless shelter and middle school venue in zip 81004
- ★ Continue and expand to 4 offerings annually. Expand offerings to weekly sessions at 8-week summer youth camp for Salvation Army to serve disadvantaged children upstream
- ★ Provide health fairs to clergy and their spouses in preparation for rolling out health education to congregations at a later date in the triennium
- ★ Open an evening free medical drop-in clinic for homeless and working poor to provide timely care for respiratory, diabetes and wound care, to prevent trips to the emergency department for preventable health situations



Priority: Behavioral Health



In 2007, the Pueblo City-County Health Department reported only three safety net mental health options for the 100,000+ population of Pueblo. The Colorado Health Service Corps, Primary Care Office at the Colorado Department of Public Health and Environment is attending to the shortage of mental health professionals by offering financial incentives for psychiatrists to come to areas of Colorado.

On a scale of 1-26, with 26 rated as the most severe shortage of mental health treatment professionals, the Spanish Peaks Catchment Area that includes Pueblo County was designated as a 16 in 2011. In 2013, Pueblo Community Health Center was rated as 21. Clearly, the shortage of mental health

professionals in Pueblo is trending toward greater shortage.

According to the chart on page 21, Pueblo leads national benchmarks and Colorado rates in the number of poor mental health days, especially among the 18-24 year-old age group (31% reported poor mental health days).

Pueblo's mental health situation is complicated by drug trafficking. Its geographic location prominently situated on I-25 between Albuquerque and Denver, on a direct route from Mexico, promotes drug trafficking.

Furthermore, three local doctors have had their licenses revoked within the last year for over-prescribing opioids to chronic pain patients. Transformations Drug and Alcohol Treatment

Center notes that the recent legalization of marijuana, along with the "unhindered supply of methamphetamine," exacerbates the mental health issues that connect chronic pain with substance abuse.

Finally, there are 13 prisons within a thirty-mile radius of Pueblo, and Transformations notes that 80% of the inmate population suffers from substance abuse problems. Because many families move to the Pueblo area to be close to incarcerated family members, as inmates are released, they bring their addiction issues into the local population. Although the Mental Health Institute (state hospital) is located in Pueblo, only eight beds are reserved to treat Pueblo residents, even though Pueblo is one of the largest cities in Colorado.

Last Year Highlights:

Total of 160 cumulative hours of instruction in Mental Health First Aid skills and local mental resources

Target Population:

Adults and children of elementary school or middle-school age

Region:

Pueblo County

Demographics:

Persons of all genders and ethnicities who are affected by behavioral health issues related to domestic violence, homelessness, substance abuse, chronic pain or illness, or bereavement

Partners:

Southern Colorado Family Medicine; Salvation Army; Pueblo Rescue Mission; St. Mary-Corwin Pain Committee; St. Mary-Corwin Pain Clinic; St. Mary-Corwin Health Foundation Domestic Violence Planning Grant; Pueblo Association of Evangelicals; United Methodist Clergy Cluster; State Police Chaplains' Group; Integrated Community Health Partners; Catholic Health Initiatives Sr. Vice-President of Theology & Ethics; Spanish Peaks Mental Health Services

Healthy People 2020 Priorities:

Access to Health Services, Mental Health and Mental Disorders, Substance Abuse, Injury, and Violence

Colorado's 10 Winnable Battles

Priority:

Mental Health and Substance Abuse

County Priority:

Access and Mental Health

Hospital Priority Category:

Behavioral Health

Goals:

- Enhance earlier access to mental health services by educating front-line community leaders (i.e., clergy) who often recognize needs but do not know how to access or refer to community resources
- Decrease population of opioid-dependent chronic pain and addiction patients in Pueblo County
- Decrease the incidence of depression related to unaddressed or protracted grief and loss
- Complete four certification workshops annually in Mental Health First-Aid among clergy and expand offerings throughout the community
- Expand complementary therapies for chronic illnesses beyond the walls of the hospital, to empower patients to manage their own conditions
- Reduce the effects of workplace and relationship-based domestic violence among associates at St. Mary-Corwin
- Continue evaluating youth for depression and other emerging mental illness through sports physicals
- Expand offerings of loss and bereavement care to reduce physical illnesses caused by unresolved and protracted grief
- Explore feasibility of providing respite or

observation care in facilities outside the hospital to decrease the number of non-medical repeat emergency room visits among persons with recurring mental health issues that could be treated in an out-patient setting

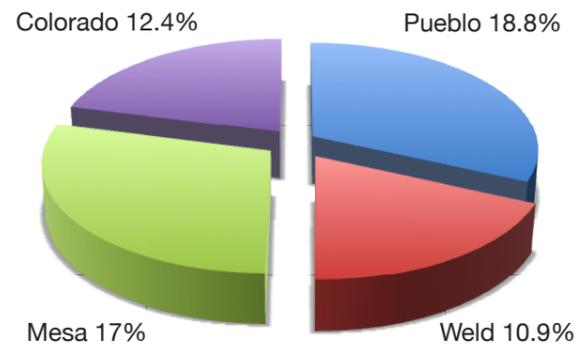
- Continue integrating complementary therapies into the St. Mary-Corwin Medical Center emergency department during peak census hours (4-8 p.m. Monday-Friday)
- Begin integrating complementary therapies into the wider community by offering at least six mindfulness sessions beyond the walls of the hospital in target zip codes 81004 and 81005
- Pilot adult bereavement, grief, and loss support groups outside the hospital walls (not openly offered elsewhere in the community)

FY16 Tactics/Initiatives:

- ★ Through the St. Mary-Corwin Violence Prevention Committee, implement on initiative each year to reduce bullying behavior at work and to encourage associates who are abused in relationships to seek medical and mental health assistance
 - ★ Conduct four certification workshops annually in Mental Health First-Aid throughout Pueblo County, La Junta, Beulah, Walsenburg, Trinidad and Alamosa
 - ★ Continue this collaboration annually and make the population of Liberty Point
- School a priority for increased sports access, as they are an impoverished population of youth with a high number incarcerated parents
- ★ Branch out this event beyond the hospital walls to corporate clients of Centura Centers for Occupational Medicine
 - ★ Continue integrating complementary therapies into the St. Mary-Corwin Medical Center emergency department during peak census hours (4-8 p.m. Monday-Friday)
 - ★ Expand offerings of Mindful Me to 6 8-week sessions of 16 hours each during the year; pursue credentialing process for our chaplain practitioner through the Medi Exec Allied Health credentialing policy to outline a clear scope of practice for her
 - ★ Provide 2 short-term and 2 ongoing bereavement support groups each year for different ages and stages of grief situations; provide 2 annual Services of Animal Companion Remembrance in the hospital chapel
 - ★ Create a task force of officials from local hospitals, shelters, ambulance and law enforcement to investigate ways of circulating mentally ill patients from the streets when there is no appropriate place for them to go and hospitals/shelters are not appropriate temporary places of respite or observation



Priority: Access and Insurance



Percent enrolled in Medicare and dual-eligible in 2008-2009

The figure to the left illustrates that Pueblo has historically had one of the highest rates of Medicare enrollment in the state population. Downsizing the steel mill, the dominant employer in town for more than a century (from 6,000 to 1,000 workers), has resulted in a largely under-educated work force without alternative means to support themselves and their families over the last decade. While the air quality in Pueblo has improved over the last decade, many Pueblo residents suffer from compromised respiratory systems from previous exposure to steel mill discharges.

Data from the Colorado Health Service Corps, Primary Care Office at the Colorado Department of Public Health and Environment confirms that 40.3% of Latino Coloradans

were uninsured in 2009, compared to only 16.6% of all Coloradans. Since half of the population of Pueblo is Hispanic, this statistic highlights the disparity of access to health care in Pueblo County. Since Colorado voters adopted Medicaid Expansion, health care providers have seen an uptick in the number of people accessing health care for the first time in many years. The number of previous self-pay or charity patients at St. Mary-Corwin Medical Center has been steadily shifting from high debt-risk to insured. However, there is still much work to accomplish in Pueblo, where residents have become accustomed to not accessing health care except in dire situations. This plan addresses an ongoing, organized approach to encouraging and nurturing our uninsured population through the enrollment process.

Last Year Highlights:

Provided free inoculation for 50 shelter residents

Target Population:

Uninsured and underinsured community members; those without a designated primary care provider; those in need of behavioral health services

Region Served:

Pueblo County

Demographics:

Persons of all ages, socio-economic backgrounds, and ethnicities, with attention to historically underserved populations (African-American and Hispanic); speakers of English, Spanish

Partners:

Pueblo Step-Up (Pueblo Healthy Families); Rescue Mission and Salvation Army; Liberty Point School

Healthy People 2020 Priorities:

Access to Health Services

Pueblo County Priority:

Access to Care

Hospital Priority Category:

Access and Insurance Enrollment

Goals:

- Connect Pueblo County residents with health insurance coverage (Medicaid, Connect for Health Colorado)
- Increase the number of unattributed hospital patients with a primary care provider
- Educate residents about free services, and primary and preventive care resources, via participation at local health screenings
- Reduce the financial impact upon families and the health care system from deferred treatment by uninsured persons
- Decrease usage of emergency department for primary care
- Change local culture toward higher utilization of primary care clinics for non-emergent needs

FY16 Tactics/Initiatives:

- ★ Offer at least one event each month for health screening and insurance enrollment across zip codes prioritized according to greatest needs: zip codes 81004, 81005, 81001, and 81006.
- ★ Pilot basic health screenings and insurance enrollment at two local homeless shelters and in an evening clinic for homeless
- ★ Pilot basic health screenings and insurance enrollment in one center for recently incarcerated individuals

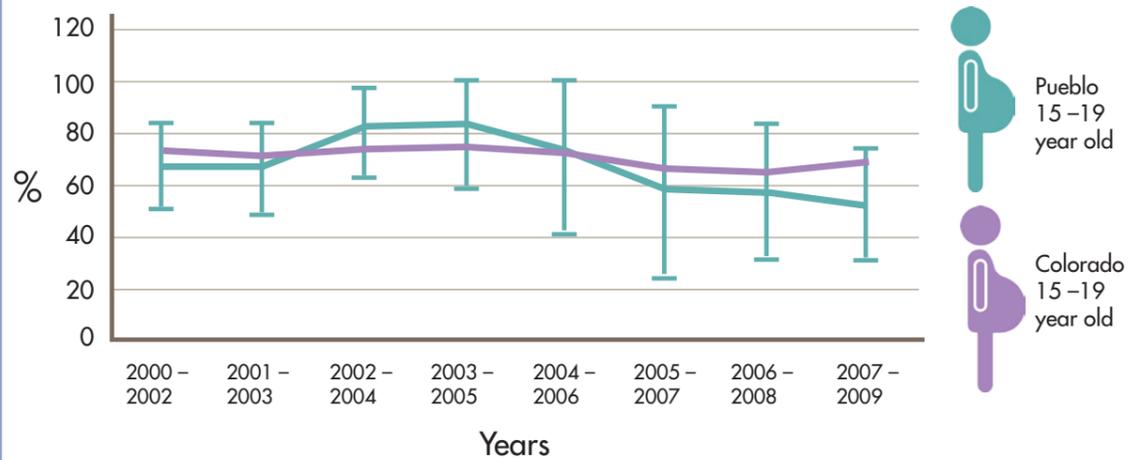


Priority:

Community
Engagement
and Activation—
Teen Pregnancy

Pueblo County statistics note that 55.6% of all pregnancies are unintended. In 2009, 17% of all births were to teens. The rate of teen pregnancy in Pueblo has been declining slowly after peaking in 2005 (see figure on facing page). The gradual decline is attributed to disparities among women from lower socio-economic areas, and among Hispanic teens in particular. Although trending in a positive direction, more work needs to be done to address the social determinants that underlie the incidence of unintended teen pregnancy. Many of those social determinants of health have been addressed in previous sections of this plan and will not be repeated here. The plan focuses on sustaining the downward trend

Percentage of Teen Mothers Reporting Unintended Pregnancy



Last Year Highlights:

Participation in the meeting hosted by the Health Department in FY15 on this topic and examined possible strategies that are do-able

in teen pregnancy resulting from the diligent efforts of the Pueblo Teen Pregnancy Task Force, the public schools, and the Pueblo City-County Health Department. The plan seeks to address and refine our understanding of social determinants, such as access to preventive health care in general, social support, and development of organizational networks that influence behavior. Paired with previous strategies to provide wider access to health insurance and education, this initiative will provide substantial collaborative support to a community effort that is presently succeeding.

Target Population:

Pre-teens and teenagers who are currently sexually active or who are contemplating sexual activity

Hospital Priority Category:

Community Engagement/Activation

Region Served:

Pueblo County

Goals:

- Gather the most current information on socioeconomic and cultural factors that influence teens' ability to access health care and information
- Identify socioeconomic and cultural factors that influence teens' decisions to get pregnant
- Decrease the number of unintended teen pregnancies
- Increase appropriate teen utilization of primary care services for overall health
- Increase the involvement of the faith community in the issue of teen and unintended pregnancy

Demographics:

Persons of all socioeconomic backgrounds, educational levels, and ethnicities, with attention to historically underserved populations (African-American and Hispanic)

Partners:

Pueblo City-County Health Department; Pueblo Public Schools; PuebloTriple Aim; Local Clergy

Healthy People 2020 Priorities:

Maternal, Infant, Child Health; Family Planning; Social Determinants of Health

FY16 Tactics/Initiatives:

- ★ Collaborate with the Pueblo City-County Teen Pregnancy Task Force to host focus groups that identify barriers and solutions to accessing medical care and access to health/ reproductive health information

Colorado's 10 Winnable Battles Priority:

Unintended Pregnancy

County Priority:

Teen Pregnancy

Centura Health

Regional Health Care Leader

Centura Health was established in 1996 by two sponsor organizations, Catholic Health Initiatives and the Adventist Health System. Independently, the organizations have been serving their communities for more than a century. Centura Health, the region's health care leader, is focused on connecting Colorado and western Kansas to affordable, world-class care. Centura Health's integrated network includes 15 hospitals, six senior living communities, medical clinics, affiliated partner hospitals, Flight For Life® Colorado, Colorado Health Neighborhoods, and home care and hospice services.

Centura Health Physician Group, one of the largest multi-specialty physician groups in the region, has earned NCQA Patient-Centered Medical Home (PCMH) Recognition in 2015 for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships in 31 primary care practices throughout Colorado.

In addition to the health priorities each individual hospital in our network has identified in their Community Health Improvement Plan, Centura's Community Health team will be undertaking a system-wide effort to improve outcomes associated with

- **Tobacco Cessation**
- **Influenza Immunization**
- **Diabetes Self-Management Education**

Centura Health recognizes the importance of these issues, and is committed to using evidence-based strategies to address these priorities.

Our strength extends beyond the capabilities of any single one of the excellent hospitals in our system—we are creating a unique, collaborative health care model. Our population health approach is a potent opportunity for our health care delivery system, public health agencies, community-based organizations, and many other entities to work together to improve health outcomes in the communities we serve. Our goal is to align our population health efforts with our accountable-care quality metrics.

As the region's largest health care provider, Centura Health believes that health care is not merely a business, it's a calling. Our mission compels us both to care for the ill and to improve the health of the people in our communities.



“
Health care is not merely a business,
it's a calling
”

Community Health Improvement Advisory Committee

Marie Caselnova, Director, Centura Health at Home

Ron Cothran, Elder, First Seventh-Day Adventist Church of Pueblo

Shylo Dennison, Pueblo City-County Health Department, Mid-Level Obesity Stakeholder Group

LaRae Eggleston, St. Mary-Corwin Vice President of Business Development

Sandra Guitierrez, CEO, Pueblo Latino Chamber of Commerce

Rev. Matt Guy, Executive Director, Pueblo Triple Aim

Lois Illick, Family & Consumer Agent, CSU-Pueblo Extension Office

Julie Kuhn, Pueblo City-County Health Department, Food Access Council Convener

Cindy Lau, St. Mary-Corwin Domestic Violence Planning Grant Coordinator

Jayne Mazur, President, St. Mary-Corwin Health Foundation

Envoy James Mertz, Pueblo Salvation Army

Victoria Miller, Bessemer CF&I Museum

Donna Mills, Integrated Community Health Partners

Rev. Dr. Margaret Redmond, African Methodist Episcopal Church

Deric Stowell, Milagro Church Master Gardener

Dr. Lynn Strange, Director, Southern Colorado Family Medicine

Helen Upton, Pueblo Step-Up/Pueblo Healthy Communities

INSPIRE HEALTH

