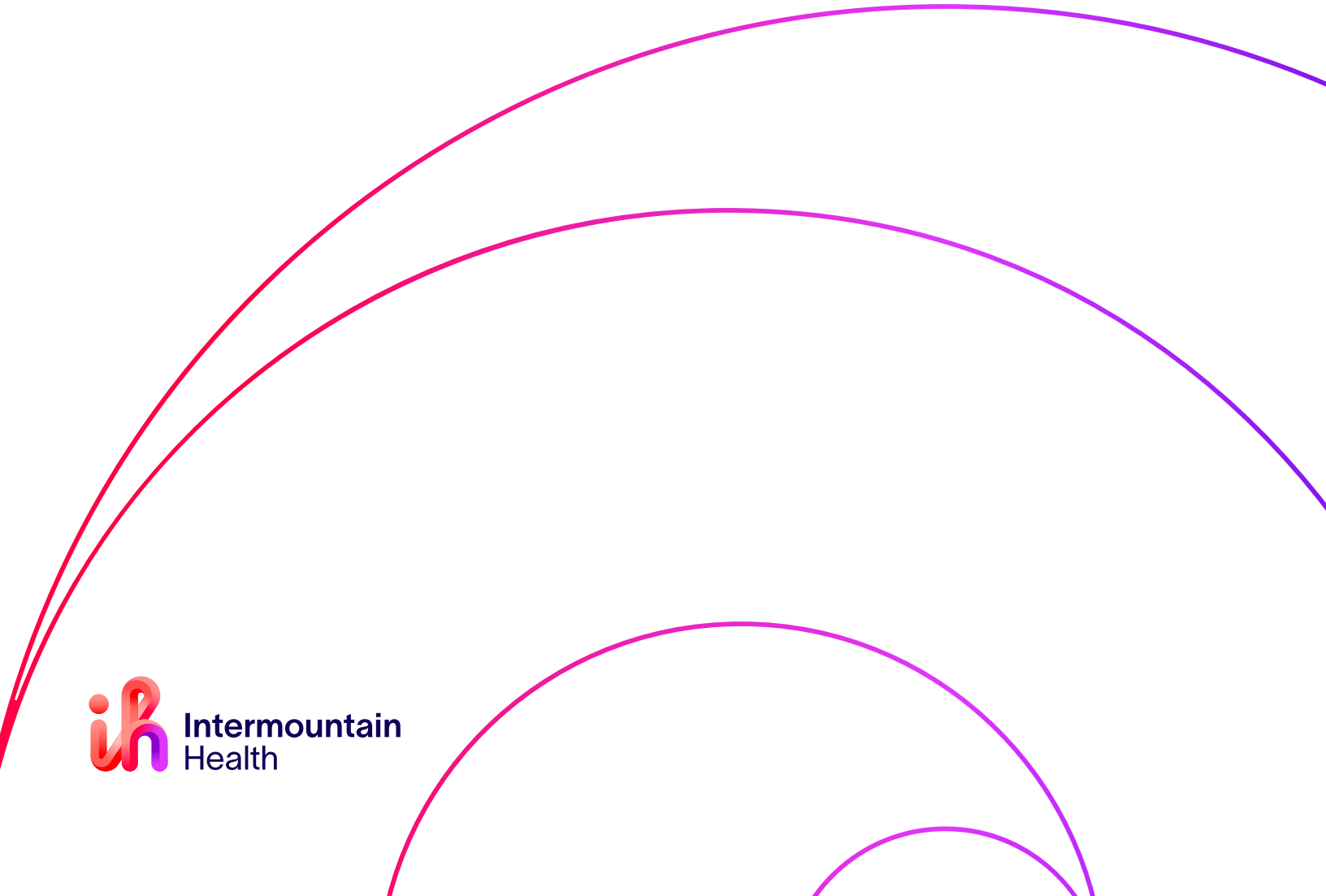
Intermountain Health | Good Samaritan Hospital

2025 Implementation Strategy



Intermountain Health

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Executive Summary

In accordance with the Patient Protection and Affordable Care Act (ACA), Good Samaritan Hospital conducted a Community Health Needs Assessment (CHNA) in 2024 to identify significant and sustaining health needs. By regularly assessing and prioritizing health needs, the hospital can work collaboratively to address health disparities and improve the overall health of the community.

As a companion to the CHNA Report, this Implementation Strategy guides efforts to address the Significant and Sustaining Health Needs seen below. It outlines programs and activities to align with public health entities and community stakeholders, defines data-identified needs, and provides an inventory of resources.

The CHNA and Implementation Strategy are publicly available on Intermountain's website.

What Is Health Equity at Intermountain Health?

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in healthy outcomes. We talk with residents, community-based organizations, and local leaders to understand how health disparities or differences connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

As a healthcare system, employer, and community leader, Intermountain is committed to improving health equity in the communities we serve.

Intermountain Health

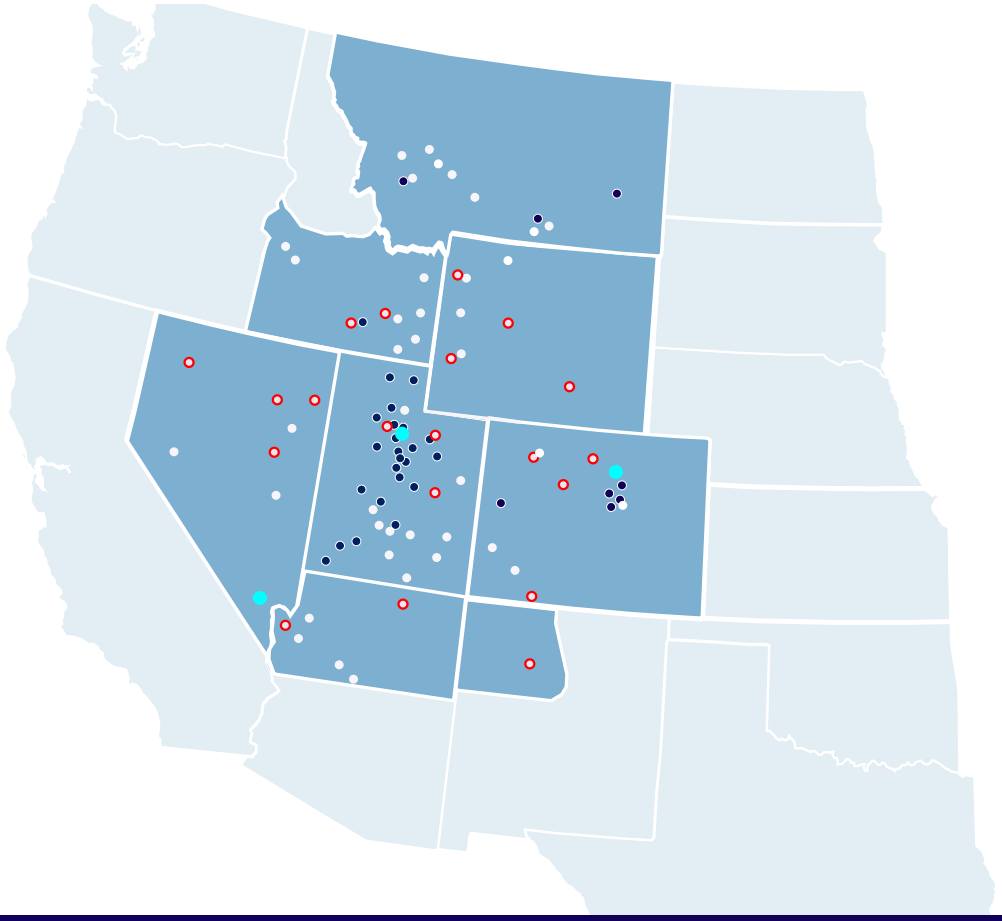
Headquartered in Utah, with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming health care. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the Healthiest Lives Possible®

Our Values



Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400 clinics not highlighted on the map.

Intermountain Health by the Numbers

6 Primary States
(UT, NV, ID, CO, MT, WY)

33 Hospitals
Including One Virtual Hospital

4,800
Licensed Beds

1.1 Million
Select Health Members

400
Clinics

68,000+
Caregivers

$16.06 billion[1]
Total Revenue

4,600+
Employed Physicians & APPs

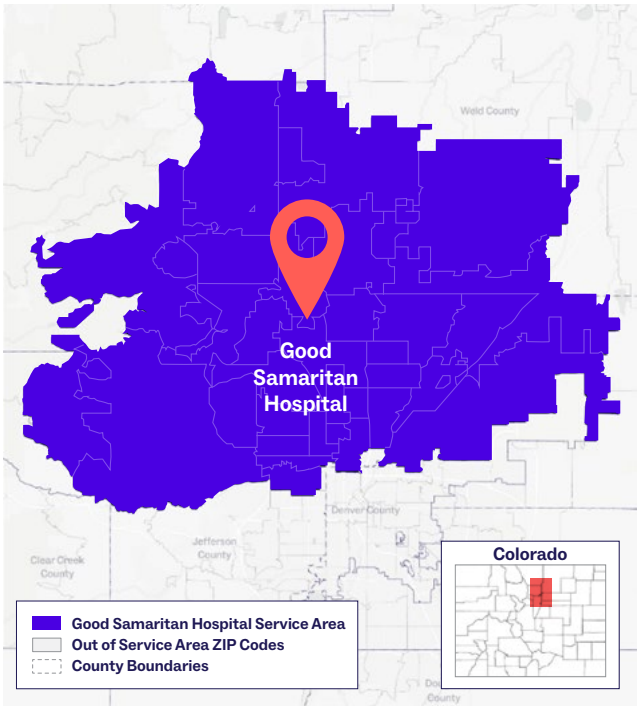
[1] Revenue for the year ended December 31, 2023

Good Samaritan Hospital

Good Samaritan Hospital in Lafayette, Colorado, opened its doors in 2004 to provide comprehensive care to Boulder County, the northwest Denver metro-area, and beyond. It is an American College of Surgeons Level II Trauma Center, a Joint Commission Primary Stroke and Chest Pain Center, a Center of Excellence in Robotic Surgery, a designated Baby-Friendly hospital, and Magnet recognized. Good Samaritan has become one of the highest-rated and most trusted hospitals in the community.

Community Profile

Good Samaritan Hospital's primary service area is communities within 42 ZIP codes of Adams, Boulder, Broomfield, Denver, Gilpin, Jefferson, and Weld counties, where most patient admissions originate. The hospital service area includes underrepresented, underserved, low-income, and minority community members.



Good Samaritan Hospital Service Area

County	ZIP Code	City
Adams	80601, 80602, 80603, 80640, 80022, 80241, 80030, 80031	Brighton, Commerce City, Henderson, Thornton, Westminster
Boulder	80301, 80302, 80303, 80304, 80305, 80310, 80025, 80026, 80027, 80501, 80503, 80504, 80544	Boulder, Eldorado, Lafayette, Louisville, Longmont, Niwot
Broomfield, Jefferson	80020, 80021, 80023	Broomfield
Denver	80221, 80229, 80233, 80234, 80260	Denver
Gilpin	80422	Black Hawk
Jefferson	80002, 80003, 80004, 80005, 80007, 80403, 80033	Arvada, Golden, Wheat Ridge
Weld	80514, 80516, 80520, 80530, 80621	Dacono, Erie, Firestone, Frederick

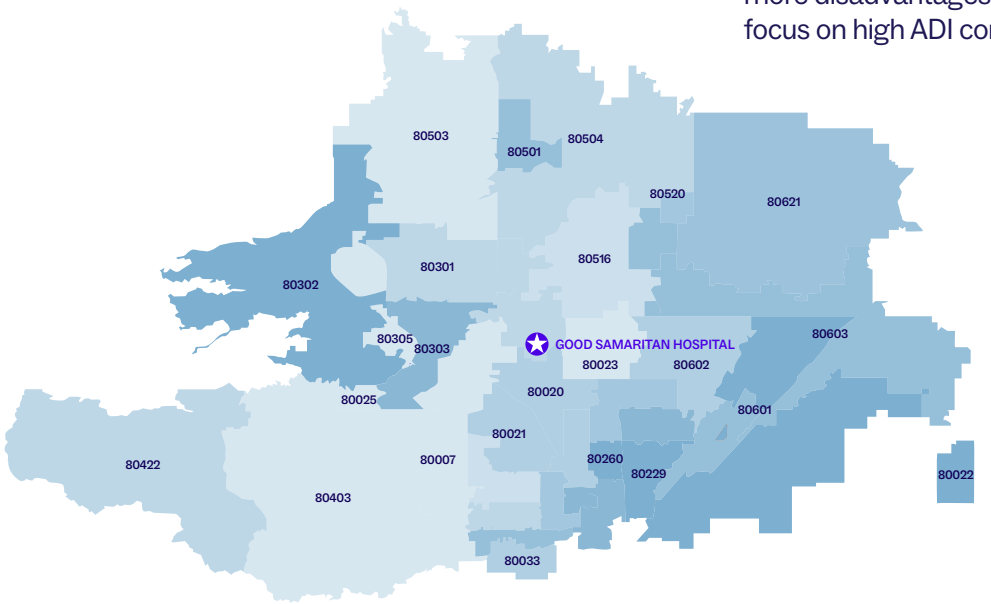
Community Demographics

Demographic Factors	Hospital Service Area	Colorado	United States
Population	1,145,754	5,770,790	331,097,593
Persons Under 18 years	22.3%	21.5%	22.1%
Persons 65 years and over	13.5%	14.8%	16.5%
Female Persons	49.6%	49.3%	50.4%
High school graduate or higher (age 25 years+)	91.1%	92.5%	89.1%
Persons in poverty (100% Federal Poverty Level)	8.2%	9.6%	12.5%
Median Household Income (2022 dollars)	$92,500	$87,598	$75,149
Persons without health insurance (under age 65)	7.1%	7.7%	8.9%
White, not Hispanic or Latino	64.5%	66.2%	58.9%
Hispanic or Latino	26.3%	22.1%	18.7%
Black or African American	1.4%	3.8%	12.1%
Asian	3.8%	3.1%	5.7%
American Indian and Alaska Native	0.3%	0.4%	0.6%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Speak Language other than English at Home	18.8%	16.2%	21.7%

A demographic snapshot of the Good Samaritan service area comprising 42 ZIP codes in Adams, Boulder, Broomfield, Denver, Gilpin, Jefferson, and Weld counties, compared to Colorado and the United States (Source: American Community Survey, 2018-2022).

Area of Deprivation Index (ADI)

The Area of Deprivation Index (ADI) is a ranking of neighborhoods by socioeconomic disadvantage. It includes factors of income, education, employment, and housing quality. ADI compares each ZIP code in the state on a scale from 0 to 100 and higher values represent more disadvantages. The Implementation Strategy will focus on high ADI communities, when possible.



In the Good Samaritan Hospital service area, ADI ranged between 6.50 to 64.46%. Colorado ranks at 28.55 compared to other states. The area of Thornton (80260) had the highest ADI value and other communities in Thornton (80229, 80233), Westminster (80030), Dacono (80514), Commerce City (80022), Brighton (80601), Fort Lupton (80621), and Berkley (80221) had the next highest values between 30 and 40.

Metopio | Ties © Mapbox, Data source: University of Wisconsin-School of Medicine and Public Health: Neighborhood Atlas

2022 Good Samaritan Hospital: 23.23% Average

6.5% **64.46%**

CHNA Process

The CHNA process began with collecting and analyzing secondary data that identified the community's health needs for children and families across the lifespan. These initial health needs were verified and refined through primary data, including input from marginalized and diverse populations experiencing sustained hardships, health disparities, and barriers. Through this process there were instances when additional health needs were identified, unified under one heading, or prioritized.

PRELIMINARY HEALTH NEEDS

Access to care

About 1 in 10 people in the service area did not get needed medical care due to cost.

Affordable housing & food insecurity

Rental costs are unaffordable within the service area based on renter wages compared to rent costs.

The percent of those who said they ate less than they thought they should due to food costs increased from 2021 to 2023.

Economic stability

There is a higher median income in the service area than in the state, but economic needs are found in certain populations.

The cost of living is also increasing at a higher rate than wage

Child safety

Injuries are the leading cause of death and disability in children (ages 0 to 18 years).

Mental health and substance use

More residents in the service area are not receiving mental health care when needed, increasing 13% to 17% in the past five years.

Substance use

Opioids, illicit drugs, and alcohol cause higher rates of death and hospitalization within the service area, compared to the state

Transportation

One in three residents experienced transportation barriers including poor roads, cost of gas, or lack of public transit.

Chronic disease

Cancer, heart disease, stroke, lung disease, and unhealthy weight are leading causes of avoidable disease and death in the service area.

Intermountain Health determined the final significant and sustaining health needs by applying the Hanlon Method for Prioritizing Problems, a validated scoring model recommended by the National Association of County and City Health Officials. The CHNA report was reviewed and approved by the hospital's board of trustees in December 2024.

SIGNIFICANT AND SUSTAINING HEALTH NEEDS

Health Needs Being Addressed

The preliminary health needs that were prioritized as significant or sustaining health needs.

Access to care	Prioritized as a significant health need
Affordable housing	Prioritized as a significant health need as part of economic stability
Child safety and unintentional injury	Prioritized as a sustaining health need as part of child and family well-being
Economic stability	Prioritized as a significant health need
Firearm Safety	Prioritized as a significant health need as part of behavioral health
Food insecurity	Prioritized as a significant health need as part of economic stability
Mental health	Prioritized as a significant health need as part of behavioral health
Social connectedness	Prioritized as a significant health need as part of behavioral health
Substance use	Prioritized as a significant health need as part of behavioral health
Transportation	Prioritized as a significant health need as part of access to care

Health Needs Not Being Addressed

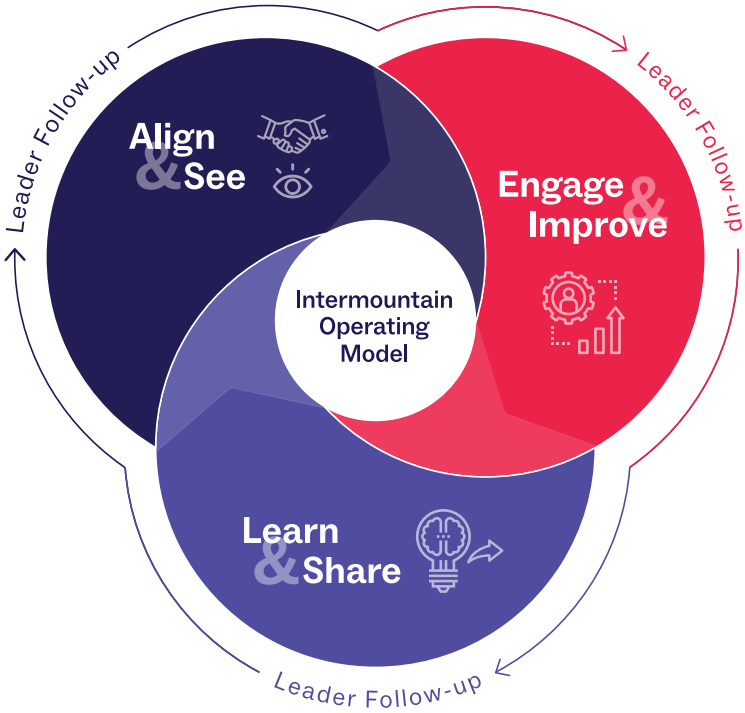
The hospital is not addressing all the preliminary health needs identified during the CHNA in the Implementation Strategy. The following health needs were not prioritized due to resource constraints, ability and expertise, existing efforts by other organizations, or lack of effective solutions; however, they remain important to the health of the community and are supported through clinical operations and programs, community benefit reportable activities, community outreach, and other collaborative efforts.

Cancer	Good Samaritan Hospital provides cancer care to the community through its Cancer Centers of Colorado. The Center provides screening, treatment, and support groups to English and Spanish speaking cancer patients, families, and survivors.
Dental Care	Good Samaritan Hospital provides funding and support to local Community Health Centers that offer a range of dental care services for youth and adults.
Diabetes	Good Samaritan Hospital offers comprehensive clinical services for diabetes and endocrinology, including nutritional education, preventive care, and treatment. Additionally, YMCA of Metro Denver provides community-based intervention through its Diabetes Prevention Program.
Heart disease and stroke	Good Samaritan Hospital is accredited by the Joint Commission as a Chest Pain Center and achieved certification as a Primary Storke Center, distinguishing it as leader in treatment of heart disease and stroke.
Lung disease	Good Samaritan Hospital has a formal partnership with National Jewish Health, a nationally recognized respiratory hospital in Denver dedicated to treating lung disease, including educational resources and support groups.
Overweight and obesity	Multiple community-based organizations have programs working to reduce overweight and obesity including local health departments, Community Health Centers, and organizations serving youth.
Sexually transmitted infections	Denver County Public Health provides comprehensive screening and treatment for HIV and sexually transmitted infections (STI) for a minimal fee or at no cost through the Up Close Sexual Health program. Services are not dependent on insurance coverage.

Evaluation

Evaluation is an essential component of the Implementation Strategy process. It provides insight into the effectiveness of each strategy, identifies areas for improvement, and ensures there is a measurable and meaningful impact on the significant health needs in communities.

Intermountain continuously monitors performance on Implementation Strategies using the Intermountain Operating Model, a fully integrated framework that drives our culture of continuous improvement to maximize impact in the communities we serve. Successful performance will show the reach of activities and resources to the data-identified needs, changes in individual behaviors or attitudes, and removal of barriers to health. Additionally, we will use evidence-based and evidence-informed programs to ensure we improve anticipated health outcomes.



To submit written comments or request a paper copy, please email IH_CommunityHealth@imail.org

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APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

APPENDIX: COMMUNITY ORGANIZATIONS ADDRESSING HEALTH NEEDS

Implementation Strategy: Improve Behavioral Health

AIM STATEMENT: Improve behavioral health in children and adults by impacting mental health, substance use disorders, and suicide prevention with measurable outcomes in increasing community capacity to behavioral health care and access to community resources.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Improve mental health in adults and youth	• Support school-based efforts to promote resilience, mental health, life skills, and behavior outcomes among children and families • Strengthen community capacity for expansion of quality behavioral health care, interventions, and resources
Reduce the impact of substance misuse	• Build capacity in the community for high quality, person-centered care by promoting peer support and other community-driven strategies • Support local coalitions in developing community-wide harm reduction and prevention strategies
Prevent suicide deaths and attempts	• Reduce access to lethal means • Increase help seeking behaviors, resilience, and support through community-based efforts • Increase suicide prevention competencies and support

INTERMOUNTAIN RESOURCES

Trainings:
- Gun safety and lethal means
- Suicide prevention in English and Spanish

Resources:
- Lethal means safety devices, including gun locks

Educational Materials:
- Children and adult mental well-being
- Safety and injury prevention, including firearms

Funding:
- Intermountain grants and contributions
- State and federal grant awards

Collaborations:
- Participation in or facilitation of coalitions, particularly those serving data-identified needs

DATA-IDENTIFIED NEEDS: Individuals with increased rates of or risk for self-harm, mental distress, and/or suicide, based on CHNA data

Implementation Strategy: Achieve Greater Economic Stability

AIM STATEMENT: Achieve greater economic stability in children and adults by impacting housing stability, nutrition security, and increasing self-sufficiency with measurable outcomes in increasing community capacity to provide social care, improving access to community resources, and strengthening career pathways.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Improve housing stability	• Support community-based organizations to expand housing and utility assistance programs • Support community-based organizations to expand medical respite programs • Invest in affordable, stable housing through place based investing in new construction and preservation
Improve nutrition security	• Support community-based organizations to expand food assistance programs, including delivery programs • Build capacity for local food banks and pantries
Increase self-sufficiency	• Collaborate with community organizations and school districts to support health care career pathways • Improve financial literacy through support of community-based education • Develop local cooperative to promote entrepreneurship

INTERMOUNTAIN RESOURCES

Trainings:
- Workforce development training, including career exploration

Resources:
- Intermountain financial assistance
- Social care referral network

Funding:
- Intermountain grants and contributions
- Intermountain anchor activities, including place based investing, hiring, and sourcing
- State and federal grant awards

Collaborations:
- Participation in or facilitation of coalitions/ workgroups
- Local county workforce centers, food banks, and employment training organizations

DATA-IDENTIFIED NEEDS: Individuals with highest rates of poverty, food insecurity, housing stability, and gap between income and cost of living, based on CHNA data

Implementation Strategy: Increase Access to Care

AIM STATEMENT: Increase access to care in children and adults by impacting accessibility, navigability, and cultural sensitivity with measurable outcomes in enrolling and utilizing health insurance and public benefit programs and increasing navigation support.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Increase access to health care	• Support community-based efforts to increase enrollment in health care coverage • Increase access to physical and behavioral health care by supporting community-based providers
Improve navigability	• Support community-based programs that provide community health worker and navigator services • Improve health literacy and support distribution of community-based resources • Increase capacity for transportation options to reduce barriers to care • Improve social care access and care coordination across sectors
Improve access to culturally appropriate care	• Support organizations that offer culturally appropriate care and promote awareness and education resources • Promote inclusion of underrepresented populations that improve diversity in the health care workforce

INTERMOUNTAIN RESOURCES

Trainings:

- Culturally responsive care

Resources:

- Intermountain financial assistance

Funding:

- Intermountain grants and contributions
- State and federal grant awards

Collaborations:

- Participation in or facilitation of community coalitions and workgroups
- Community Health Centers

DATA-IDENTIFIED NEEDS:: Individuals experiencing health care access barriers, based on CHNA data

Implementation Strategy: Improve Child and Family Well-Being

AIM STATEMENT: Improve child and family well-being by impacting early childhood, injury prevention, and advocacy with measurable outcomes in expanding resources, improving access to safety devices, and increasing awareness of prevention strategies.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Improve parent and early childhood outcomes	• Support community efforts to enhance risk and protective screenings, preventive care, and connections to resources • Support perinatal programs that improve healthy birth outcomes
Support injury prevention programs	• Provide educational materials, safety devices, and other resources that promote safety and injury prevention in home, school, or community settings • Collaborate on education and programs that promote injury prevention, safety, and mental well-being, including accidents, violence, and self-harm
Promote child and family advocacy	• Support community organizations in proactive strategies for injury prevention, harm reduction, and access to regular primary care • Advocate for resources, programs, and protective measures that support physical and mental well-being for children and families

INTERMOUNTAIN RESOURCES

Trainings:
- Children's safety and injury prevention

Resources:
- Children's safety devices, including car seats, gun locks, and helmets

Educational Materials:
- Children's safety and injury prevention
- Children's emotional well-being

Funding:
- Intermountain grants and contributions
- State and federal grant awards

Collaborations:
- Participation in or facilitation of community coalitions and workgroups
- Home visitation organizations and programs

DATA-IDENTIFIED NEEDS: Children and families with the highest rates of death or injury related to accidents, violence, or self-harm, based on CHNA data

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Child and Family Advocacy	Working with systems, government leaders, researchers, community advocates, parents, and caregivers at the local, state, and national level to improve well-being for children and families.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to community health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategy (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-identified needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.
Sustaining Health Needs	Health needs prioritized for children and family that are identified through child-specific morbidity and mortality data as long-standing and may not be specifically identified in the adult population.

Community Resources

Community Organizations Addressing Health Needs

Health Need	Organization	Summary of Resources
Behavioral Health	Community Mental Health Centers	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	Substance Disorder Treatment Centers	Organizations that provide Medication Assisted Treatment (MAT) programs for individuals with substance use disorder.
	County Public Health Departments	Provide behavioral health programming, deliver harm reduction, and prevention programs.
Economic Stability	Nonprofit Housing Organizations	Housing and utility assistance, emergency and respite shelter, case management, and workforce development.
	Housing Authorities	Emergency funds for crisis and temporary housing, social needs, health care resources for low-income individuals, and provider of low-income housing.
	County Government Agencies	Provide local workforce centers, government programs like Women, Infants and Children (WIC), and collaborate on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks. and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around supports for people experiencing poverty.
Access to Care	Community Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral health care regardless of ability to pay and insurance status.
	Nonprofit Community Organization	Navigation and application assistance for public programs, including government and other health insurance.
	Nonprofit Transportation Organization	Transportation services that improve access to care.
	County Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
Child & Family Well-Being	Early Childhood Councils	Parent and family education and connection to food, housing, childcare, counseling, financial support, and public assistance programs.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and emotional well-being, and career pathways leading to economic stability.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organization	Specialized pediatric care, including Intermountain Health's child behavioral health program with outpatient and in-home treatment, day treatment, therapeutic education, and therapeutic foster care for children recovering from trauma.


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