

Intermountain Health | Platte Valley Hospital

2025 Implementation Strategy

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Executive Summary

In accordance with the Patient Protection and Affordable Care Act (ACA), Platte Valley 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. 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](#).



**Improve
Behavioral Health**



**Achieve Greater
Economic Stability**



**Increase
Access to Care**



Sustaining Health Needs: Improve Child and Family Well-Being

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 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.

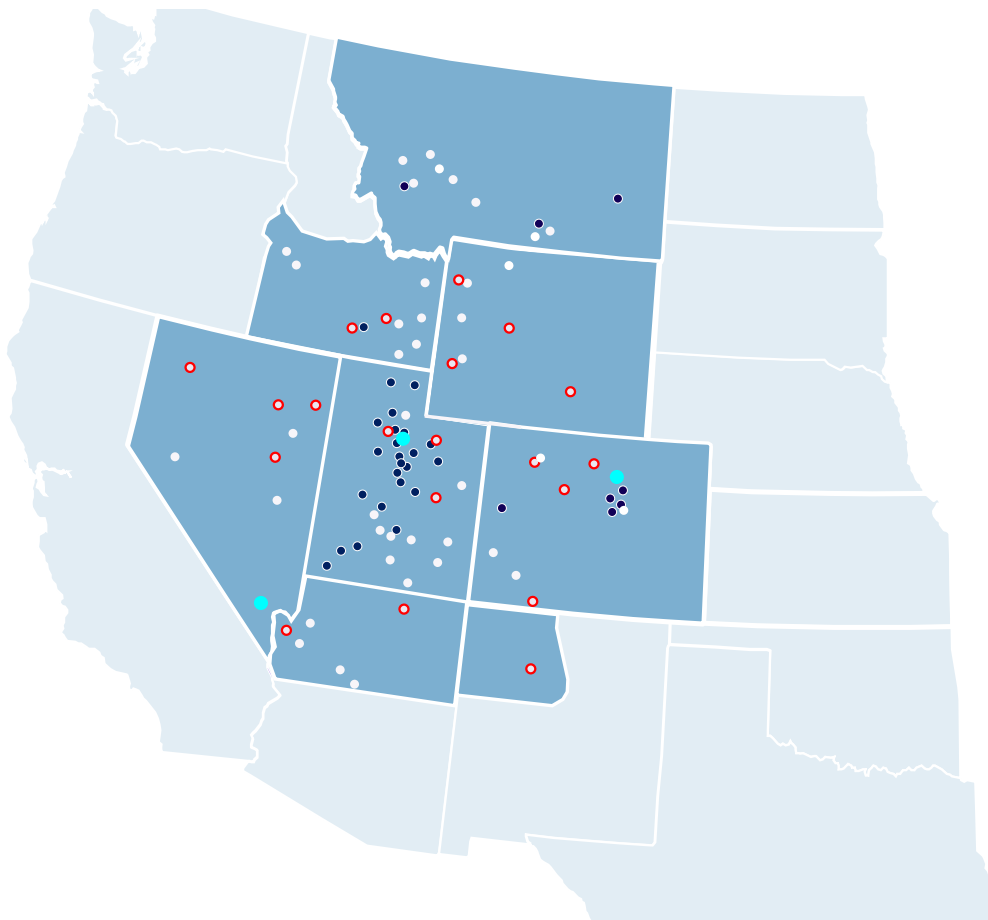
With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming health care. We strive to be the model health system by taking full clinical and financial accountability 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 billion¹
Total Revenue



4,600+
Employed Physicians
& APPs

Platte Valley Hospital

Platte Valley Hospital in Brighton, Colorado, began as Brighton Community Hospital in 1960 with funds raised by residents. It was the first private general medical-surgical hospital in Adams and Weld counties. In 1980, the name was changed to Platte Valley Medical Center, and 35 years later, Platte Valley became affiliated with SCL Health to expand its services and specialties.

Following the Intermountain Health/SCL Health merger in 2022, Platte Valley Hospital became part of Intermountain. It is a 98-bed hospital with outpatient facilities in Brighton, Fort Lupton, Thornton, and the Reunion area of Commerce City. It is a recognized leader in patient-centered care with Primary Stroke Center, Level III Trauma Center, Accredited Chest Pain Center, Level II Special Care Nursery, and Wound Center with Hyperbarics.

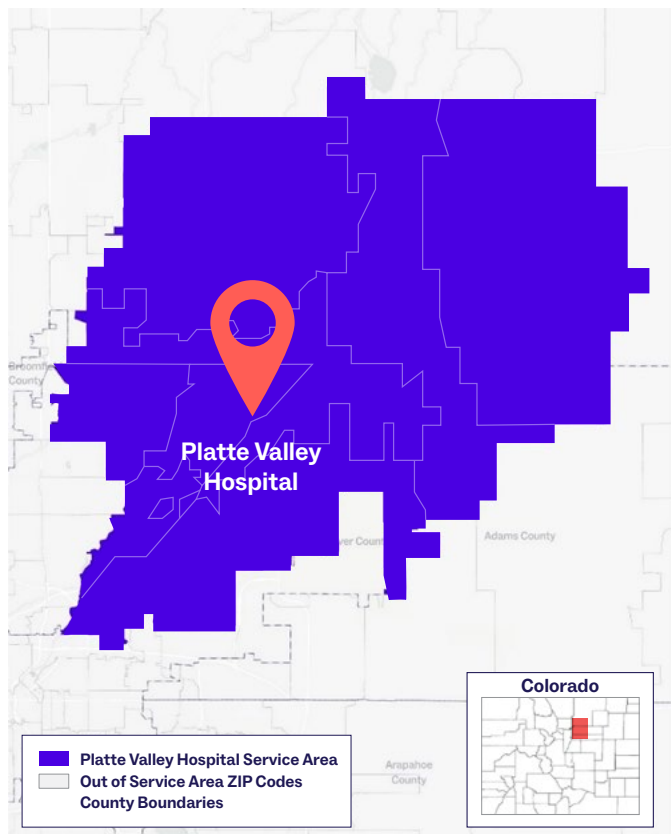


Community Profile

Platte Valley Hospital's primary service area is communities within eight ZIP codes of Adams and Weld counties, where most patient admissions originate. The hospital service area includes underrepresented, underserved, low-income, and minority community members.

Hospital Service Area

County	ZIP Code	City
Adams	80601, 80602, 80603, 80022, 80640	Brighton, Commerce City, Henderson, Lochbuie
Weld	80621, 80642, 80643	Fort Lupton, Hudson, Keenesburg

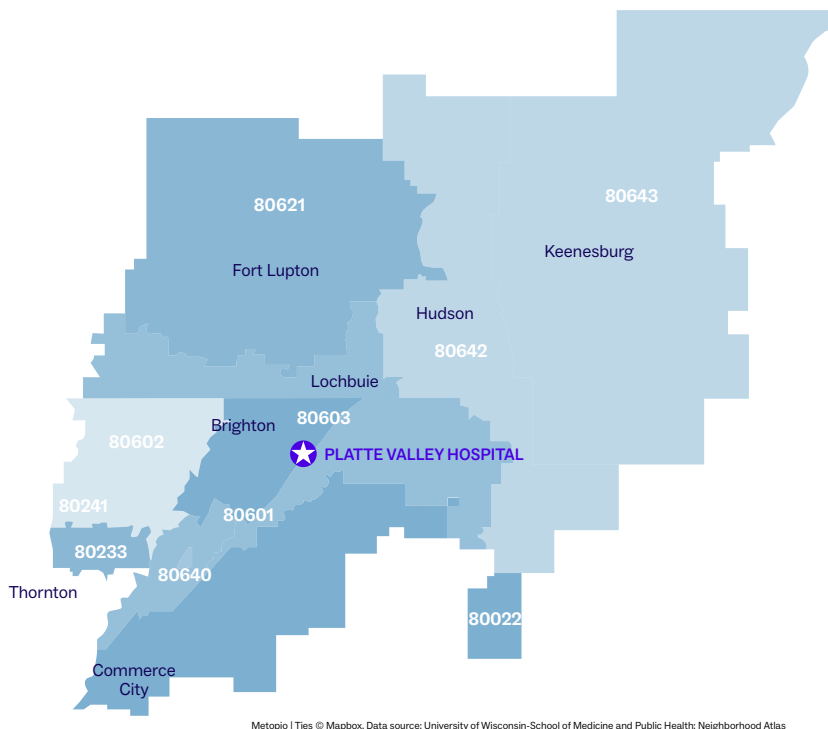


Community Demographics

Demographic Factors	Hospital Service Area	Colorado	United States
Population	192,843	5,770,790	331,097,593
Persons Under 18 years	27.8%	21.5%	22.1%
Persons 65 years and over	10.0%	14.8%	16.5%
Female Persons	49.0%	49.3%	50.4%
High school graduate or higher (age 25 years+)	85.5%	92.5%	89.1%
Persons in poverty (100% Federal Poverty Level)	8.8%	9.6%	12.5%
Median Household Income (2022 dollars)	\$91,713	\$87,598	\$75,149
Persons without health insurance (under age 65)	8.6%	7.7%	8.9%
White, not Hispanic or Latino	51.1%	66.2%	58.9%
Hispanic or Latino	40.2%	22.1%	18.7%
Black or African American	2.5%	3.8%	12.1%
Asian	3.0%	3.1%	5.7%
American Indian and Alaska Native	0.1%	0.4%	0.6%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.2%
Speak Language other than English at Home	25.3%	16.2%	21.7%

(Source: American Community Survey, 2018-2022)

Area of Deprivation Index (ADI)

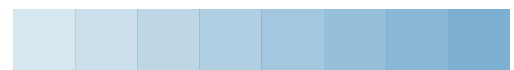


The Area of Deprivation Index (ADI) is a ranking of neighborhoods by socio-economic disadvantage. It includes factors of income, education, employment, and housing quality. ADI compares each ZIP code in the state on a scale from 0 to 100 and higher values represent more disadvantages. The Implementation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

In the Platte Valley Hospital service area, ADI range is between 14.48 to 32.32. Colorado ranks at 28.55 compared to other states. The communities of Commerce City (80022), Brighton (80601), Fort Lupton (80621) and Thornton (80233) had the highest ADI values between 30 to 33.

2022 Platte Valley Hospital:
26.90% Average

14.48% **32.32%**



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

The uninsured rate in several ZIP codes within the service area is nearly triple the Colorado rate.

Affordable housing & food insecurity

Higher median rent than Colorado.
One in five people in Weld County are food insecure.

Economic stability

Nearly a quarter of the population has an income below 200% of the Federal Poverty Level in the service area.

Child safety

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

Mental health

Emergency department rates for youth (ages 10 to 24 years) suicide and self-harm are higher in Adams County than Colorado.

Substance use

Alcohol-related deaths and drug overdoses increased between 2020 to 2022.

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



**Improve
Behavioral Health**



**Achieve Greater
Economic Stability**



**Increase
Access to Care**



Sustaining Health Needs: Improve Child and Family Well-Being

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	Prioritized as a sustaining health need as part of child and family well-being
Economic stability	Prioritized as a significant health need
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
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	Platte Valley Hospital provides cancer care to the community through its Cancer Centers of Colorado. The Center provides cancer support groups to English and Spanish speaking cancer patients, families, and survivors.
Dental Care	Platte Valley Hospital supports local Community Health Centers that offer dental care to low-income community members. Additionally, Kids in Need of Dentistry provides pediatric dental care to Commerce City and Denver residents regardless of ability to pay in partnership with the Colorado University School of Dental Medicine.
Heart disease and stroke	Platte Valley Hospital offers advanced cardiovascular care, which has earned Accreditation through The Joint Commission as a Primary Stroke Center and Chest Pain Center. Additionally, the Colorado American Heart Association provides educational resources, trainings, and online support groups.
Lung disease	National Jewish Hospital in Denver is a nationally recognized facility dedicated to patients with lung disease that focuses on caring for respiratory patients and providing educational resources and support groups.
Overweight and obesity	Platte Valley Hospital clinical programs emphasize prevention and treatment of chronic and avoidable health outcomes related to healthy weight. Multiple community-based organizations have programs working to reduce overweight and obesity, including local health departments, Community Health Centers, and nonprofit community youth groups.

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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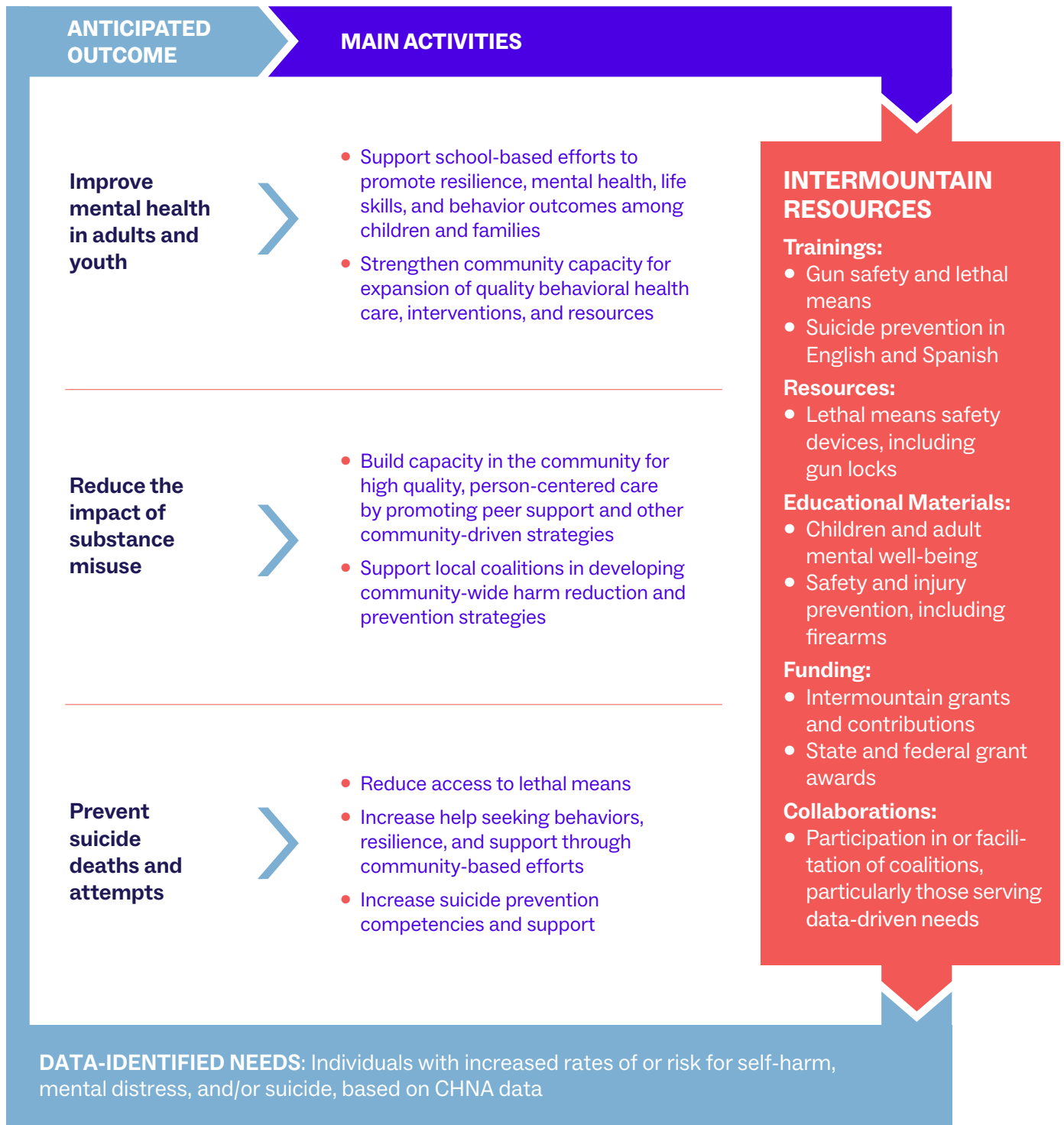
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APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

APPENDIX: COMMUNITY ORGANIZATIONS ADDRESSING HEALTH NEEDS

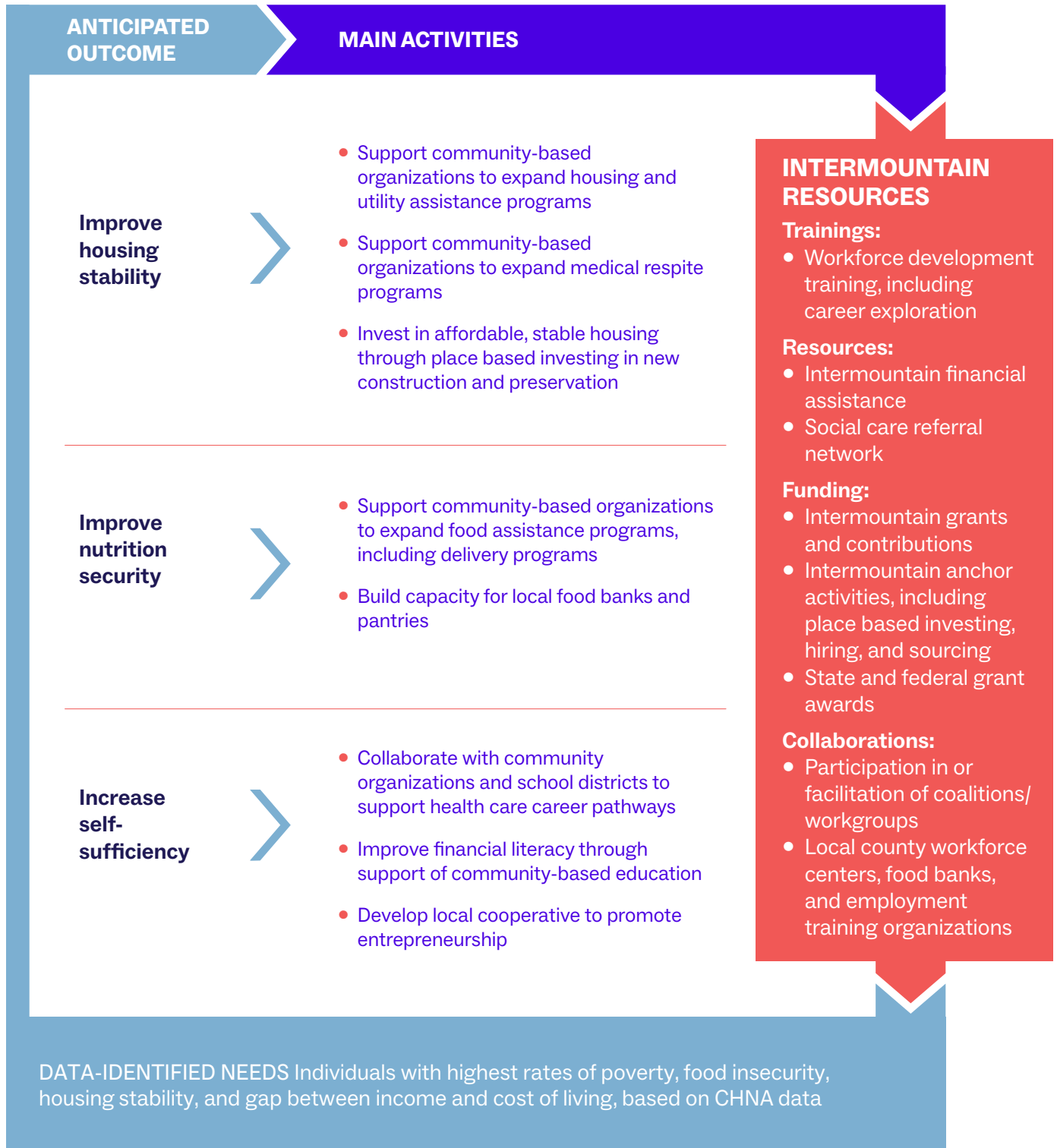
Implementation Strategy: Improve Behavioral Health

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.



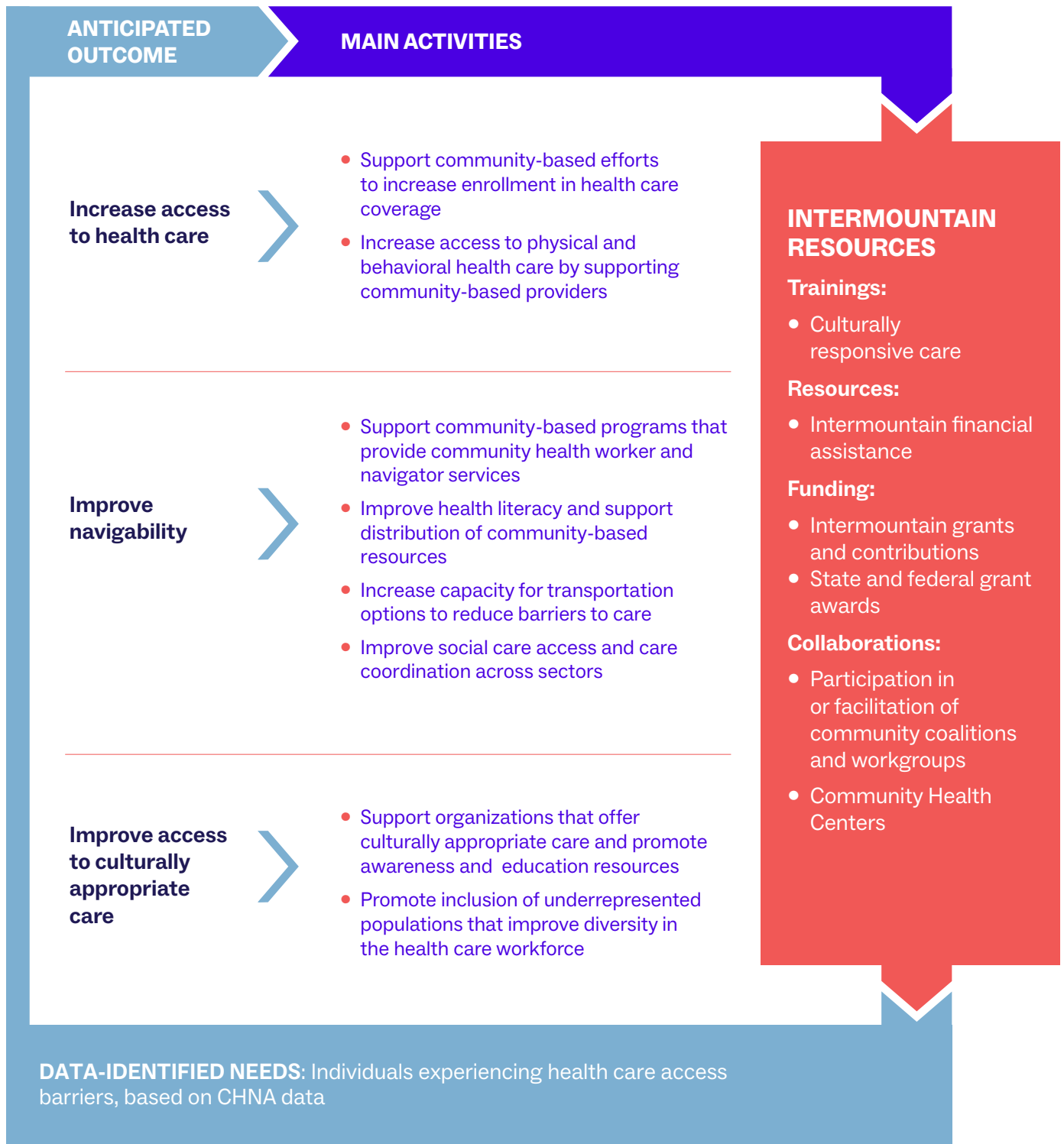
Implementation Strategy: Achieve Greater Economic Stability

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.



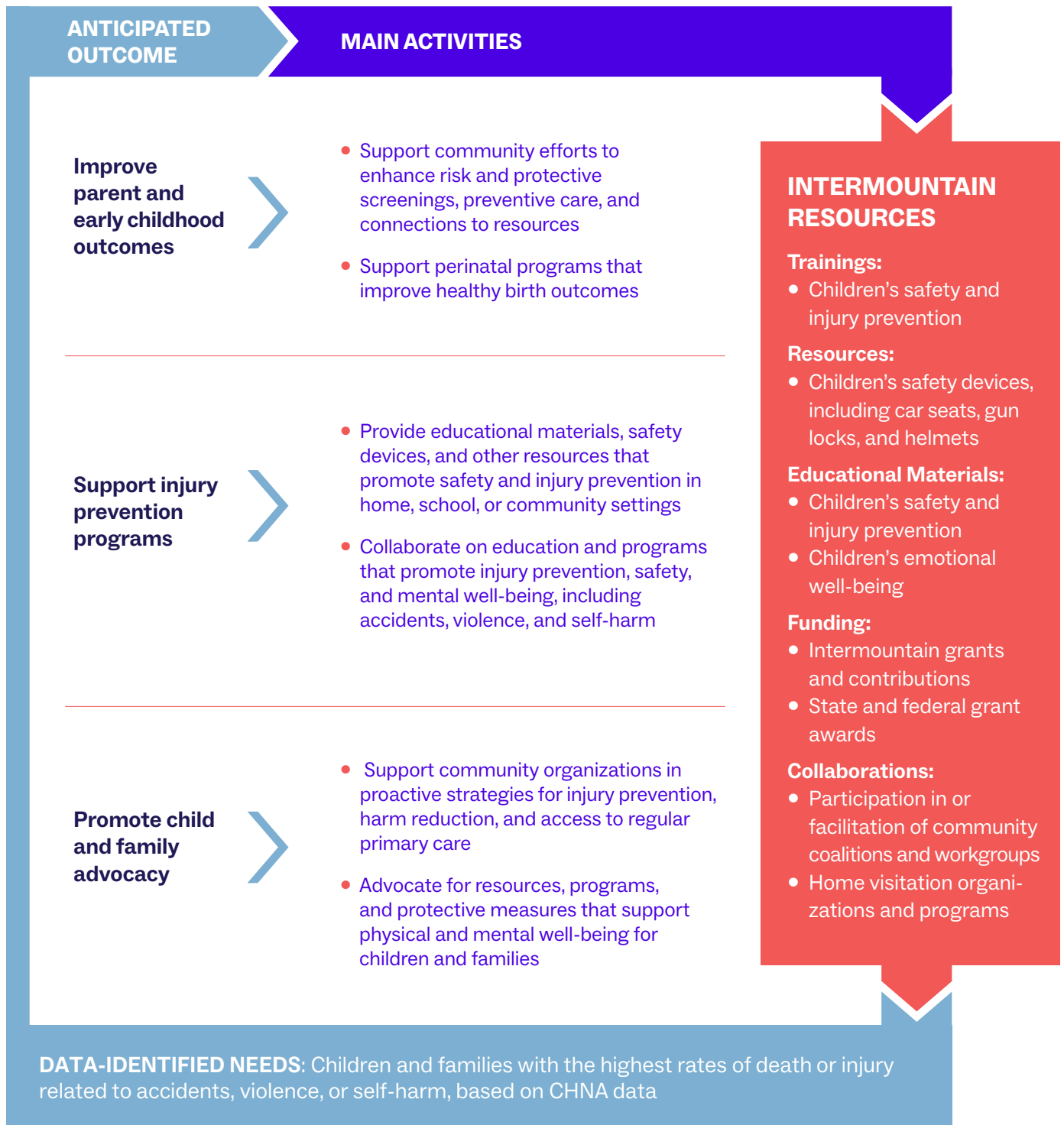
Implementation Strategy: Increase Access to Care

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.



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.



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-driven 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.

