

# **AdventHealth Parker**

## **2025-2027 COMMUNITY HEALTH PLAN**

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# Acknowledgements

This community health plan was prepared by AdventHealth’s Rocky Mountain Region Community Health Improvement Team with contributions from members of AdventHealth Parker’s Hospital Health Needs Assessment Committee, a group of hospital leaders from various departments.

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

# Executive Summary

Portercare Adventist Health System dba AdventHealth Parker will be referred to in this document as AdventHealth Parker or the “Hospital.”

## Community Health Needs Assessment Process

AdventHealth Parker in Parker, Colorado, conducted a community health needs assessment in 2025. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. The priorities were defined in alignment with Healthy People 2030, the national initiative aimed at improving the health and wellbeing of people in the United States.

In order to ensure broad community input, AdventHealth Parker created a Community Health Needs Assessment Committee (CHNAC) with AdventHealth Castle Rock and Douglas County Health Department to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and community members. This included intentional representation from low-income, minority and other underserved populations.

AdventHealth Parker also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital would most effectively address to support the community. The HHNAC made this decision by reviewing the priority needs selected by the CHNAC and the internal Hospital resources available.

The CHNAC and HHNAC met from December 2024 – May 2025. The members reviewed the primary and secondary data, helped define the priorities to be addressed, and helped develop the Community Health Plan (CHP) to address those priorities. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

## Community Health Plan Process

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

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

The defined goals and activities were carefully crafted, considering evidence-based resources and sought to align with AdventHealth’s organizational and strategic plans. AdventHealth Parker is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to our communities.

## Priorities Addressed

The priorities addressed include:

1. Health Care Access and Quality: Maternal Health
2. Mental Health: Substance Use Prevention
3. Neighborhood and Built Environment: Food Security

See page 8 for the defined strategies and next steps for each priority selected to be addressed.

## Priorities Not Addressed

The priorities not addressed include:

1. Social and Community Context: Health Equity
2. Preventive Care
3. Injury Prevention
4. Economic Stability
5. Transportation
6. Older Adults
7. Health Care Access and Quality

See page 12 for an explanation of why the Hospital is not addressing these issues.

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

## Board Approval

On May 13, 2025, the AdventHealth Parker Board approved the Community Health Plan goals, activities and next steps. A link to the 2025-2027 Community Health Plan was posted on the Hospital's website on May 13, 2025.

## Ongoing Evaluation

AdventHealth Parker's fiscal year is January – December. For 2025, the Community Health Plan will be deployed beginning May 13, 2025, and evaluated at the end of the calendar year. In 2026 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1<sup>st</sup> and ending December 31<sup>st</sup>. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

## For More Information

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

## About AdventHealth

AdventHealth Parker is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states. Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care. Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier — creating pathways to wholistic care no matter where your health journey starts.

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

## About AdventHealth Parker

AdventHealth Parker is a 170-bed hospital that has been a part of the growing Parker community since 2004. Previously known as Parker Adventist Hospital, AdventHealth Parker is proud to have 'come home' to AdventHealth in 2023. AdventHealth is one of the nation's largest faith-based health care systems, with more than 100,000 employees, 55 hospitals and hundreds of care sites across nearly a dozen states.

With the mission of Extending the Healing Ministry of Christ, AdventHealth Parker supports our community with expert medical care and uncommon compassion. We have proudly served Parker, Aurora, Elizabeth, and the

surrounding communities for 20 years and counting, specializing in emergency care, complex surgery, cancer care, and more.

### **Distinctive Services**

- Bariatric care
- Cancer care
- Colorectal care
- Emergency care
- Genomics
- Heart and vascular care
- Imaging
- Mother and baby care
- Neurology and brain care
- Joint replacement and general orthopedics
- Outpatient infusion
- Robotic-assisted surgery
- Spine care
- Sports medicine and rehabilitation
- Surgery – inpatient and outpatient
- Wound care

### **Recognition**

- Accredited Level II Trauma Center
- Nationally Certified Bariatric Program
- Accredited Breast Center of Excellence
- Accredited Cancer Center
- Accredited Chest Pain Center
- Primary Stroke Center Certification
- Certified Joint Replacement Program
- Level III Neonatal Intensive Care Unit (NICU)
- CMS Five-Star Rating for quality of care
- Magnet Recognition for Excellence in Nursing
- Leapfrog Emerald Award for patient safety, quality, and transparency

- American Heart Association Get with the Guidelines: Stroke Gold Plus Award
- Press Ganey Guardian of Excellence Award
- (Southlands ED)
- Newsweek Top Maternity Hospital in 2024

### **Community Programs**

- AdventHealth Parker offers the community and patients a wide variety of support groups for people of all ages. Support groups include ones for stroke survivors, cancer survivors, and young survivors.
- We are also proud to provide our Healing Arts program to patients, which integrates music and visual arts into health care.
- Additionally, AdventHealth Parker is proud to partner with Newday Adventist Church to offer children in our area the opportunity to get a Christmas they may not otherwise have. Every year, families are invited to the Christmas Store to shop for gifts for the entire family. In 2024 alone, we served more than 1,100 people.

## Priority 1: Mental Health - Substance Use Prevention

In the Hospital's community, 19.3% of residents have a prevalence of depression, while 12.7% of the residents report poor mental health. According to the community survey, more than 25% of respondents have been diagnosed with a depressive order and more than 26% have been diagnosed with an anxiety disorder. Almost 60% of the community and public health experts surveyed do not believe the community is good at treating mental health.

Awareness and the need to address mental health disorders has been growing in the country. Including mental health as a priority, the Hospital can align to local, state and national efforts for resources and to create better outcomes opportunities over the next three years.

**Goal:** Providing encounters of MOUD (Medication for Opioid Use Disorder) in the Emergency Department (ED) by administering and prescribing opioid alternatives.

<b>Activity</b>	Providing access to ED Medications for Opioid Use Disorder (MOUD) and ED Alternatives to Opioids (ALTOs) and Naloxone distribution tools to advance care and outcomes for individuals with Opioid Use Disorders at risk of overdose.	
<b>Output</b>	<ul style="list-style-type: none"> <li>Number of ALTOs provided to eligible community members (<math>\geq 75\%</math> of ALTOs provided to eligible community members)</li> <li>Establish referral pathways with treatment partners to provide continuity of care and improve transitions back to community for individuals with Opioid Use Disorders. (<math>\geq 1</math> referral pathway established)</li> </ul>	
<b>Outcome</b>	Offer administration and prescription of alternatives to opioids.	
<b>Hospital Contributions</b>		<b>Community Partnerships</b>
<ul style="list-style-type: none"> <li>The Psych Assessment Team - staff time to train and screen eligible community members.</li> <li>ED Physicians and Pharmacy – staff time to screen and provide interventions.</li> </ul>		<ul style="list-style-type: none"> <li>ED Physician Groups</li> <li>MOUD Providers</li> </ul>



## Priority 2: Health Care Access and Quality – Maternal Health

Maternal health data in the Hospital's community reflects a generally positive outlook, with indicators such as low rates of infant mortality which 4.5 compared to the US rate of 5.6. The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends in Colorado is 16.0 per 100,000 births, which is lower than the US rate of 23.2. Most pregnant mothers in the county receive timely prenatal care, which is essential for early identification and management of potential health concerns. Additionally, there tends to be a high prevalence of health insurance coverage among expectant mothers, contributing to better health outcomes. However, disparities exist within different demographic groups, highlighting the need for targeted support and resources. The percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age in Colorado is 14.7 percent compared to the US of 15.7. This indicates that there are opportunities to improve on adequate prenatal care.

**Goal:** Increase access to peer support programs for new mothers, focusing on building developmentally appropriate and culturally responsive relationships for children and youth.

<b>Activity</b>	Identify, integrate and support with resources and opportunities that strengthen cross-sector partnerships to enhance positive child and youth development.	
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number of eligible new mothers enrolled (<math>\geq 90\%</math> of eligible mothers)</li> <li>• Number of trainings and educational opportunities for clinicians and other partners (<math>\geq 2</math> training opportunities)</li> </ul>	
<b>Outcome</b>	Screen and provide direct referrals to peer support programs.	
<b>Hospital Contributions</b>		<b>Community Partnerships</b>
<ul style="list-style-type: none"> <li>• Care Management staff time to provide referrals to YANA Strong Mamas Thriving Babies program.</li> <li>• Hospital staff time to attend coalition meetings.</li> </ul>		<ul style="list-style-type: none"> <li>• YANA Strong Mamas Thriving Babies</li> <li>• Douglas County Public Health, WIC Office</li> <li>• Douglas County Healthy Families Partnership</li> </ul>

## Priority 3: Neighborhood and Built Environment: Food Security

Food insecurity is on the rise in Colorado, as indicated by an 8% increase in SNAP benefits claimed from 2020 – 2022, representing an additional 41,829 individuals who could not afford food without SNAP benefits. In the Hospital's community 10% of individuals report an inability to afford food. This concern was highlighted by the Spanish-speakers focus group, who indicated that rising food prices increase their stress and – for newcomers – are one of the basic needs that they struggle to meet. The older adult focus group report struggles to accommodate rising grocery prices on a fixed income that has not expanded to meet that need. Addressing this priority can make a significant and life-changing difference for families and individuals in the community who struggle to meet the basic need of having adequate meals and nutrition. Increasing the number of people who can eat well and often will have far-reaching effects on the overall health of the community.

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

<b>Activity #1</b>	Administer a Social Determinants of Health screening for patients which determines food insecurity.	
<b>Output</b>	<ul style="list-style-type: none"> <li>Number of SDoH Food Security screenings completed (<math>\geq</math> 75% of inpatient patients screened for SDoH)</li> <li>Establish referral pathways for food insecurity screenings (<math>\geq</math> 4 referral pathways established)</li> </ul>	
<b>Outcome</b>	Screen and provide referrals for unmet social risks, including food insecurity.	
<b>Hospital Contributions</b>		<b>Community Partnerships</b>
<ul style="list-style-type: none"> <li>Hospital Case Management Team to administer SDoH screenings.</li> </ul>		<ul style="list-style-type: none"> <li>Colorado Blueprint to End Hunger</li> <li>SECOR Cares</li> <li>Parker Task Force</li> <li>We Don't Waste</li> <li>Family Connects</li> <li>Hunger Free Colorado</li> <li>UnitedWay 211 Colorado</li> </ul>

<b>Activity #2</b>	Support local food businesses' acceptance of and or maintenance of the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or their program enhancements by supporting technology, technical assistance, outreach and promotion through community food advocates/navigators.				
<b>Output</b>	<ul style="list-style-type: none"> <li>Number of organizations funded that increase access to public assistance benefits programs (<b>&gt;=1 organization funded</b>)</li> </ul>				
<b>Outcome</b>	Partner with community-based organizations and businesses to increase utilization of benefits that promote food security.				
<table border="1"> <thead> <tr> <th>Hospital Contributions</th><th>Community Partnerships</th></tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Community Health and Mission staff time to attend coalition meetings.</li> <li>Allocate \$20k to SECOR Cares to support food security activities that increase access points and utilization of food security benefits.</li> <li>Allocate \$7K to Parker Task Force to support food security activities that increase access points and utilization of food security benefits.</li> <li>In-kind staff hours for meal donations in partnership with New Day Adventist Church.</li> </ul> </td><td> <ul style="list-style-type: none"> <li>Hunger Free Colorado</li> <li>SECOR Cares</li> <li>Parker Task Force</li> <li>New Day Adventist Church</li> </ul> </td></tr> </tbody> </table>		Hospital Contributions	Community Partnerships	<ul style="list-style-type: none"> <li>Community Health and Mission staff time to attend coalition meetings.</li> <li>Allocate \$20k to SECOR Cares to support food security activities that increase access points and utilization of food security benefits.</li> <li>Allocate \$7K to Parker Task Force to support food security activities that increase access points and utilization of food security benefits.</li> <li>In-kind staff hours for meal donations in partnership with New Day Adventist Church.</li> </ul>	<ul style="list-style-type: none"> <li>Hunger Free Colorado</li> <li>SECOR Cares</li> <li>Parker Task Force</li> <li>New Day Adventist Church</li> </ul>
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## Priorities Not Addressed

AdventHealth Castle Rock also identified the following health needs during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact, the Hospital determined these needs will not be addressed.

### **Social and Community Context: Health Equity**

Health equity is often embedded within other health priorities rather than treated as a standalone issue because of its deep connection to various factors influencing health outcomes. Addressing priorities like access to healthcare, preventative services, and the social determinants of health allows us to combat the root causes of disparities effectively. For example, by improving access to essential services and creating healthier communities, we can significantly advance health equity. This collaborative framework not only ensures a comprehensive strategy but also enhances the impact of initiatives aimed at reducing disparities. By prioritizing health equity within these broader contexts, we can create sustainable, meaningful change that uplifts the health of entire populations.

### **Preventive Care**

In the Hospital's community, percentages of obesity amongst adults (24%), diagnosed diabetes (6%), high blood pressure (23%), and stroke mortality (26%) are all lower than the state's percentages of 24% for obesity, 7% for diagnosed diabetes, 25% for high blood pressure, and 36% for stroke mortality. There are already strong partnerships between the hospital and trusted community organizations for disease management, therefore the hospital did not select this as a priority.

### **Injury Prevention**

Not selecting injury prevention as a health priority in the Hospital's community is due to the lower incidence of injuries compared to chronic conditions like heart disease or mental health issues. The annual 2016 to 2020 average rate of injury-related deaths in Douglas County is lower than Colorado. While injury prevention is important, the Hospital will allocate resources to other health priorities.

### **Economic Stability**

In the Hospital's community, the poverty rate for the general population is lower (4%) than the state's (7.5%). The rate of severely rent-burdened adults is also lower (22%) than the state's (25%). The HHNAC agreed that these are important issues, they also agreed that the Hospital is better positioned to focus on other issues based on current available resources.

## **Transportation**

In the Hospital's community, the percentage of households that do not have a vehicle is lower (3.5%) than the state's (5.5%). While public transportation is fragmented in the county, there are ongoing efforts to expand public transportation lines. The HHNAC agreed that this is an important issue that is being addressed via policy, therefore it was not selected as a priority to be addressed.

## **Older Adults**

In the Hospital's community, the percentage of seniors living alone is lower (19%) than the state's (27%). But, the social engagement index is dramatically decreasing in the county (77%) compared to the state's (85%). While this presents an opportunity to focus on outreaching seniors to strengthen a sense of community and belonging, the HHNAC agrees on not duplicating efforts from the local area agency on aging and other trusted senior organizations, therefore it was not selected as a priority to be addressed.

## **Health Care Access and Quality**

General access to care is not currently considered a high-priority health issue for the general population in the county, primarily because the community already possesses substantial resources to address healthcare needs. According to data from the Colorado Department of Public Health and Environment, Douglas County has a higher-than-average ratio of primary care physicians, with approximately 1,040 residents per physician compared to the state average of 1,200. Additionally, the county has significant resources that provide a wide range of services, from emergency care to specialized treatments. These factors collectively illustrate that the necessary infrastructure and resources are in place, alleviating the urgency of prioritizing general access to healthcare in the county. The hospital will focus on specific initiatives that improve the quality of care via targeted programs, such as substance use prevention and addressing maternal health, to improve health outcomes in the county.