

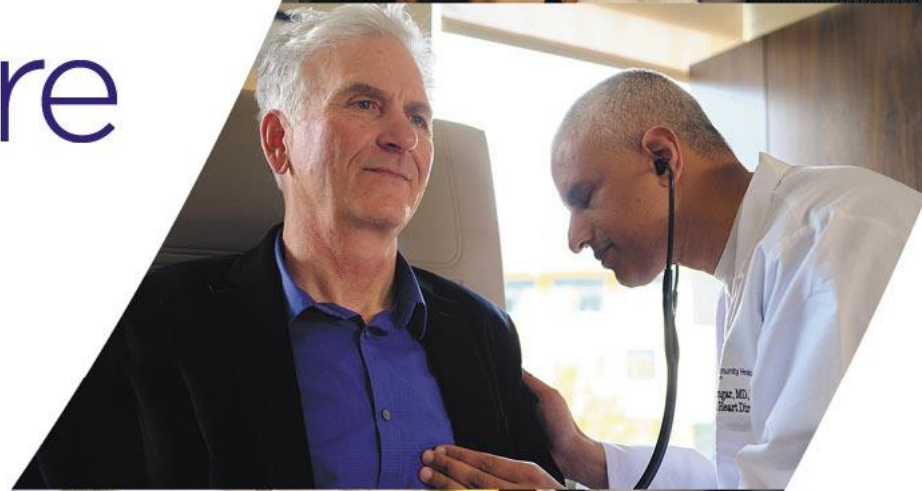
ONLINE PUBLIC MEETING

Your health, our future

**BCH's Community Health  
Needs Assessment**



Boulder Community Health



# Welcome!



## **Grant Besser**

Vice President of Public Affairs &  
President of the BCH Foundation



# Boulder Community Health

Partnering to create and care for the  
healthiest community in the nation





# What we'll cover this evening

1

Overview of progress BCH has made on its **2023-2025 Community Health Needs Assessment (CHNA)** and **Implementation Plan**

2

Updates on the **Hospital Transformation Project**

3

**Questions/Feedback:** What are the top priorities for health in our community?

# The CHNA process



**Identify** our  
community's needs  
through data analysis



**Solicit**  
community  
feedback



**Develop and  
document** an  
implementation plan



**Implement** plans to  
improve the health of  
the community

# Priorities of the 2023-2025 CHNA

1

**Mental health, chronic  
pain management &  
substance abuse**

2

**Wellness,  
preventive health  
& access to care**  
*(Focus on women's health)*

3

**Chronic disease  
management**  
*(Focus on aging population)*

4

**BCH & provider  
workforce**

## **During the meeting:**

You may submit questions in the live chat. *Questions will be answered at the end of the presentation.*

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- Email: [chna@bch.org](mailto:chna@bch.org)

# The 2023-2025 CHNA: Progress & Implementation



**Michele Grulke, RN, MSN**  
Associate Chief Nursing Officer



# The BCH Health System: Overview



Includes Foothills Hospital campus, Erie Medical Center and Community Medical Center

**181**

Inpatient beds

**1**

Urgent care

**25**

Emergency &  
Level II Trauma beds

**9**

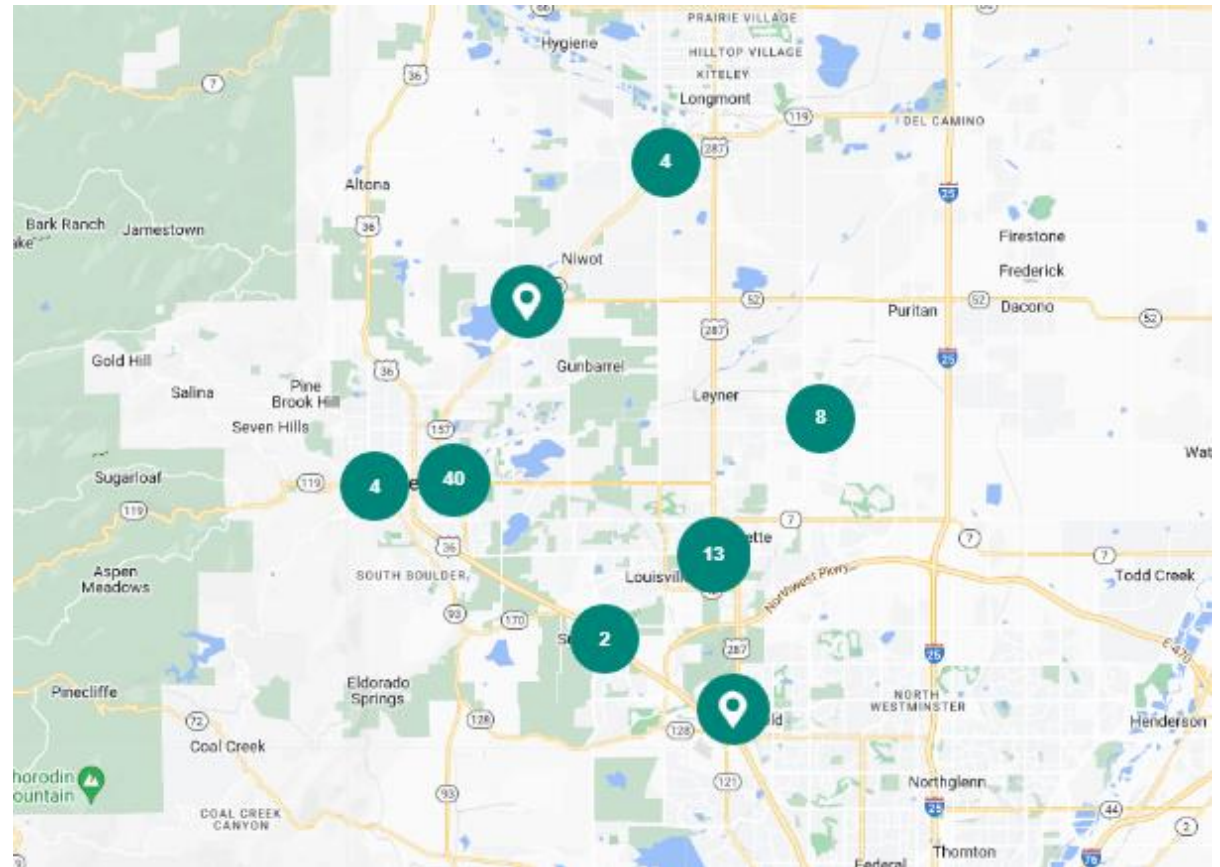
Primary care clinics

**2**

Emergency departments

**31**

Specialty care clinics



# Priority #1: Mental health, chronic pain and substance abuse



Treatment resistant mood disorders



Medically-monitored withdrawal management



Behavioral Health Navigator & inpatient substance use disorder



Integrated Behavioral Health in primary care



Community support through BCH Foundation



Partial hospitalization and Intensive Outpatient Programs

# BCH's financial commitment to this priority

- **\$130,454**- Support groups and specialized educational programs provide access to information for addressing health behaviors and risks (including Social Determinants of Health)
- **\$13,067** - Behavioral Health Navigator
- **\$122,337** - Sexual Assault Nurse Examiners (SANE) unreimbursed costs
- **\$190,000** - Transcranial Magnetic Stimulation (TMS)
- **\$50,000** - Anchor Point Mental Health Endowment
  - Community support through BCH Foundation
- **\$65,000** – Capital investment to provide medical withdrawal management unit



**ANCHOR POINT**  
MENTAL HEALTH ENDOWMENT



# Priority #2: Wellness, preventive health & access to care *(Focus on women's health)*



During the CHNA process, BCH heard from participants at a public meeting that **Women's Health Services** needed better attention. As a result, BCH added Women's Health Services as a health need to focus on caring for women throughout all phases of life.

- A **Gap analysis** was completed of BCH's current Women's Health Services to assess missing medical services, access issues and ways to improve access and care coordination
- **Education programs** were developed for patients and providers to educate our community about BCH's range of services and how to access them
- **Care coordination and navigation** was reviewed to determine what additional resources may be needed to ensure an efficient and patient-centered experience at BCH
- **Review of best practices** from other health systems to drive improvements at BCH



# BCH's financial commitment to this priority

(Wellness, preventive health, access)



- **\$772,262** – Cash and donations – BVSD athletic trainers, in kind and supply donations
- Community Support through the BCH Foundation:
  - Cardiology
    - **\$50,000** - Heart to Heart Fund
    - **\$24,000** - Heart Scan Promotion
    - **\$24,591** - Cardiovascular Community Outreach Coordinator
  - Case Management
    - **\$12,500** - Elaine Myers Fund for Neurological Injury
    - **\$155,135** - Project HEALS for Complex Patients
- Oncology access-to-care funds
  - **\$160,000** - Center for Integrative Care supported by the Complimentary Alternative Medicine Fund
  - **\$125,000** - Breast Cancer Treatment Fund
  - **\$100,000** - Red Lipstick Fund
  - **\$61,334** - Oncology Support Grants
  - **\$30,000** - Bonnie Tebo Chemotherapy Fund

# Priority #3: Chronic disease management *(Focus on aging population)*



# Expansion of Geriatric & Palliative Care



- **Geriatric Medicine Services** have expanded with the addition of two new clinics located in **Boulder** and **Longmont**, increasing access to specialized care for older adults across the region.
- **Palliative Care Program Development** continues to advance with the recruitment of a **double-boarded provider in both palliative care and trauma surgery**, enhancing our ability to provide comprehensive, multidisciplinary care for patients with complex medical needs.
- We are driving an **enterprise-wide focus on Advanced Care Planning (ACP)** to ensure we align treatment with our patients' values and preferences. This initiative prioritizes meaningful conversations around **goals of care**, equipping clinicians with the tools and training to support informed, patient-centered decision-making across all care settings.

# Priority #4: BCH & provider workforce



As part of our multiyear, collaborative **Workforce Initiative**, we are focused on fostering the development of high-functioning teams, address ongoing labor shortages and support staff resilience and retention.

Key investments include:

- **Hoover Family Center for Education Excellence – \$250,000**  
Supporting continued learning and development to drive clinical and operational excellence
- **Employee & Physician Wellness – \$235,000**  
Enhancing resources that promote the physical, emotional, and mental well-being of our staff and providers.
- **Employee Emergency Assistance Fund – \$75,000**  
Providing financial support to employees facing unexpected personal hardships.
- **Catalyst Leadership Trainings – \$68,687**  
Advancing leadership capacity through targeted trainings aimed at building effective, compassionate, and agile leaders at all levels.
- **Foreman Fund – \$50,000**  
Supporting professional growth opportunities that encourage innovation, collaboration, and career development.



# Investing in our workforce

Employee Education Expense – year over year



# Caring for our community: BCH's financial commitment to unreimbursed care



Helping patients who are unable to afford their care:

**\$56,559,874** - Medicare and Medicaid unreimbursed costs

**\$3,916,862** - Financial assistance at cost

**\$4,342,229** - Uncompensated care

**\$96,092** – Infectious disease unreimbursed care

## **What is the Hospital Transformation Program?**

The Hospital Transformation Program (HTP) is an initiative that aims to improve the quality of hospital care provided to individuals enrolled in Health First Colorado (Colorado's Medicaid program)

# The HTP asks hospital to:

Improve patient outcomes and experiences through enhanced care coordination

Identify vulnerable patient populations, and implement initiatives to improve the health of those patients

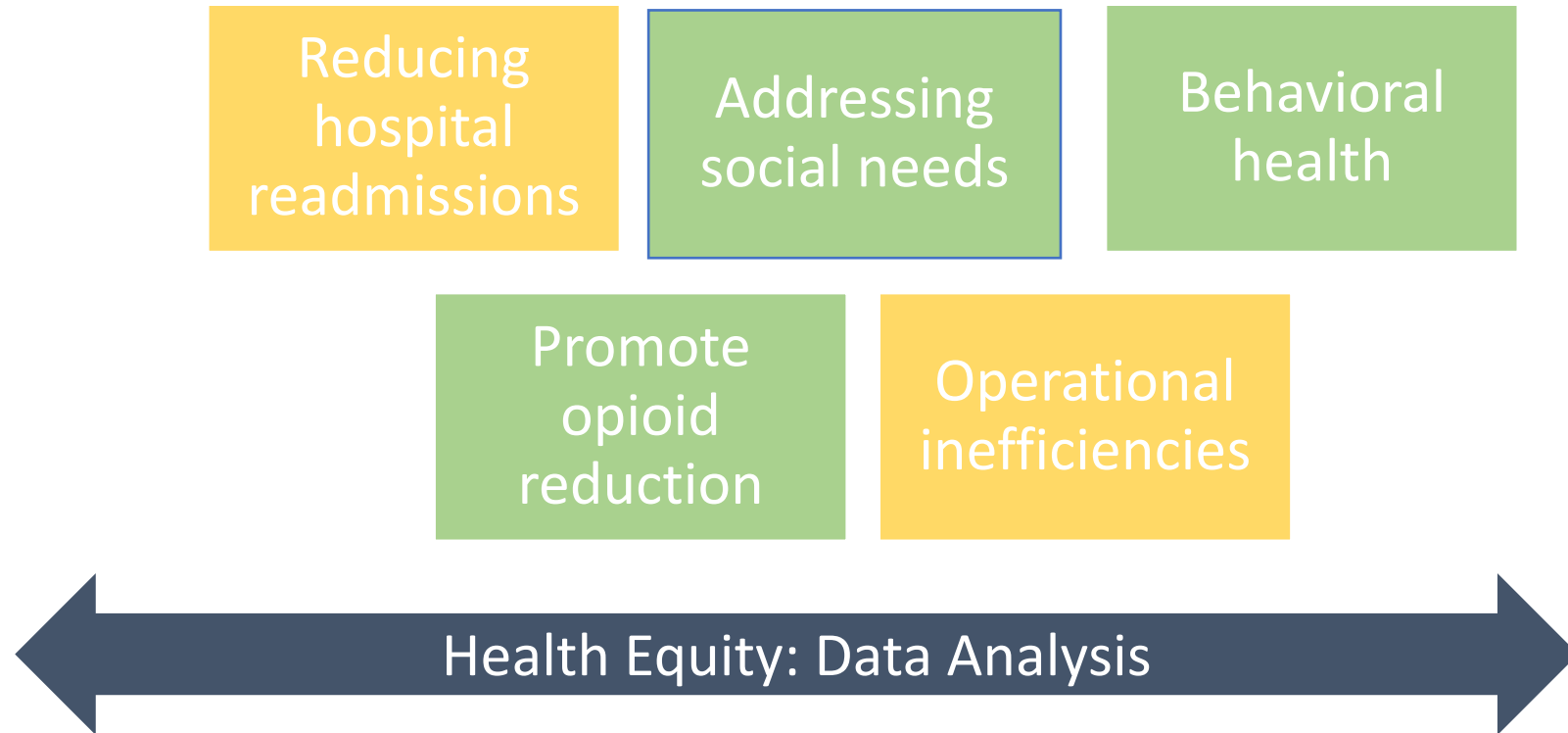
Engage with community organizations to address the unique health needs of their core patient populations

Lower Medicaid costs by reducing avoidable hospital care



# HTP focus areas:

HTP is about improving quality, meaningfully engaging with the community and improving health outcomes over time



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# Soliciting input: Results from our community survey



**Dominique Ashe**  
Peak Facilitation Group



Boulder Community Health

2025-2028

Community Health  
Needs Assessment  
(CHNA)

**Survey Results**



# Presentation Outline

Method and goals

Demographics

Health priorities for 2025-2028

- Top priorities
- Priorities by age group
- Key themes from comments

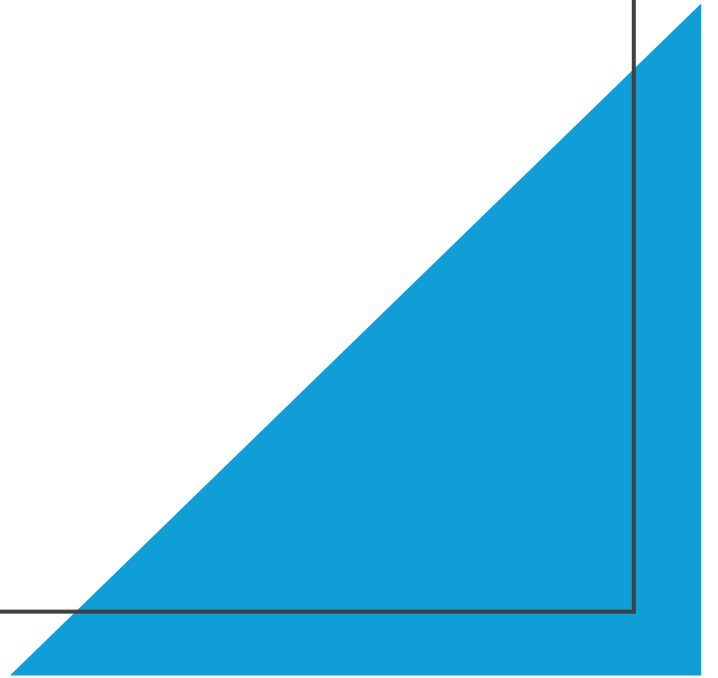
Barriers

- Top barriers
- Key themes from comments

Additional community feedback

# Method & Goals

- **Survey timeframe:** May 21 – June 12, 2025 (live 22 days)
- **Total respondents:** 1,228
- **Method:** Virtual survey
- **Goals:** Identify community priorities, barriers, and feedback for BCH planning



# Note About Percentage

Percentages in this presentation do not add up to 100%.

**Why:** Respondents could choose multiple answers per question (e.g., *identifying as a patient and a volunteer*)

Percentages reflect the proportion of total respondents who selected each option.

## The Majority of Survey Respondents...

Live in the **City of Boulder** based on ZIP code of residency (40%).

Are **over the age of 64** (57%).

Self-identified as **white** (89%)

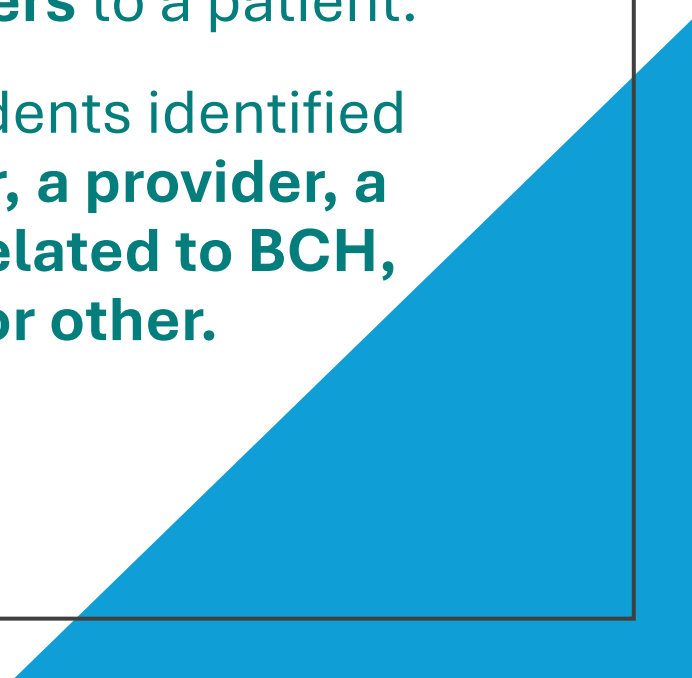
*(e.g., European, Slavic, Irish, German, North African [if they did not choose Middle Eastern or North African (MENA)]).*

Have received care or know some who has **received services from BCH** in the past 12 months (88%).

# Who We Heard From



# Who We Heard From

- **82%** of respondents are **patients**.
  - **22%** of respondents are currently or were previously **employees**.
  - **7%** identified as **caregivers** to a patient.
  - **Less than 4%** of respondents identified as a **community partner, a provider, a volunteer, a business related to BCH, a BCH Board member, or other**.
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# Health Priorities

The image features a minimalist design with a light gray rectangle on the left, a white rectangle on the right, and a blue triangle in the bottom right corner. The text 'Health Priorities' is centered in the gray area.

**Caring for an aging population** 47% of respondents indicated this topic among their top three priorities.

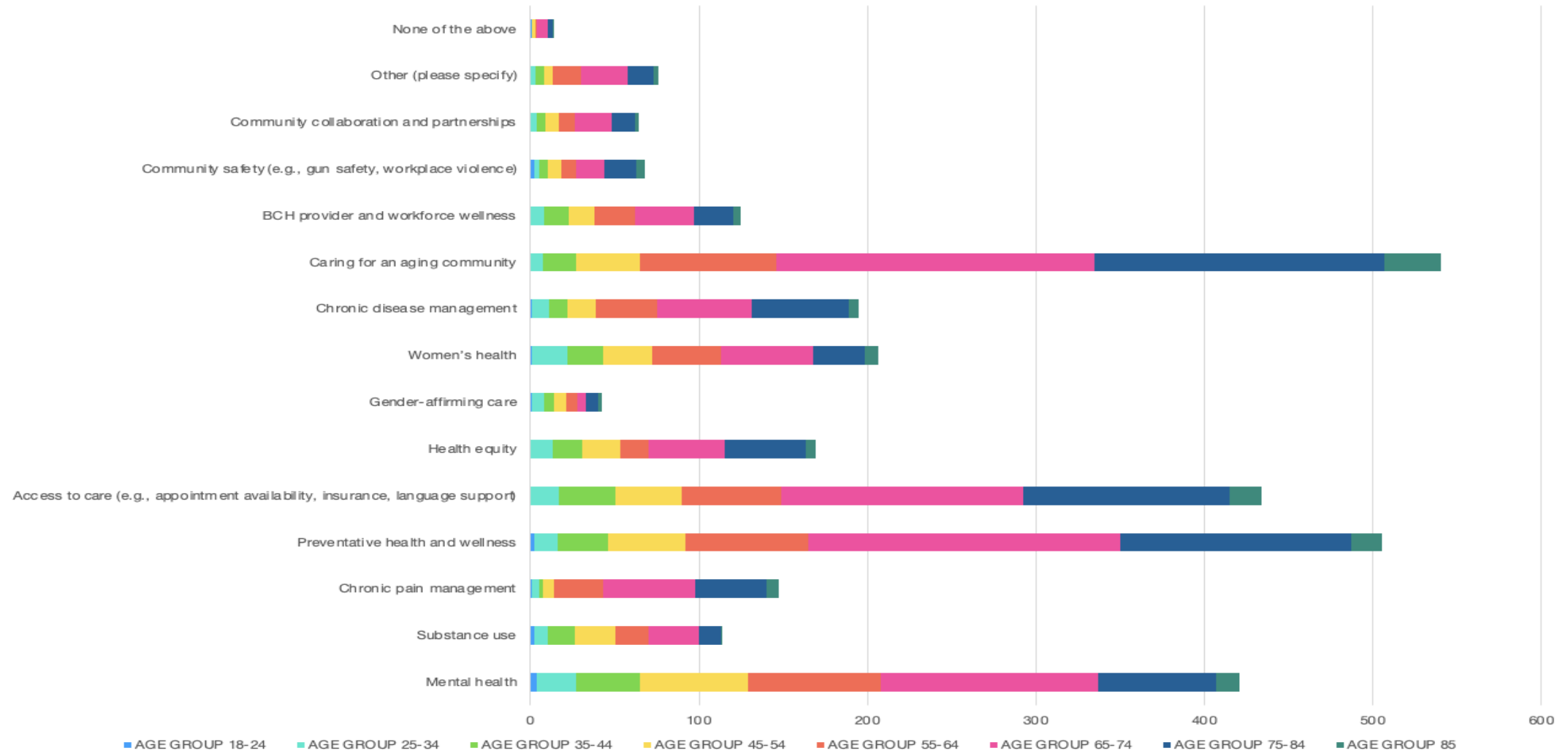
**Preventative health and wellness** 44% of respondents identified this topic among their top three priorities.

**Access to care** 38% of respondents selected this topic among their top three priorities.

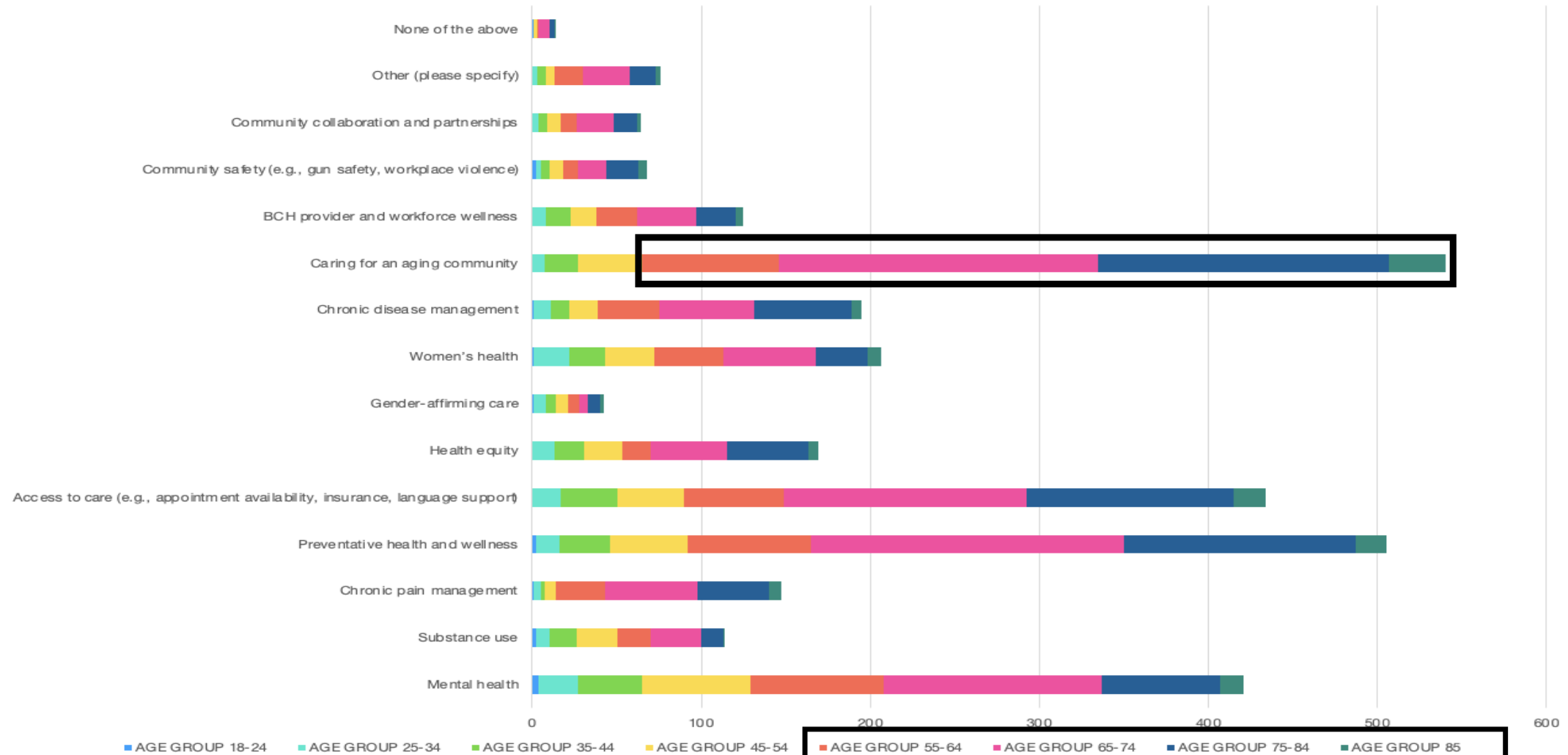
**Mental health** 37% of respondents chose this topic among their top three priorities.

# Top Community Health Priorities

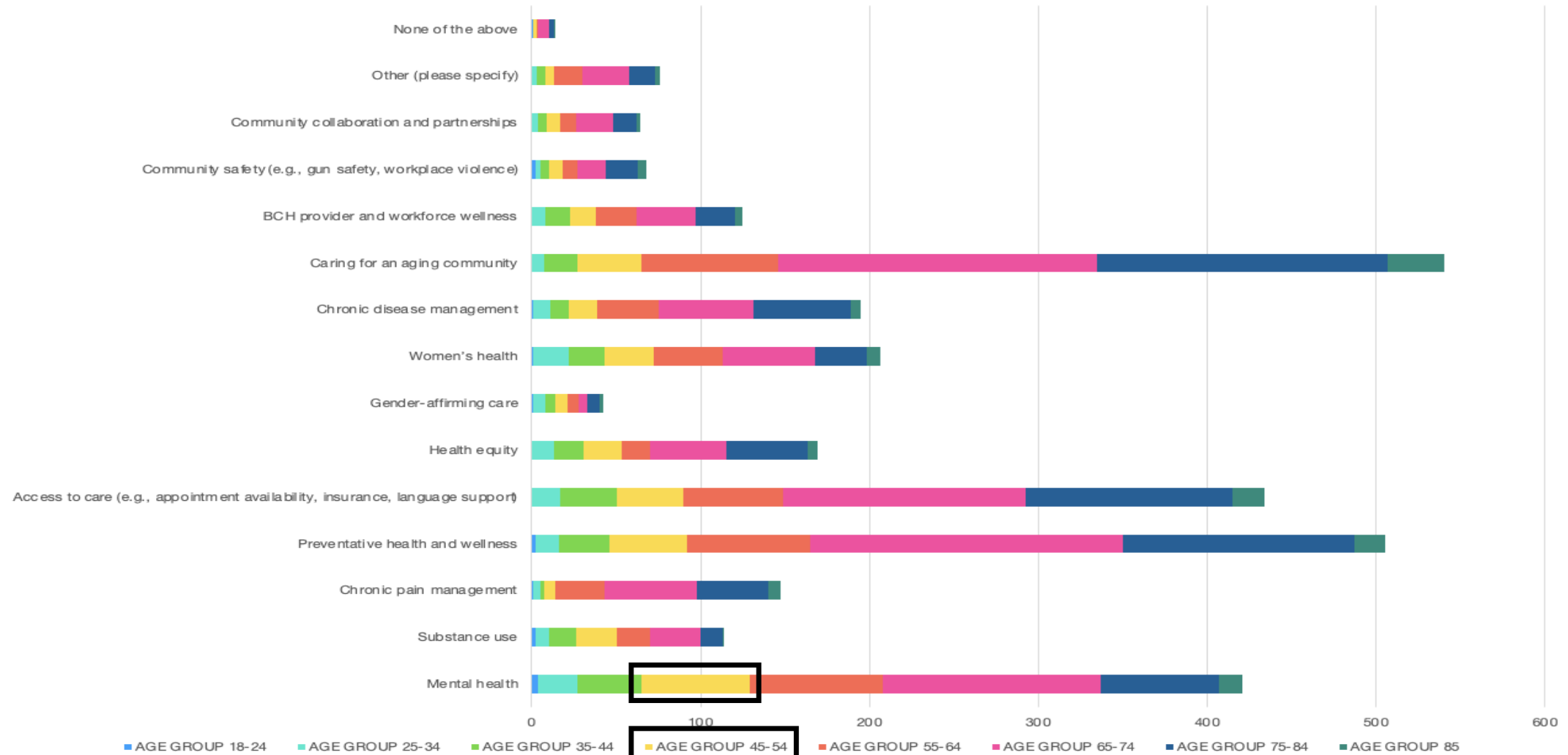
### Health Care Priorities Identified by Age Groups



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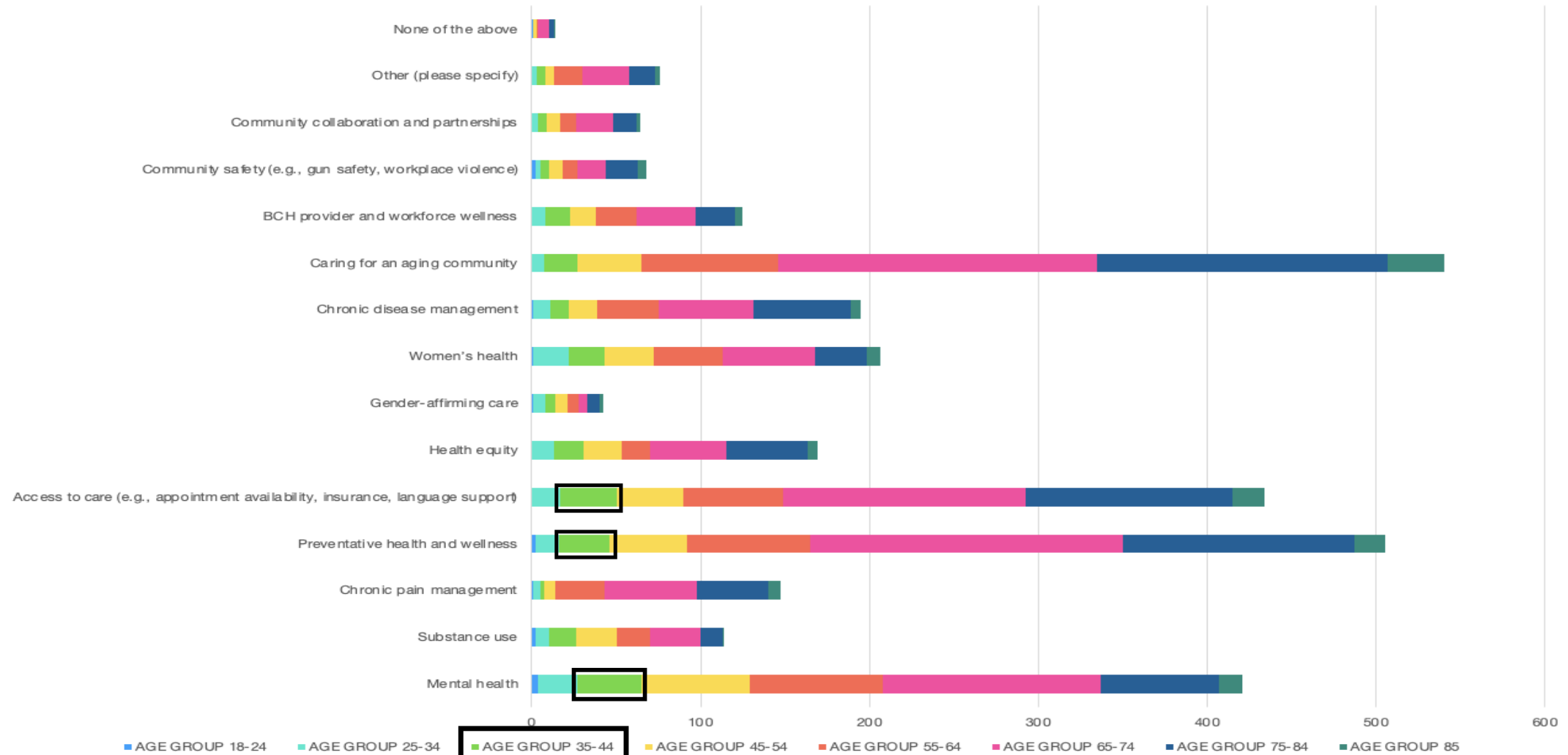


### Health Care Priorities Identified by Age Groups

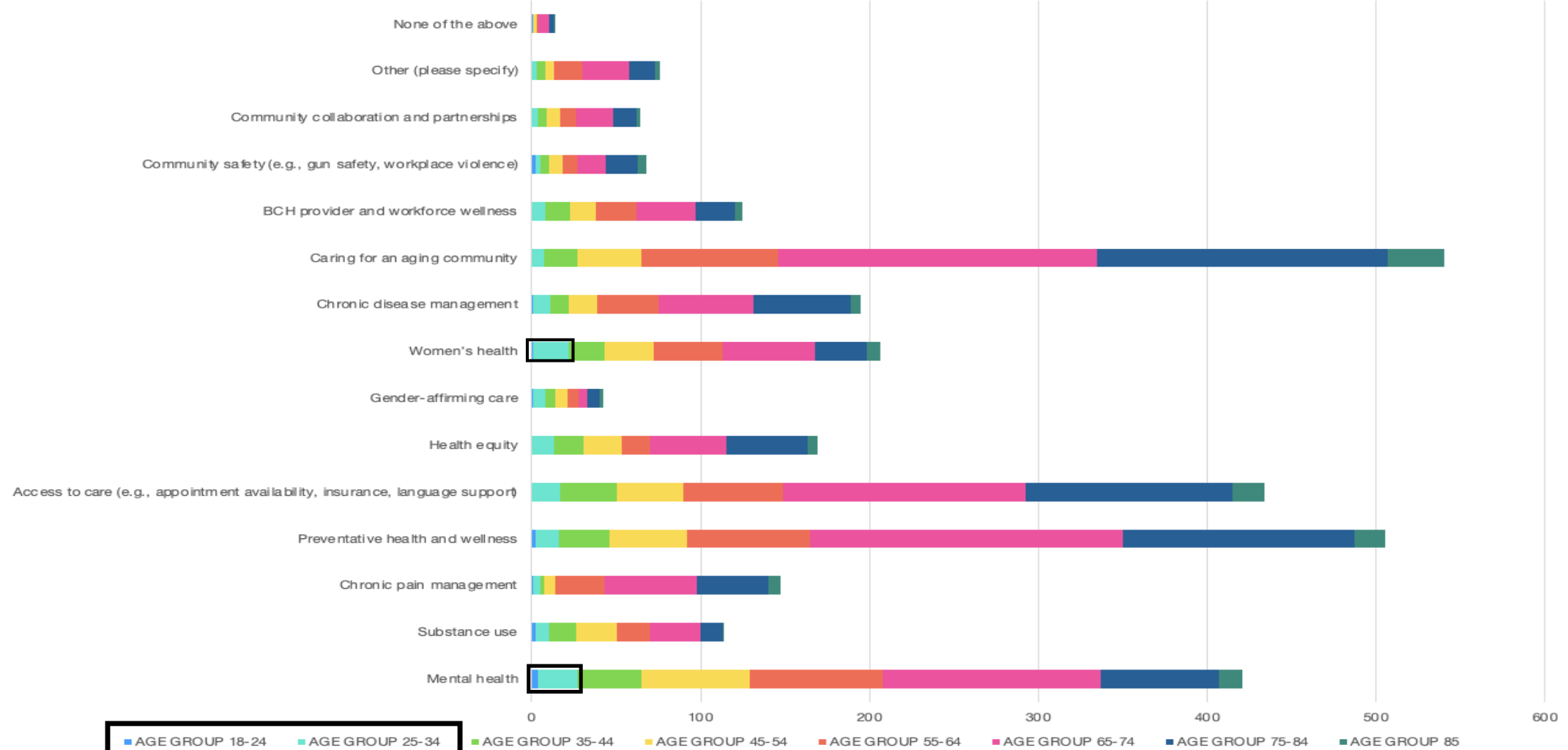




### Health Care Priorities Identified by Age Groups



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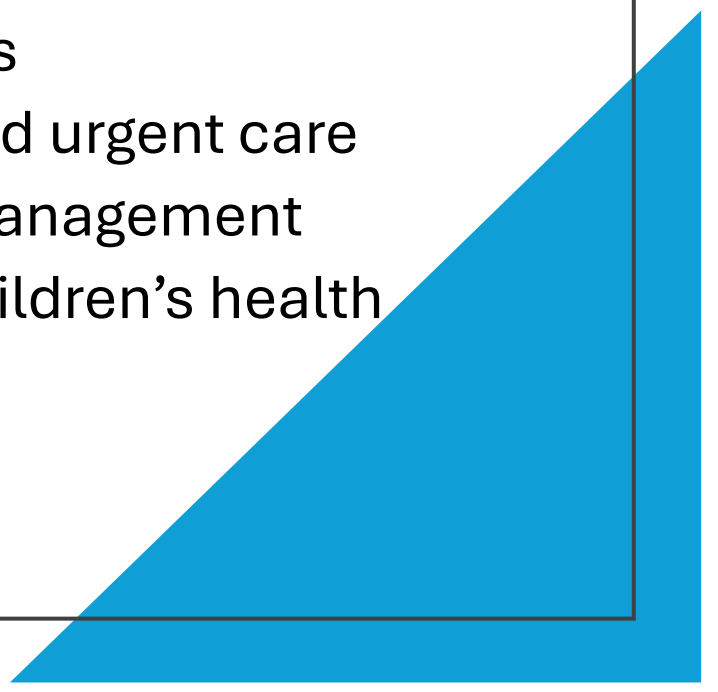


# Community Comments: Key Themes on Priorities

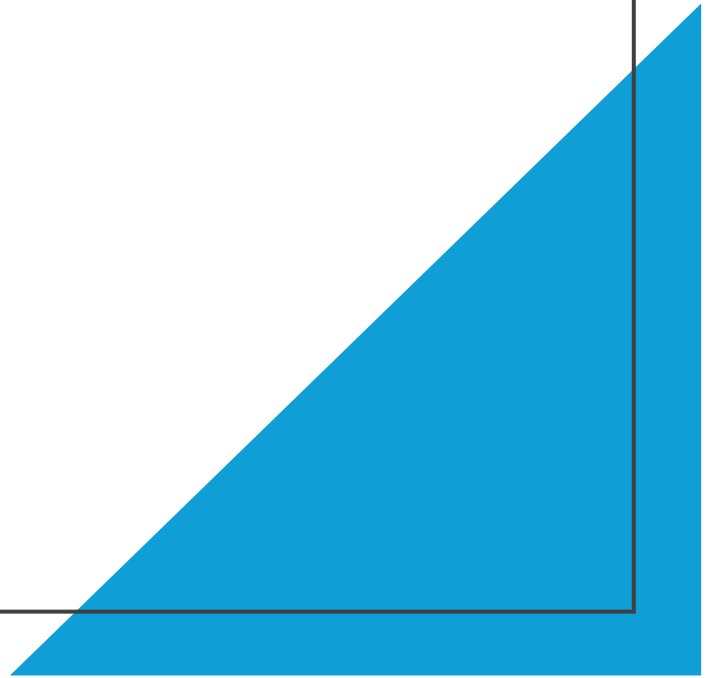
## Improving Access to Care

- Better quality of visits and coordination of care between providers
- Transparent billing and affordability
- Roundtrip transportation and parking availability

## Expanding Services

- Preventive wellness
  - Emergency care and urgent care
  - Chronic disease management
  - Comprehensive children's health
  - Rehabilitation
- 

# Barriers to Accessing Care



**Scheduling/appointment availability** 48% of respondents included this as a barrier.

**Insurance issues** 46% of respondents identified this as a barrier.

**Lack of awareness of services** 35% of respondents identified this as a barrier.

**Transportation** 14% of respondents chose this as a barrier.

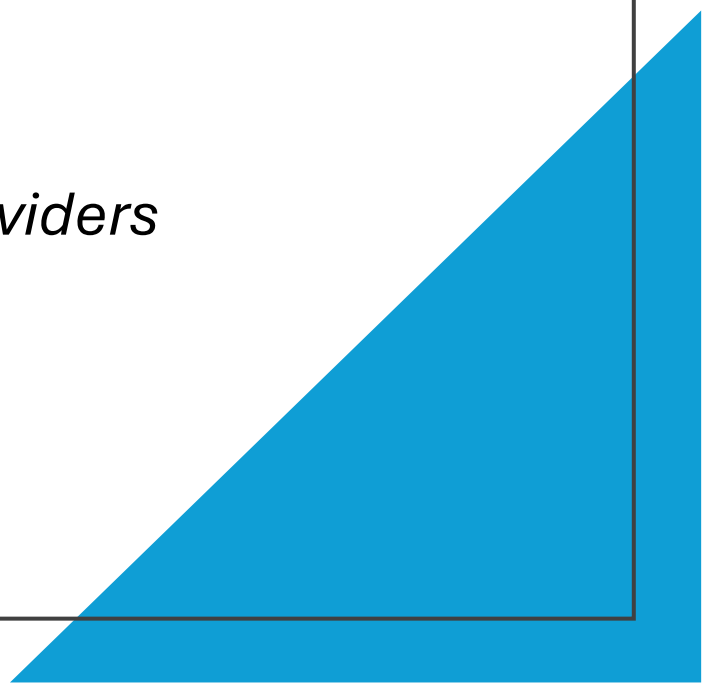
**Other (specified below)** 13% of respondents included this as a barrier.

**Language or cultural barriers** 5% of respondents identified this as a barrier.

# Top Barriers to Accessing Care



# Community Comments: Key Themes on Barrier

- Limited parking availability and challenges navigating departments
  - Wait times and scheduling delays
    - *Technology and automation frustrations*
    - *Lack of available specialists and primary care providers*
  - Poorly communicated costs
  - Limitations to care for aging population
  - Concerns with larger health industry trends
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**79%** of survey respondents indicated that **BCH is addressing the community's top priorities moderately or well.**

**86%** of respondents indicated that they perceive **BCH as offering a welcoming and inclusive environment for all community members, often or all the time.**



Perceptions  
of BCH

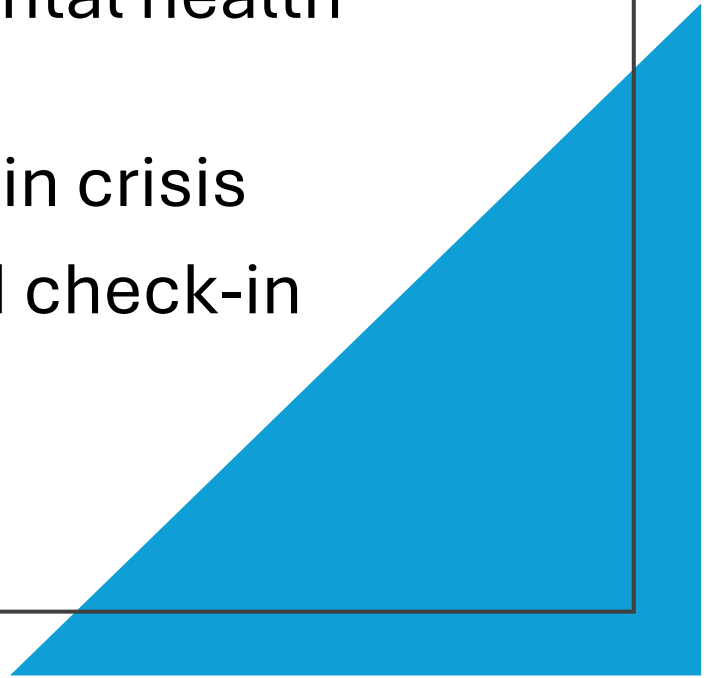
# What Makes BCH Inclusive

## Positive Perceptions

- Consistent, respectful treatment
- Trust in providers
- Praise for specific employees or clinics

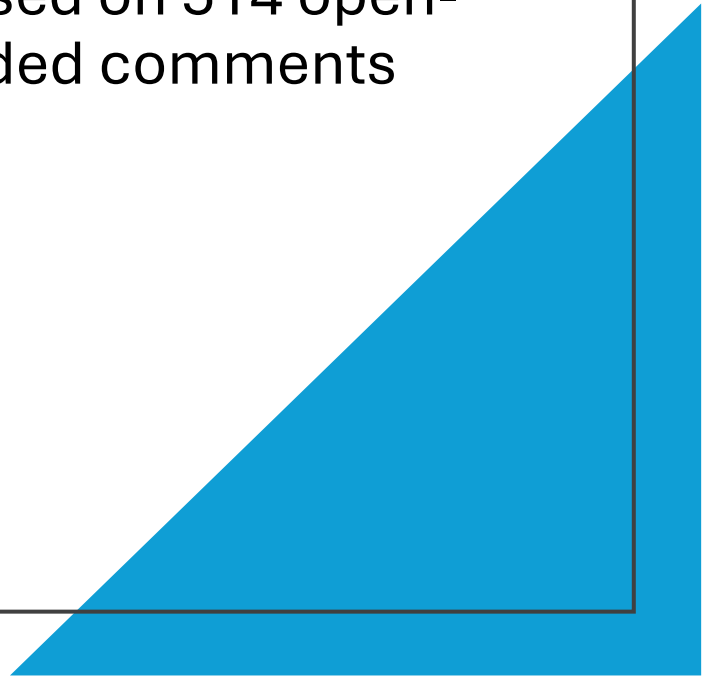
## Areas for Improvement

- Emergency and mental health services
- Support for people in crisis
- Facility upkeep and check-in experience



# Additional Community Feedback

Based on 514 open-  
ended comments



# What Community Members are Saying

*37% purely positive feedback.*

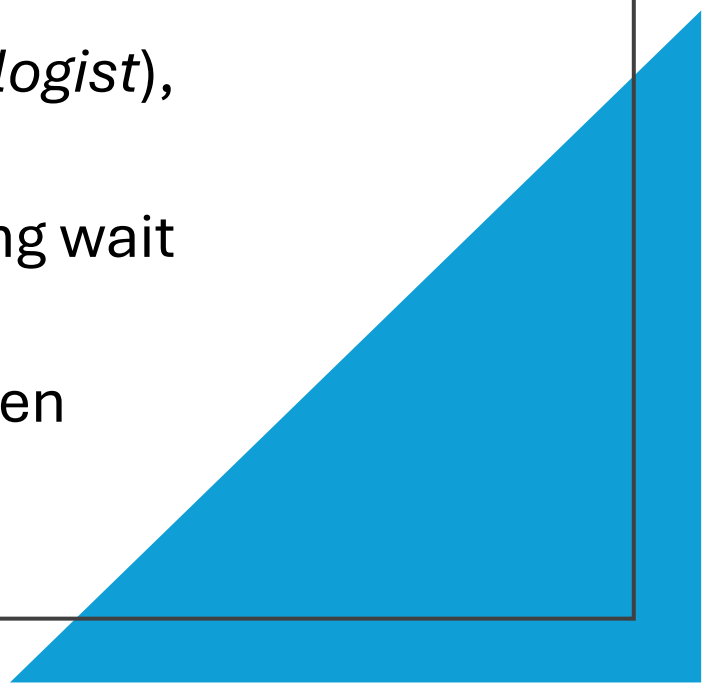
**Recurring themes** included:

- Appreciation for specific staff or services
- Suggestions for improving quality of service and communication
- Concerns about billing or wait times
- A desire for expanding services



# Suggestions for Improving Quality of Service

## More timely appointments

- **Currently:** Months apart (e.g., *6 months to see a neurologist*), rushes visits (e.g., *15 min with the doctor*)
  - **Opportunity:** Adapting to community growth, shortening wait times, and offering more providers and specialists
  - What is a more reasonable length of time to wait between appointments? [Suggest a range in the chat!](#)
- 

# Suggestions for Improving Quality of Service

## Disclosing costs

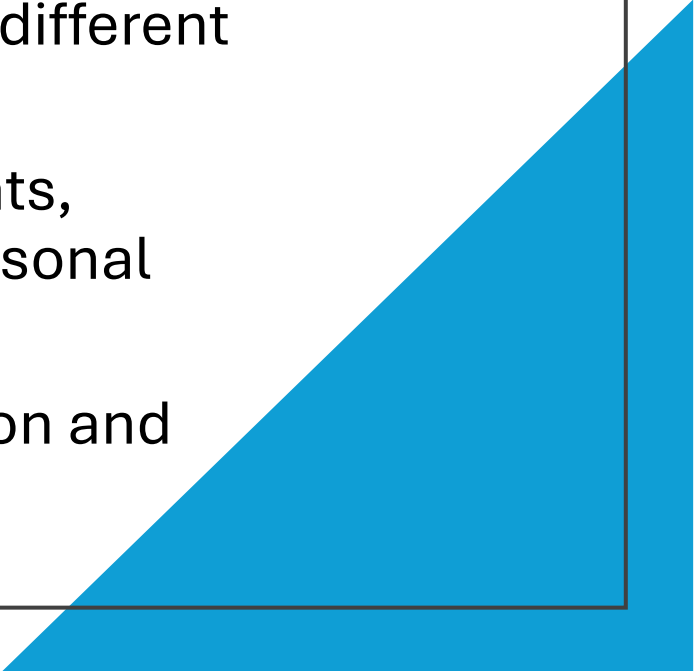
- **Currently:** Surprise bills, fragmented costs, and frustrations with billing and insurance communication
- **Opportunity:** Comprehensive cost estimates before procedures and eliminating collections agencies
- What specific billing information would you like to see upfront?

Suggest ideas in the chat!

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# Suggestions for Improving Quality of Service

## Simplified technology and scheduling tools

- **Currently:** Unnecessary messaging, multiple portals for different providers, and ineffective or impersonal automation
  - **Opportunity:** Standardize documents across departments, consolidate portals, and eliminate unnecessary or impersonal messaging or offer the option of direct communication
  - What else would improve your experience with automation and technology? [Make a suggestion in the chat!](#)
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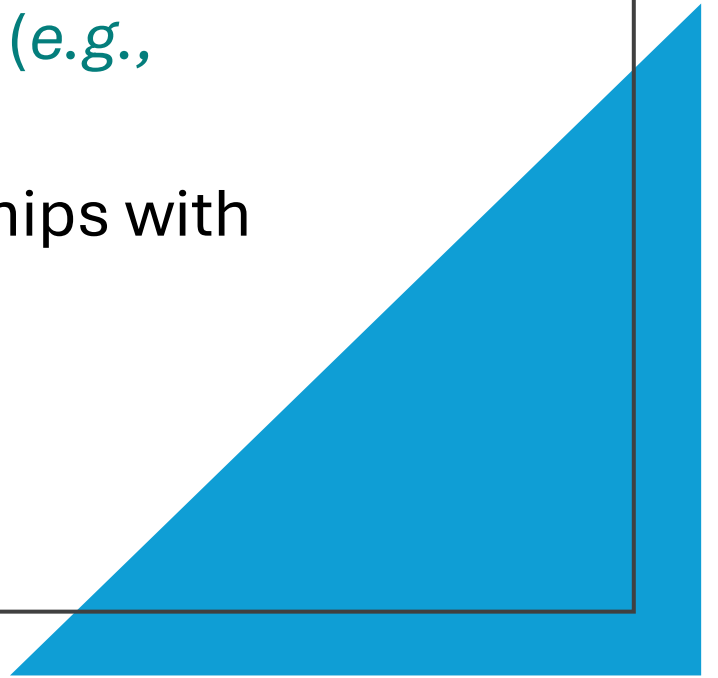
# Suggestions for Specific Services

- Geriatric-specific care
- Long-term care planning for chronic diseases and chronic pain
- Preventative care (e.g., *functional and integrative approaches*)
- Women's health (e.g., *centralized breast clinic*)
- Mental health (e.g., *outpatient providers and long-term care coordination*)
- Pediatrics
- Rehabilitation
- MRIs and PET scans

# Community Collaboration

## Key Themes

- Coordination gaps (*within BCH and affiliated organizations*)
- Desire for BCH to manage more services internally (e.g., *pharmacy access*)
- Support for expanding community-based partnerships with underserved or marginalized populations



# Questions?

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