

2021 Public Meeting - April 14, 2021 6:00-7:30pm

The Boulder Community Health community meeting (public meeting) was an opportunity for BCH to share many of its incredible accomplishments and to continue to tell the BCH story to a wide audience. BCH solicited community feedback on its current Community Health Needs Assessment and evaluated opportunities to update the Implementation Strategies it has undertaken. The meeting fulfilled requirements from the following three sources/programs:

- Community Health Needs Assessment (CHNA) 2020-2022
- Hospital Community Benefit Accountability Law (HCBAL)
- Hospital Transformation Project (HTP)

Meeting Invitees

Please see attached file for more detail on invitees

- The Hospital Community Benefit Accountability Law mandatory invitees
- State Government
- City and County Government
- Two County School Districts
- Community not for profit organization leaders
- All community members on Boulder Community Health email lists

Meeting Notices

Email

- Email invitation to list of designated community people and organizations March 28, 2021
- HCBALaw mandated invitee list was sent via an email invitation on March 29, 2021
- Email invitation extended to entire community on April 1

Website, social media, and newsletters

- Meeting Notice was posted on BCH website in the "Latest News" section and to the website calendar
- Social Media Announcements included Facebook and LinkedIn
- Notice was given to employees and Medical staff with internal email blasts and articles in the March Medical Staff and Boulder Valley Care Network newsletters

Announcements appeared in:

- The Daily Camera on Sunday, April 4, 2021
- Longmont TIMES-CALL newspaper ad- Sunday, April 4, 2021
- Colorado Hometown Weekly ad -Wednesday, April 8, 2021

Announcement Thumbnails:







Meeting Agenda

- Introduction and Welcome Moderator Grant Besser, VP of Public Affairs and President, BCH Foundation
- BCH Background, History, COVID-19 Response, Charitable Care, the BCH CHNA Robert J.
 Vissers, President and CEO, BCH
- Presentation of Four Community Needs from CHNA including progress to date
 - Chronic Disease Management and Traumatic Injury Jacqueline M. Attlesey-Pries, VP of Operations and Chief Nursing Officer
 - o Mental Health Jill Ericksen, Director, Behavioral Health Services
 - Wellness and Preventative Health Elizabeth Cruse, Medical Director for Boulder Community Health and Boulder Valley Care Network
 - Community Education Benjamin Keidan, VP and Chief Medical Officer
- Hospital Transformation Project Benjamin Keidan, VP and Chief Medical Officer
- Soliciting Community Feedback and Questions to Presenters Grant Besser, VP of Public Affairs and President, BCH Foundation
- Adjourn

Meeting Attendance

- 67 attendees participated in the meeting on April 14, 2021
- A video recording was posted to the BCH website and 172 views had occurred as of August 5, 2021.
- The link to the video recording was emailed to over 90,000 community email addresses.

Links to the meeting

- CHNA page with recording and comment form <u>bch.org/CHNA</u>
- Direct link to watch on YouTube -- https://www.youtube.com/watch?v=YLPr0NfXEuA

Meeting Actions

- BCH Planning Committee of the BOD discussed public meeting on April 20,2021
- BCH BOD mentioned the public meeting and implementation update plan on April 27, 2021
- After review of the comments and final report, the BCH BOD elected to make no revisions to the BCH Community Health Needs Assessment Implementation Strategy for 2020-2022 that it had adopted on December 3, 2019.

Collection of Public Comments

Comments made during the public meeting and those submitted through the BCH online portal are as follows:

Chat Log from Public Meeting 4/14/2021

Sue

6:15 PM

Kudos to you for our extremely easy and efficient vaccine appointments.

Markisha

6:16 PM

I'm glad you mentioned health equity and determinants of health. What are some of the things that you are doing to provide culturally competent care and address the racial and ethnic biases in the system as a whole and through patients' individual interactions with staff and physicians that exacerbate health conditions and even lead to the death of people of color.

Sue

6:22 PM

How can undocumented people get vaccines without fear?

Jeff

6:31 PM

What is BCH's biggest threat to remaining an independent, non-profit health system?

Isabelle

6:32 PM

How long are current wait times for mental health and SUD patient navigator services?

6:36 PM

Feel free to ask questions in the chat box to the right of the video.

Jim

6:37 PM

How does PFAC figure into the BCH master plan?

What diabetes programs are available and how are they publicized?

Who is the diabetes educator?

Kathy

6:45 PM

Related to public health initiatives: what do we need to do to elevate and incorporate gun violence into a public health strategy? How can we as a community support moving gun violence as a public health issue forward?

What is BCH's plan to recruit, develop and retain Professional of Color so that People of Color experience representation in the medical community?

Isabelle

6:50 PM

Can you give more examples of the kinds and amounts of resources provided directly by BCH to patients after they have identified social determinants of health needs?

Kathy

6:51 PM

Related to education: What is the community education plan to help friends and family identify when a loved one might be in trouble? And what resources are readily available for those in urgent need of help and resources that do not have a 6-8 week waiting list for those identified?

Angela

6:53 PM

The senior population is growing in the area. What is the hospital doing to return warm water therapy for this population? The closure of the pool was a HUGE loss to the health and well-being of seniors as well as people with disabilities.

Isabelle

6:54 PM

How is the equity lens, specifically racial justice, lens being applied to each of the four identified priority areas?

Can you speak more to how you arrived at the four priority areas?

Luci

7:01 PN

Have efforts been made to reach the variety of Boulder community resources (business and non-profits) to develop ways to be more proactive in reducing food insecurity to help Boulder become the healthiest community in the nation?

Jonette

7:02 PM

Do you have or are you considering hiring Community Health Workers who live in the community and look like the BCH patient population as a part of your cultural competency processes.

Angela

7:06 PM

My question about seniors and people with disabilities was specifically about warm water therapy. There is no longer an adequate therapy pool (East Boulder Rec. not adequate for these populations.).

Markisha

7:12 PM

If patients or families feel that may have received subpar care and that their doctor is not listening to them because of racial bias, is there a way to report that?

Maggie

7:15 PM

I echo Sue above about the efficiency of your vaccination appointments. Thank you!

Jonette

7:16 PM

Regarding cost of care and financial margins, has BCH considered becoming an ACO?

7:21 PM

pr@bch.org

We may not be able to answer all questions because of time constraints. Questions can be emailed to pr@bch.org

Thank you for joining us. The recording of this lecture has been archived for future viewing at BCH.org/CHNA

bch.org/CHNA

Comments on our CHNA can be submitted using the form found on bch.org/CHNA Comments on our HTP goals can be submitted using the form on bch.org/HTP

bch.org/HTP

Public Comments received by email through May 3, 2021

FirstName: Angela

Message: What is the hospital system doing to address the exercise and well-being needs of people with disabilities and seniors? The loss of the warm water therapy pool has been devastating for these populations and there is no adequate replacement in the area. The original pool was funded by the community in recognition of the special properties warm water therapy contributes to overall well-being. For many seniors and people with disabilities, moving in the weightlessness of warm water exercise is one of the only ways they can fully move their bodies. Boulder has focused its many recreational opportunities on able-bodied people. This seems short-sighted given the growing senior population and the disabilities most people acquire when they age.

FirstName: Trude

Message: Will gun violence and suicide be included as community health needs?

FirstName: Barbara

Message Thank you. Please have BCH stop blocking Gilpin County patients with Medicaid from access to healthcare at BCH. Gilpin has no healthcare. No doctors. No clinics. No hospital. Patients are often closest to Boulder. They

should not be turned away for living in the wrong county. It is a complaint I hear all the time from local residents in the peak to peak. The best healthcare should be available to all!

FirstName:Lisa

Message need type 1 diabetic education brought into 2021, providing and making accessible info on diabetic coaches, lectures such as on new technology and research, new technology support, service dogs, support groups, facebook group, nutritionists. Right now I have a 15 minute appointment with an endochronologist 4 times a year, the dietician is saying the same things as 20 years ago. I get my perscriptions and insulin adjustments based on the quick look at numbers. Yes that keeps me alive and I am grateful but there is so much more that could help me with my quality of life and to get my A1C down I'm sure if there was some help from you making important connections and focusing on education in a much more eloquent, sophisticated way including all the tools that exist in the area not the old school limited approach. Please help.

FirstName:Sue

Message I would like to see much more support for the type 1 diabetic community. There is a lot out there but the endocrinology departments don't seem to embrace the role of education or support or being a link to resources. It would help me so much to be able to find information on technology for diabetics, community support that connects me to other diabetics such as facebook or support groups or lectures on specific topics on type 1 diabetes. I would like a place to find out about supplements for type 1 and chiropractors and acupuncturists and nutritionists and diabetic coaches and support dogs but endocrinologists have such a limited tool bag and see you 15 minutes four times a year- yes it saves your life but I have found it unable to improve my quality of life-I simply get put on more and more drugs with more and more side effects. The dietician was never really very helpful for me. This chronic disease requires an intense amount of management on a daily basis and I could use so much more help and information, if you would consider at the least trying to be a clearing house for info and resources, and provide a way for us to connect as a community to learn and support each other. Thank you for your consideration

FirstName: Bob

Message Hmm, you left out domestic violence and it's correlated issue, bullying.

Which leads me to suggest, again, that you might talk with the local clinic directors about dietary supplements for low income county residents, esp pregnant and lactating mothers, whose diets may be especially deficient in PUFAs. But I tried that before and failed. Oh, well.

FirstName: not captured

Message Boulder County is not addressing

the impact of climate change on the respiratory health of it's community. There are serious long lasting effects from breathing the unhealthy air here. The public needs to understand the consequences of long and short term exposure to the toxins that exist in our air. This is especially true for the never ending fires that occur now. Safe rooms with air purification systems should be developed for the purpose of breathing clean air in one's residence during episodes of dangerous air. The west is burning up and the dangerous air quality needs to be addressed by educating the public as to what they can do to mitigate

the exposure to toxins in the air. The new "normal" of endless unstoppable fires here is frightening and education is key to protecting health of the public.

FirstName: Jonathan

Message How is BCH policy aligned with American Hospital Association and Partners for Americas Health Care Future on healthcare equity?

FirstName: Jonette

Message I served on two CHNA community advisory groups in Minnesota. If there is an open position on the BCH CHNA committee, I would enjoy the opportunity to be a part of the planning/reporting etc. group.

FirstName: Virginia

Message: I attended the grand opening of Della Cava Family Pavilion a couple of years ago. I thought that Boulder was so fortunate to have a brand new mental health treatment center. It is so beautiful and the access to in patient and out patient programs seemed like a dream come true. Imagine how disappointed I was when my son was admitted because of a psychotic episode and I was informed that there was a zero possibility that he could receive out patient services through Della Cava. Furthermore, there was no real attempt to set up immediate out patient

follow up care with a therapist. I received a list of therapists who were "in network" for his insurance. It took me about 10 days to get an appointment for my son who was still psychotic in his behavior. I know that during the pandemic, providers have been inundated with people needing mental health care. I now have my own horror story of how it is impossible to get mental health services when a loved one is in crisis. I know this an every day occurrence in Colorado. I just expected something better from Della Cava, a brand new beautifully designed mental health facility right here in Boulder County. It is a crying shame that families in crisis cannot get adequate mental health services and follow up for their loved ones.

FirstName: Suan Message Thank you!

There's a lot of great effort here. Thanks.

However, I would like to point out that there are still a goodly number of Boulderites who are in the aged group and who still struggle with the technology divide.

If you set up opportunities for them to enrol to learn how to bridge that gap, I am willing to volunteer my time to teach: signing in , etc . so they too can be reached and enjoy the benefits of now available tech tools in their care packages.

FirstName: Barbara

Message: Please offer patient care for Gilpin County residents. BCH is often the closest hospital for many north area Gilpin residents and they should not be rejected from care because of where they live. As well, many work and live in Nederland and Boulder and BCH is the hospital they are taken to by ambulance.

FirstName: Mark

Message: While I understand the focus in the CHNA on medial issues, increasingly for many of us, financial concerns drive our healthcare decisions. No matter how good the medical treatment is many of us are locked out due to the inability to get reasonable, timely and approximate pre-treatment costs. I have found it difficult to get basic fees for services and medical procedures. I do understand that internal medicine is very much dependent on the a patients specific condition and that can be very different from patient to patient. I also understand that every Dr/Surgeon has a procedure and staffing requirement that is somewhat unique. However, BCH has an enormous amount of data. It shouldn't require rocket science to give a base/median/average cost for a given procedures. In Boulder county there are many of us who don't have medical insurance, can't claim on medicaid/medicare but would be willing to pay towards our care, or at least know what the potential debt we may be taking on. I would like to see an online estimator that allowed "what if" type estimating, this should be able to be table/database driven. If you don't feel there is demand for this, to meet the investment needed to build an online estimator, then please setup a clear dept. and contact point where the same or similar information is available. Currently you get passed from person to person, dept to dept. based on who answers the phone. This really isn't where a leading edge healthcare provider should be in 2021.

FirstName: Angela

Message: Needs not met within BCH: Geriatric Mental Health Specialists. Psychiatrist plus Therapists. The only source of help is a Della Cava group IOP. Psychiatrist plus Therapists are Avacado ONLY for the program. Geriatric patients dealing with Major Disorders are slipping through the cracks. When geriatric patients need appointments that require anesthesia they are required to have drivers plus escort upon pickup after procedure. COVID introduced difficulties for the most vulnerable and high risk members of our community. Some just skipped care due to lack of anesthesia rides. Prescribing physicians could develop a staff coordinator to find healthy drivers. There is additionally a need for a companion to sit with geriatric patient after getting home. The companion should be able to stay one night. This staff position for those physicians who do anesthesia procedures could provide referrals for this need that is blatantly lacking. Patient check in at BMC is not well designed. The kiosk checks a patient in... but the patient then must report to the receptionist in each department. This makes little sense and creates another contact. Why use the kiosks AND in person checkin? PARKING at FOOTHILLS is hazardous for geriatric patients still able to drive. The parking garage is a poor choice. It is dark and not easy to maneuver the parking spaces in the traffic jams. All being said much improvement is needed for our healthy and age defying geriatric community who still drive, keep their own appointments and even live alone... no help needed. I say, "HONOR OUR OLDERS". First priority and greatest need is a fully staffed Geriatric Mental Practice with Psychiatrists plus Therapists-who take new patients. Thanks for this opportunity to express an immediate need in BCH

FirstName: Ann

Message: More beds in the Della Cava Family Medical Pavilion for mental health patients in the throes of an episode requiring hospitalization.

FirstName: Amelia

Message: Please abandon the use of the BMI - this is not a medical measurement system. It was designed by a Eugenicist for the purpose of "filtering" out ethnic qualities. The BMI calculator does not reflect actual medical science and it's application to many can end up doing harm by stigmatizing, increasing insurance premiums, decreasing care, and promoting fatphobia. Boulder Community Health does so much right and contributes greatly to the health of our community. Please consider abandoning the use of BMI.

FirstName: Jonathan

Message: Please include realistic projections and acceptable goals: denied access (scheduling, insurance coverage and network, logistics, social barriers) preventive care visits E.D. and Urgent Care serving as primary care (initial and follow up visits) Telemedicine role Provider workforce and well-being (ongoing assessment of satisfaction, distress, burnout, attrition, suicide, patient input, etc.) Contingencies for widening financial gaps Also, define non-profit, community hospital principles and values that may differ from larger hospital chains and the influence of profit and politics.

FirstName: Nicolette

Message: Good morning: I'd like to add dementia awareness to the chronic illness category. Training in recognizing dementia characteristics and learning to communicate effectively with dementia patients would go a long way to addressing wellness in that population. We still see dementia patients not getting medical help or receiving inadequate medical help because they cannot understand their surroundings. What makes this miscommunication so crucial is that we will have a larger population in the next decade who will show up for medical help and have dementia. Thank you.

FirstName: Kitty

Message Mental Health is by FAR our most pressing problem!!!! It is our primary cause of crime and homelessness.

FirstName: BK

Message: Why do you believe chronic pain management should be treated as a mental health issue? In general, depression, anxiety or other mental health problems are secondary to the chronic pain condition itself.

FirstName: Margaret

Message: Dr. Fox presentation on preventing bone loss etc. was very educational and clearly presented. He should be encouraged to do more.

FirstName: Mary Jane

Message One of the issues I have had with BCH is a lack of clarification about what or who BCH is and how it is related to Boulder Med Center, Avista Hospital, etc. For example, there is Boulder Med Center at BCH, so obviously you share space, but there are times when you do not share information. I might be sent from my PCP at Boulder Med for testing at BCH, but not all info transfers. I know that Boulder Med Center is poorly managed and uses the worst and least user-friendly information-sharing portal available, but can't you put pressure on them to upgrade their system so that I can allow BCH personnel to access my Boulder Med medical info? Please.

FirstName: Angie

Message: BCH really needs to stop pushing drugs and get back to botanical medicine.