2023–2025 IMPLEMENTATION STRATEGY

Based on findings of the 2022-2024 Community Health Needs Assessment
UCHealth University of Colorado Hospital
# TABLE OF CONTENTS

**Introduction and overview**  
Introduction .............................................................................................................. 3  
Our mission, vision and values ............................................................................. 3  
University of Colorado Hospital overview ......................................................... 3  
Community served ............................................................................................... 3  

**Implementation strategy**  
Implementation strategy process, development and approval ........................................ 4  
Board of Directors approval ................................................................................. 4  

**Community health needs**  
Identified community health needs .................................................................... 5  
Assessment and prioritization process ................................................................. 5  
Prioritized health issues ....................................................................................... 5  

**2023–2025 implementation strategies**  
Access to care ....................................................................................................... 6  
Behavioral health ................................................................................................. 8  
Social drivers of health ....................................................................................... 10  

**Conclusion** ...................................................................................................... 12  

**Appendix**  
Community organizations and partners .............................................................. 13
Introduction.
UCHealth University of Colorado Hospital (UCH) aims to improve the lives of its patients by providing access to high-quality, comprehensive health care services. UCH has engaged many partners and organizations in the community to promote health and prevent illness in the local community with a focus on serving the community’s most vulnerable populations. These efforts not only focus on providing emergency services and charity care, they also aim to develop and offer programs that promote health, prevent illness and, ultimately, address the social determinants, or drivers, of health. This report summarizes UCH’s planned activities to support the identified community health needs.

Our mission.
We improve lives. In big ways through learning, healing and discovery. In small, personal ways through human connection. But in all ways, we improve lives.

Our vision.
From health care to health.

Our values.
Patients first  
Integrity  
Excellence

UCH overview.
UCH is a not-for-profit hospital located in Aurora, Colorado, and has served residents in the metro Denver area since 1921. As the region’s only academic medical center, UCH provides the most advanced and comprehensive services and treatments and has been rated as the number one hospital in Colorado by U.S. News & World Report for 11 years in a row. The hospital’s physicians are affiliated with the University of Colorado School of Medicine (CU SOM), part of the University of Colorado. UCH is committed to improving the lives of the community’s most vulnerable residents and cared for more than 240,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2021.

UCH is part of UHealth, a Colorado-based health system that offers the most advanced care throughout the Rocky Mountain Region, extending from Colorado to Wyoming and western Nebraska. As Colorado’s only integrated community and academic health system, we are dedicated to improving lives and providing the highest quality medical care with an exceptional patient experience. With more than 150 locations throughout the region, UCHHealth pushes the boundaries of medicine providing advanced treatments and clinical trials to ensure excellent care and outcomes for 2.3 million patients each year. UHealth is also the largest provider of Medicaid services in Colorado, with nearly 836,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2021, an increase of 310% since fiscal year 2013.

Community served.
For the purposes of this report, the UCH community is defined as Adams, Arapahoe and Denver counties. These counties represent the geographic areas most proximal to UCH and the areas in which a large portion of UCH patients reside.
Implementation strategy process, development and approval.
The implementation strategy report for UCH is based on the findings and health issue priorities established through the 2022-2024 UCH Community Health Needs Assessment (CHNA).

Implementation strategy process.
An implementation strategy summarizes a hospital’s plans to address identified community health needs and is intended to satisfy the requirements set forth in the Patient Protection and Affordable Care Act, passed in 2010. The implementation strategy process is intended to align the hospital’s resources and programs with goals, objectives and metrics for how the hospital plans to address the identified health needs in the local community.

The implementation strategy was developed by the UCH Internal Advisory Group (IAG), a subset of the hospital leadership team, which represents a broad range of departments and services across the organization. The development of the implementation strategy was based on an assessment of available community resources, as well as a review of UCH’s clinical support services, community health improvement programs and sponsorships and contributions to community organizations that aligned with identified health needs within the community.

The activities described in this report also rely on collaboration and partnerships with many of the same organizations and stakeholders that participated in the CHNA process. The listed strategies represent the combined input from key community leaders, public health experts, local health care providers and UCH leadership. Appendix A includes a list of the organizations engaged during the CHNA and implementation strategy processes.

This report intends to describe hospital-based resources directed toward programs and services that will impact the priority health issues and are also aligned with federal community benefit guidelines for non-profit hospitals. Given the ever-changing landscape of health care, the initiatives in this implementation strategy may change and new ones may be added or others eliminated based on the community needs during 2023-2025. Initiatives are monitored for quality, performance and health impact with ongoing improvements made to facilitate success.

Board of Directors approval.
During the October 2022 meeting, the UCH Board of Directors was apprised of and approved this implementation strategy and the related activities described within this report.
COMMUNITY HEALTH NEEDS

**Identified community health needs.**
UCH completed its 2022-2024 CHNA during the timeframe of November 2021-March 2022. The CHNA process provided an opportunity for the hospital to engage public health experts, medical providers and community stakeholders to collectively identify the most critical health needs within the community.

**Assessment and prioritization process.**
A review of health data indicators, results from a health care provider survey and community input were combined to generate a list of proposed priority health needs. The comprehensive list of opportunities was presented to UCH’s IAG for consideration and was prioritized based on the following criteria:

- Scope and severity of the health need.
- Economic feasibility to address health need.
- Potential for hospital to impact health need.
- Alignment with UCH Health system strategies and local, state and national objectives.

**Prioritized health issues.**
The prioritized health issues identified for impact within the community served by UCH are access to care, behavioral health and social drivers of health.

**Tables addressing prioritized health needs.**
The following tables outline strategies, initiatives, anticipated impact, potential collaborations and partners and resources that the hospital will commit to address the prioritized health needs.
**2023–2025 IMPLEMENTATION STRATEGY**

**Priority health issue: Access to care.**

**Goal: Improve access to comprehensive, quality health care services.**

Since the advent of the Affordable Care Act, there are more residents in UCH’s communities with health insurance; however, there are still barriers to accessing health care services. According to the 2020 U.S. Census, residents under age 65 in both Denver and Adams counties experience a higher rate of uninsured compared to Colorado overall.

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care physician are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. As reported in the 2021 County Health Rankings (CHR), both Adams and Arapahoe counties have an unfavorable ratio of the population to primary care providers (2,170:1 and 1,240:1, respectively) compared to the state average (1,210:1).

<table>
<thead>
<tr>
<th>Programs and initiatives</th>
<th>Activities</th>
<th>Anticipated impact</th>
<th>Existing or planned collaborations</th>
<th>Resources</th>
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<tbody>
<tr>
<td>CU SOM and UCHealth Medical Group recruitment of new physicians.</td>
<td>Evaluate opportunities to recruit additional physicians to the community.</td>
<td>Increased access to providers by those seeking care in the community.</td>
<td>UCHealth Medical Group, CU SOM</td>
<td>Staff time to support the implementation of the programs and initiatives.</td>
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<tr>
<td>Facilitate education and training of medical professionals.</td>
<td>Provide resources to promote and support the education and training of medical professionals.</td>
<td>Increased number of qualified health care professionals available to the community.</td>
<td>CU SOM, University of Colorado Schools of Nursing, Pharmacy and Dental; University of Colorado School of Public Health</td>
<td>In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
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<tr>
<td>Hispanic Transplant Program.</td>
<td>Provide counseling and support to Spanish-speaking transplant patients and their families.</td>
<td>Improved education about the transplant process. Improved quality of care and experience for Spanish-speaking transplant patients and their families.</td>
<td>UCHealth Transplant Center</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
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<tr>
<td>Virtual primary care and specialty care.</td>
<td>Provide virtual primary care and specialty care services.</td>
<td>Increased access to providers by those seeking care in the community.</td>
<td>UCHealth Virtual Health Center</td>
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<td>Forensic medical exams and referral to services.</td>
<td>Provide medical examinations using compassionate and evidence-based methods for individuals who have experienced sexual or violent assault.</td>
<td>Improved medical care and access to resources.</td>
<td>Local law enforcement agencies, victim’s assistance agencies, EMS agencies, The Crisis Center</td>
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<tr>
<td>Stepping On Program.</td>
<td>Offer evidence-based intervention to educate and train the older adult population on techniques and practices to reduce falls.</td>
<td>Decreased trauma due to falls for aging residents. Improved activity and mobility for aging residents.</td>
<td>UCHealth Trauma Center</td>
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<td>UCHealth Prescription Club.</td>
<td>Provide uninsured and underinsured patients with free and discounted prescriptions.</td>
<td>Increased number of community members who are able to fill their prescriptions.</td>
<td>UCHealth Pharmacy</td>
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<td>Stop the Bleed Program.</td>
<td>Offer community-based education classes on bleeding control and life-saving techniques.</td>
<td>Improved participation in life-saving education programs.</td>
<td>UCH Trauma Center, local enforcement, public schools Colorado Trauma Network, community churches and local businesses</td>
<td>Staff time to support the implementation of the programs and initiatives. In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
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<td>Metro Denver Partnership for Health (MDPH) participation.</td>
<td>Collaborate with county health departments and other health systems to address community health issues.</td>
<td>Increased access to health and social services.</td>
<td>Boulder, Broomfield, Denver and Tri-County Health departments; Centura Health, Intermountain Health Care, Children’s Hospital Colorado</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
</tr>
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<td>Aurora Health Alliance collaboration.</td>
<td>Provide financial support for implementation of community-based initiatives developed to identify and assist individuals with access to primary care.</td>
<td>Improved access to care for low-income and uninsured residents in Aurora.</td>
<td>Aurora Health Alliance</td>
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<td>DAWN clinic interdisciplinary student-run free clinic serving uninsured patients from the Aurora community.</td>
<td>Provide sponsorship of technical support for EPIC platform. Perform processing of lab specimens for DAWN patients. Financial support of translation line for DAWN staff and patients.</td>
<td>Improved access to care for uninsured residents in Aurora.</td>
<td>DAWN clinic, UCH Laboratory, IT and Translation Services</td>
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Priority health issue: Behavioral health.
Goal: Improve identification, treatment or resource referral for individuals with behavioral health needs.

According to the U.S. Department of Health and Human Services, mental health disorders are among the most common causes of disability in the U.S. The resulting disease burden of mental illness is among the highest of all diseases. As listed in the 2021 County Health Rankings (CHR), 11.8% of adults in Adams County and 12.6% of adults in Arapahoe County reported their mental health was poor for 14 or more days within the past 30 days, which is greater in both counties when compared to the overall average in Colorado of 10.9%.

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public-health problems. Drug overdose deaths are a leading contributor to premature death and are largely preventable. The 2021 CHR reported that the number of drug poisoning deaths in Adams and Denver counties (20 and 22 per 100,000 residents, respectively) exceeded the overall state average of 18 per 100,000 residents.

Excessive drinking is a risk factor for a variety of adverse health outcomes, such as alcohol poisoning, motor vehicle crashes and suicide. Survey results within the 2021 CHR show that in Denver County, 25.0% of adults reported binge drinking (5+ drinks on one occasion) during the past month, higher than the state average of 21.0%. The 2021 CHR also listed the percentage of driving deaths with alcohol involvement as 37.0% in Arapahoe County, also higher than the state average of 34.0%.

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<tr>
<td>Integrating behavioral health with primary care.</td>
<td>Embed teams of licensed clinical social workers and psychologists into primary care practices.</td>
<td>Improved access to behavioral health services and resources.</td>
<td>UCHealth Medical Group, CU SOM</td>
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<tr>
<td>Alternatives to opioids.</td>
<td>Implement protocols for pain management without the use of opioids. Further adapt the protocols for use in both inpatient and outpatient settings.</td>
<td>Decreased administration of opioids at discharge.</td>
<td>Colorado Consortium for Prescription Drug Abuse, Colorado Chapter of the American College of Emergency Physicians, Colorado Emergency Nurses Association</td>
<td>Staff time to support the implementation of the programs and initiatives.</td>
</tr>
<tr>
<td>Burn and Trauma education program.</td>
<td>Provide community outreach, including lectures, training and screenings on topics related to burn, trauma, stroke, post-traumatic stress and acute stress disorders.</td>
<td>Improved education and increased awareness of risk factors related to burn and trauma. Increased awareness of treatment options and resources available to the community.</td>
<td>UCH Trauma, Burn and Stroke Centers</td>
<td>In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
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<tr>
<td>Screening, Brief Intervention and Referral to Treatment (SBIRT).</td>
<td>Implement program in UCH emergency department whereby patients identified as being under the influence of alcohol are assessed for substance use, depression, anxiety and related behavioral health issues.</td>
<td>Improved identification and referral of patients with substance use and/or behavioral health issues.</td>
<td>UCH emergency department, Aurora Mental Health, East metro detox, STRIDE Community Health Center, Community Reach, Denver Springs, Centennial Peaks, Highlands Behavioral Health, Behavioral Health Group (BHG)</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
</tr>
<tr>
<td>Virtual behavioral health consultation services.</td>
<td>Provide virtual behavioral health consultations through the UCHealth Virtual Health Center.</td>
<td>Improved access to behavioral health consultations.</td>
<td>UCHealth Virtual Health Center</td>
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<td>Zero Suicide Program implementation.</td>
<td>Implement Zero Suicide evidence-based practices and improve collaboration with mental health providers.</td>
<td>Increased awareness of behavioral health resources. Improved coordination and access to behavioral health care in the region.</td>
<td>State of Colorado Office of Suicide Prevention, Rocky Mountain Crisis Partners</td>
<td>Staff time to support the implementation of the programs and initiatives.</td>
</tr>
<tr>
<td>Expand behavioral health treatment services.</td>
<td>Increase capacity of inpatient behavioral health unit.</td>
<td>Expanded access to behavioral health treatment services.</td>
<td>CU SOM</td>
<td>In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
</tr>
<tr>
<td>Metro Denver Partnership for Health (MDPH) participation.</td>
<td>Collaborate with county health departments and other health systems to address mental health and substance use issues. Support implementation of the Let's Talk campaign.</td>
<td>Increased access to health and social services. Improved quality of care for mental health and substance use patients. Increased mental health disorder awareness.</td>
<td>Boulder, Broomfield, Denver and Tri-County Health departments; Centura Health, Intermountain Health Care, Children's Hospital Colorado</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
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<tr>
<td>Nicotine Cessation Program.</td>
<td>Launch community-based nicotine cessation program and education series.</td>
<td>Increased awareness of nicotine-related illnesses. Decreased nicotine addiction.</td>
<td>UCHHealth Pharmacy, UCHHealth Respiratory Therapy</td>
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<tr>
<td>Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y) Program.</td>
<td>Conduct injury awareness and prevention education for high-school-aged youth.</td>
<td>Increased awareness among youth of effects of alcohol-impaired, drugged and distracted driving. Increased adoption of reduced-risk behaviors.</td>
<td>UCH Trauma Center, Aurora Public Schools</td>
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<tr>
<td>UCH Center for Dependency, Addiction and Rehabilitation (CeDAR) recovery meetings.</td>
<td>Facilitate Alcoholics Anonymous and Al-Anon programs and meetings.</td>
<td>Increased support for patients recovering from addiction and their families.</td>
<td>UCH CeDAR</td>
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Priority health issue: Social Drivers of Health.

Goal: Improve non-clinical factors related to quality of life and physical well-being.

Social drivers of health (SDOH) are conditions in the places where people live, learn, work and play and have a significant impact on health risks and outcomes. SDOH can influence the ability to access health care services and limit the opportunities to practice healthy behaviors, which ultimately impact the ability to lead a healthy life. Differences in SDOH contribute to the ongoing health disparities among racial, ethnic and socioeconomic groups.

Studies have shown also that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. Differences in health are significant within communities with poor SDOH, such as unstable housing, low income, unsafe neighborhoods or substandard education. Interventions targeting SDOH have the potential to both improve health outcomes and advance health equity.

As reported in the 2021 County Health Rankings, Denver and Adams counties experienced high school graduation rates of 67% and 77%, respectively, both of which are below the statewide average of 81%. In addition, Denver and Adams counties have median income levels below the statewide average and, similarly, the percentage of children below the age of 18 years of age living in poverty in these two counties are higher than in Colorado overall.

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<td>Center for Work, Education and Employment (CWEE) partnership.</td>
<td>Provide support for education and employment programming designed to advance low-income participants through basic and advanced education and skills preparation.</td>
<td>Expanded education opportunities for low-income residents. Enhanced job preparation and skills training for low-income residents.</td>
<td>CWEE</td>
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<td>UCH Food and Nutrition Food Donation Program.</td>
<td>Provide donations of quality unused food from UCH Food and Nutrition to We Don’t Waste, a local food recovery and distribution service.</td>
<td>Reduced food insecurity, improved health and nutrition status for residents in underserved neighborhoods.</td>
<td>We Don’t Waste</td>
<td>Staff time to support the implementation of the programs and initiatives.</td>
</tr>
<tr>
<td>Homeless Medical Respite Program.</td>
<td>Provide financial support for beds at Comitis Crisis Shelter and Beacon Place through the Colorado Coalition for the Homeless.</td>
<td>Increased access to temporary shelter and nutrition for the Aurora homeless population.</td>
<td>Comitis Crisis Shelter Beacon Place, Colorado Coalition for the Homeless</td>
<td>In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
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<tr>
<td>Partnership with Aurora Public Schools.</td>
<td>Provide financial, leadership and educational support to Aurora Science and Technology (AST) middle and high schools.</td>
<td>Increased exposure to STEM technology for grades 6–12. Expanded educational and employment opportunities for Aurora students.</td>
<td>Aurora Science and Technology middle and high schools</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
</tr>
<tr>
<td>At-Risk Intervention and Mentoring Program (AIM) in conjunction with Gang Rescue and Support Project (GRASP).</td>
<td>Collaborate with community agencies to provide access to mentoring, mental health, substance abuse and family support services.</td>
<td>Interrupt cycle of violence among youth and adults. Enhanced healing and recovery for violence victims and their families. Improved victims access to resources including financial, educational, legal and recreational.</td>
<td>AIM, GRASP</td>
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<td>Hospital-to-Home transitional care coordination services.</td>
<td>Facilitate access to post-discharge care coordination services addressing both clinical and social needs to individuals with Limited English Proficiency and complex medical or social needs.</td>
<td>Improved access to timely and appropriate health care and community-based resources.</td>
<td>UCH care coordination services, Springhill Institute</td>
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<td>Aurora Health Alliance (AHA) collaboration.</td>
<td>Provide financial support for implementation of community-based initiatives developed to identify and assist individuals experiencing homelessness. Participate in AHA social determinants of health interest group.</td>
<td>Increased access to housing alternatives. Increased availability for patients and residents experiencing homelessness.</td>
<td>Aurora Health Alliance</td>
<td>Staff time to support the implementation of the programs and initiatives. In-kind expenses and financial support associated with the ongoing operations of the programs.</td>
</tr>
<tr>
<td>Re: Vision Co-Op support for community Promotora initiative.</td>
<td>Provide financial support for community programs serving vulnerable populations, including education and training of community Promotoras (Community Health Equity Champions). Engage with UCH employees to assist with community gardening projects.</td>
<td>Increased food and nutrition awareness in underserved community. Expanded economic opportunity by creating respected, well-paid jobs as trained Promotora.</td>
<td>RE: Vision Co-op</td>
<td>In-kind expenses associated with collaborations with community organizations.</td>
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UCH’s implementation strategy for 2023–2025 will serve as one of the numerous ways that UCH and UCHealth support the local community.

This report summarizes our plan to impact our patients and the communities we serve through a focus on the prioritized areas of need identified within the CHNA.

UCH will regularly identify ways to refine its implementation strategy over the next three years, including collaboration with leaders from across UCHealth to explore policies, practices and programs that might be implemented within the UCH community. UCH will continue to focus its efforts in the community to promote health improvement and, ultimately, achieve the mission of improving the lives of those we serve.
Community organizations and partners:

- Arapahoe County Early Childhood Council
- Aurora Health Alliance, including:
  - 2040 Partners for health
  - Adams County Human Services
  - Accent Health
  - Advanced Healthcare
  - Alzheimer’s Association Colorado Chapter
  - Arapahoe-Douglas-Elbert Medical Society
  - Arapahoe Douglas Mental Health Network
  - Asian Pacific Development Center
  - Aurora Adams County Medical Society
  - Aurora Commission for seniors
  - Aurora Denver Cardiology
  - Aurora Fire Department
  - Aurora’s Commission on Aging
  - Boulder County Health Improvement Coalition
  - Center for Work Education Employment
  - Centura Health
  - Clinica Family Health
  - Colorado Academy of Family Physicians
  - Colorado Consumer Health Initiative
  - Colorado Department of Public Health
  - Colorado Department of Health Care Policy and Financing
  - Colorado Language Connection
  - Colorado Medical Society
  - Colorado Primary Care Clinic
  - Colorado Refugee Wellness Center
  - CORHIO
  - DentaQuest
  - Doctors Care
  - AF Williams Family Medicine
  - Futurity First
  - HealthOne
  - Hunger Free Colorado
  - InnovAge
  - Kaiser Permanente
  - Level Chiropractic
  - Mercy Housing
  - Mile High Health Alliance
  - NAACP
  - New Horizons Primary Care Clinic
  - NextCare Urgent Care
  - Parker Adventist Hospital
  - PASCO—Peoples House
  - Porter Adventist Hospital Behavioral Health
  - Primary Care Programs, Fields Foundation
  - Rubicon MD
  - SCL Home Health
  - The Colorado Health Foundation
  - The Medical Center of Aurora
  - Aurora Sister Cities International
  - City of Aurora
  - Children’s Hospital Colorado
  - Colorado Access
  - Colorado Health Institute
  - Denver Department of Public Health and Environment
  - Re: Vision
  - Signal
  - Salud Family Health Centers
  - STRIDE Community Health Center
  - Tri-County Health Department
  - Vuela for Health