

2022 Community Health Assessment

Globeville & Elyria Swansea (GES) Neighborhood
Prepared for Tepeyac Community Health Center



Shana Montrose

Executive Summary



Globeville (census tract 15) & Elyria Swansea (census tract 35) are two of Denver's oldest and most vulnerable neighborhoods. GES sits in the northeast corner of the intersection of I-25 and I-70 and is one of the poorest and most underserved neighborhoods in Denver. These neighborhoods were built in the 1880s around metal smelting and railroad yards and today are characterized as an industrial neighborhood situated amongst warehouses, including marijuana grows, a highway that divides the neighborhood, and major construction projects that have continued for years with little direct benefit to the residents nearest these projects. It is a food desert, but it is also a "desert of everything," including sidewalks and pharmacies.

In 2014, the residents of GES, who are mainly Hispanic / Latino, identified five factors that most impact their health including quality of the environment, lack of connectivity and mobility, community safety concerns, mental well-being, and poor access to goods and services. There is no grocery store and there are few retail shops, meaning families must travel by car (resulting in less walking) to meet daily needs such as pharmacy, health care, childcare, banking, and other services.

Tepeyac Community Health Center

is located in the heart of the neighborhood to address the issue of access to healthcare.

But many residents of GES are undocumented, have undocumented family members, or have a fear of formal professional services. This creates a barrier for serving the population. Moreover, many members of the community who were comfortable seeking healthcare services have experienced discrimination, which may impede further use of such services.

Through this Community Health Assessment (CHA), we have identified five priority areas to address. These are: 1. Access to Care, 2. Access to Pharmacy, 3. Chronic Conditions and Built Environment, 4. Mental Health and Substance use and 5. Child Health and Air Pollution.

Looking across different CHAs from 2014 to 2020 the themes shared across each one was mental health, oftentimes including substance use. The new priority that surfaced through community surveys was opening a pharmacy. The action plan focuses on these two areas.

The recommendations for mental health and substance use includes tactics for reducing stigma, developing community partnerships, hiring bilingual staff, screening for mental health and

social needs in primary care, and offering online therapy to improve access to mental health services.

The second recommendation is based on the need expressed in the community through a recent survey to open a pharmacy at Tepeyac Community Health Center, so community members have access to medication in their neighborhood at affordable prices. Medication plays an important role in managing chronic conditions such as diabetes in adults and asthma in children, managing mental health and substance use, and thus supports some of the other priorities in the community health assessment.

The next step is to engage in a strategic planning session with the board, key stakeholders, partners and community members to transition the recommendations into an action plan. A system should be developed to ensure accountability for driving impact. A follow-up community health assessment should be conducted again in 2025 and should report on progress made.

Top Priorities for GES in 2022

1. Access to Care
2. Access to Pharmacy
3. Chronic Conditions & Built Environment
4. Mental Health and Substance Use
5. Child Health & Air Pollution

Comparison of Health Assessment Priorities

Priority	Denver Health 2020	Kaiser Permanente 2019	Children's Hospital 2019	GES CHA 2017	GES Neighborhood Coalition 2014
1.	Enhance Behavioral Health and Substance Use Services	Substance Use Mental Health	Mental and behavioral health	Mental Health	Mental wellbeing
2.	Enhance Economic Opportunity	Economic Security			
3.	Improve Child Health and Well-Being	Access to Primary and Specialty Care	Asthma Injury Prevention Prematurity	Access to Medical Care	Poor access to goods and services
4.		Physical environment to promote HEAL	Obesity, nutrition and physical activity	Diabetes and physical environment for HEAL	Quality of the environment Lack of connectivity and mobility (little walking) Community Safety

Globeville Elyria Swansea

Globeville & Elyria Swansea (GES) are two of Denver's oldest neighborhoods, settled in the 1880s around metals smelting and railroad yards. The construction of Interstates 70 and 25 in the 1960s cut through the neighborhoods, isolating them from each other and other parts of Denver. Air, noise and odor pollution from the highways, railroads and heavy industry has created physical challenges to residents' everyday health. Other barriers to good health include lack of a grocery store for over 10,000 residents and poor-quality sidewalks, bike lanes and access to recreation.

Today the neighborhoods are predominantly Hispanic and possess a strong cultural identity centered on family and community. Residents have identified their top priority as a built environment that supports their goal of healthy lifestyles and opportunities, especially for children and youth.

The residents, the majority of whom are Hispanic families with young children, suffer from some of the highest rates of cardiovascular disease, diabetes, obesity, and asthma in the city. These chronic diseases are associated with poor diet and lack of exercise, among other factors, which are shaped by a deficient pedestrian and bicycle infrastructure and a lack of sources for healthy and affordable food. Opportunities for outdoor physical activity are also limited in the neighborhoods due to disconnected streets and sidewalks, lack of nearby goods and services, and concerns about crime and safety.

- Denver Department of Public Health and Environment, "Globeville & Elyria Swansea Health Impact Assessment, 2014.



Neighborhood Description

Due to the highways, industrial setting and ongoing major construction, pollution is very high in GES. Urban development is seen as a threat to GES because it will increase the cost of living and could result in involuntary displacement. In recent years many marijuana grows and dispensaries have been established, Brighton Blvd has been developed and gentrified, the National Western Center has expanded. There are now four new RTD rail lines and I-70 is in the process of being redeveloped, which serves the greater Denver community but is disruptive to the GES neighborhood and increases the risk of gentrification.

According to the GES coalition, “the majority of our families are ‘rent or mortgage stressed,’ and have become extremely vulnerable to involuntary displacement.

These dangerous conditions continue to push working families and long-term neighbors out of their homes with no affordable place to go while the people most affected by this crisis usually receive little to no relief from public or private spending.”

Due to the highways, industrial setting and ongoing major construction, pollution is very high in GES. Urban development is seen as a threat to GES because it will increase the cost of living and could result in involuntary displacement.

In recent years many marijuana grows and dispensaries have been established, Brighton Blvd has been developed and gentrified, the National Western Center has expanded. There are now four new RTD rail lines and I-70 is in the process of being redeveloped, which serves the greater Denver community but is disruptive to the GES neighborhood and increases the risk of gentrification.

According to the GES coalition, “the majority of our families are ‘rent or mortgage stressed,’ and have become extremely vulnerable to involuntary displacement.

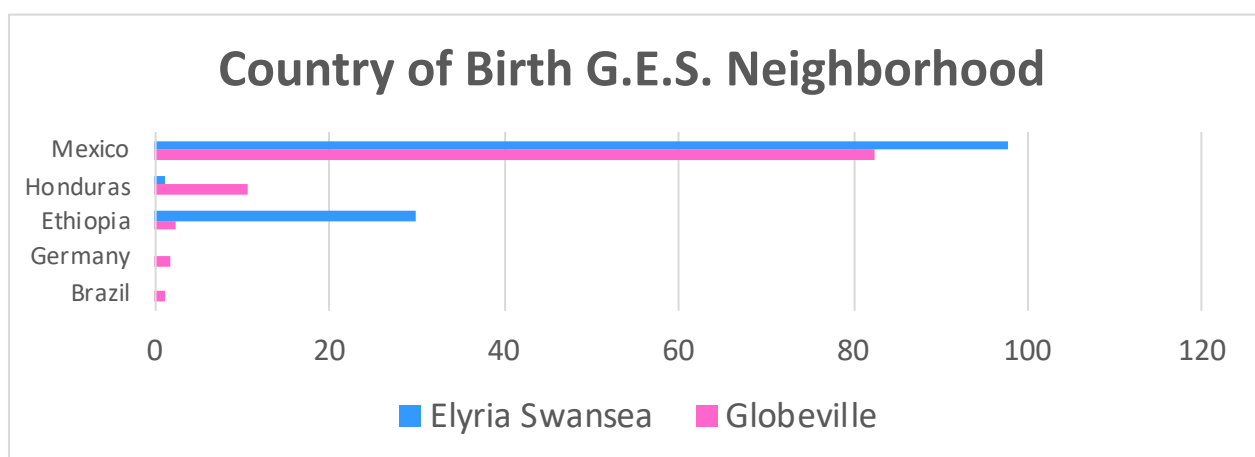
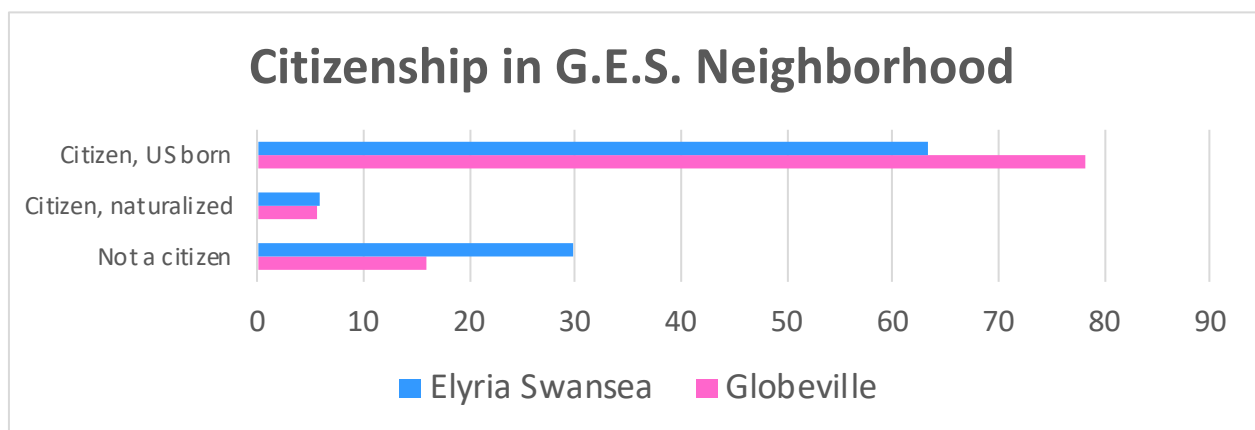
These dangerous conditions continue to push working families and long-term neighbors out of their homes with no affordable place to go while the people most affected by this crisis usually receive little to no relief from public or private spending.”

Community Strengths

The strengths of the community are apparent as well. Most residents have lived in the area for long periods and are deeply connected to the community. By in large, there are good relationships between landlords and tenants. Because many families have been in the neighborhood for generations, some families own their homes. There are powerful social networks of families and neighbors who support one another. Displacement risks severing these ties.

Citizenship and Country of Origin

As shown in the figures below from the Statistical Atlas, 63-78% of GES residents are citizens by birth, while five to six percent are naturalized citizens and 20-30% are not citizens. The lack of citizenship status for a sizable percent of the community results in significant health barriers.



According to the same source, GES has the second highest percentage of households receiving food stamps after Sun Valley, which also borders I-25 (from Federal to I-25 between 6th Ave and Colfax). More than half of the GES is composed of working aged adults (ages 20-64) and the other half is primarily made up of children (ages 0-19), with only about five percent of residents over the age of 64. Relative to the rest of Denver, there are more children and fewer seniors in GES. According to the Denver Health CHS, life expectancy is among the lowest in the city for the Globeville neighborhood but is higher in Swansea Elyria.

Demographic Trends

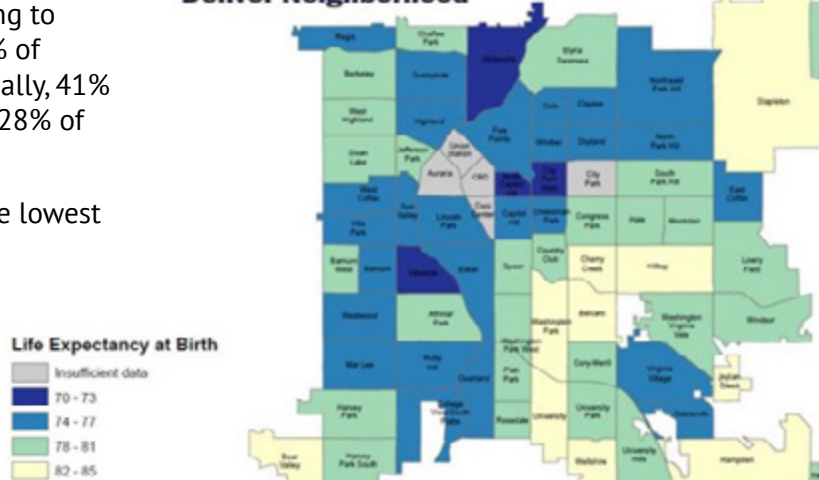
- **Income:** 76% earn less than \$35,000/year compared to the average in Denver of \$93,650
- **Not working:** 51% are unemployed or retired
- **Unemployed:** 37%
- **Education:** 60% of adults in 80216 have less than a high school diploma and 23% have achieved high school diploma or equivalent.
- **Family size:** Most households have at least three adults and at least two children
- **Stability:** 74% have lived in their residence for 7-10 years
- **Race:** 87% identified as Latino/Hispanic (mostly Mexican)
- **Language:** 66% of surveys were completed in Spanish

Poor health and life expectancy

According to GES respondents in 2017, 38% reported fair or poor health, compared to 14% for the general population in Denver County in 2015 according to BRFSS. Hispanics reported poor health in 42% of surveys compared to 30% for whites. Additionally, 41% of women reported poor health compared to 28% of males.

The life expectancy in Globeville is among the lowest in all of Denver.

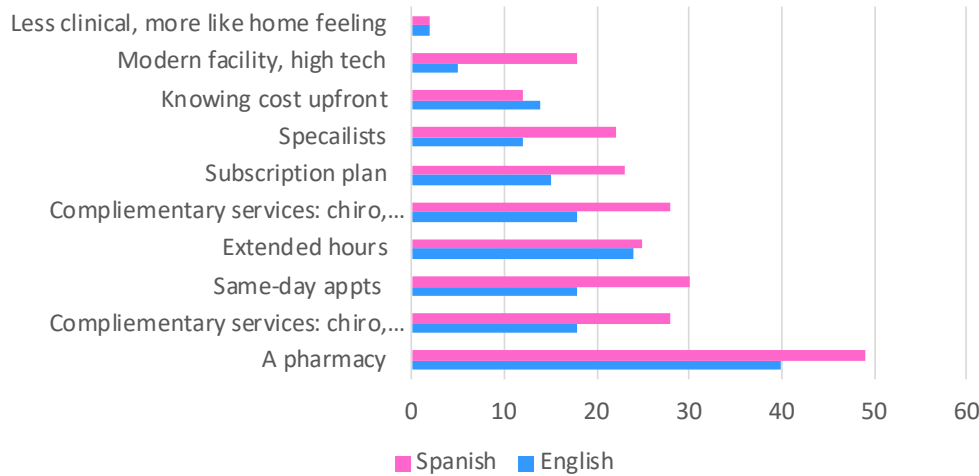
Differences in Life Expectancy at Birth, by Denver Neighborhood



Community Survey Results

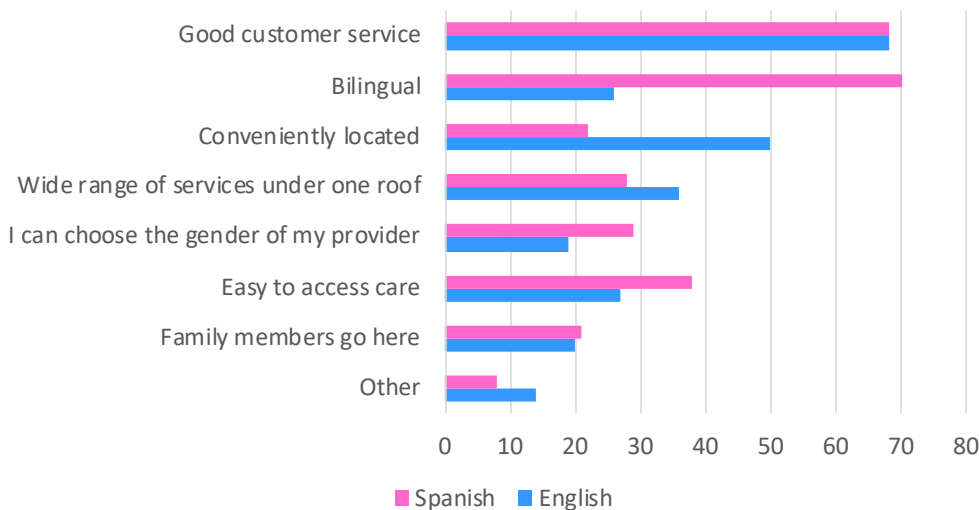
Community Survey: Services Desired

Spanish: 354 and English: 46



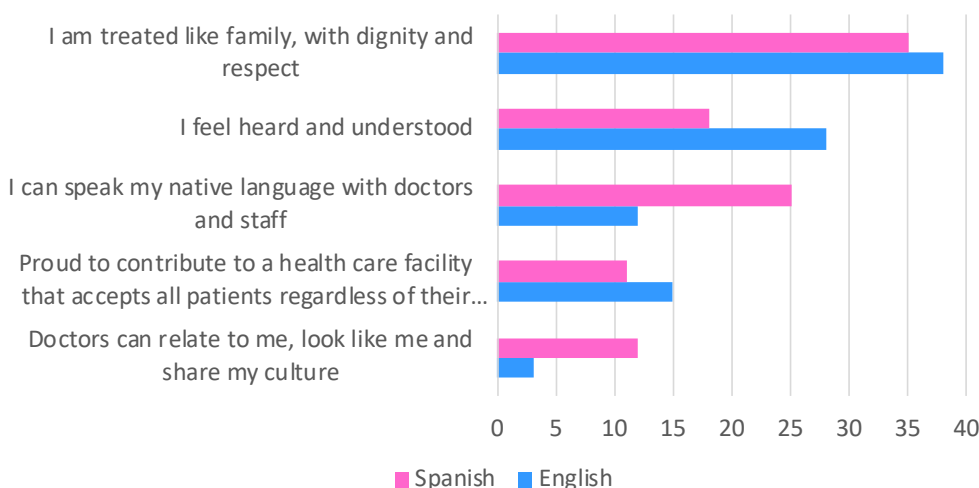
Why Current Patients Choose Tepeyac

Spanish: 395 and English: 49



How patients want to feel in their ideal healthcare setting

Spanish: 124 and English 52



Access to Care

Fifteen percent of Coloradans reported having no usual source of healthcare. Ten percent of those surveyed in the 2017 GES CHA reported they did not have a place where they received medical care. Most residents in GES receive their healthcare from Denver Health or elsewhere.

Discrimination as a Barrier

Just over 50 percent of GES residents said they made decisions about healthcare providers based on how they were treated (51.1%); this was surpassed only slightly by location (52.7%) and friendliness of staff (52.2%). Four percent of Hispanic/Latinos in Colorado reported that concerns about unfair treatment prevented them from getting care.

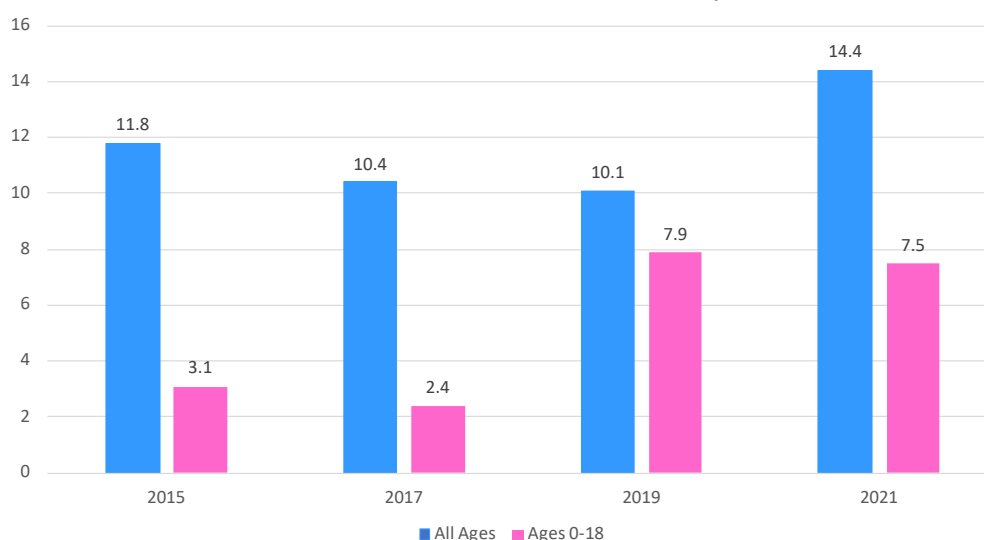
Reported Reasons Why People Were Treated with Less Respect	%
Income or financial situation	58.3%
Other reason	55.5%
Ethnic background or culture	37.1%
Race	36.0%
A disability or physical, mental, or cognitive condition	30.5%
Age	24.8%
Experience with violence or abuse	13.4%
Gender or gender identity	12.9%
Sexual orientation	6.3%

Coloradans reported many additional reasons why they thought they were treated with less respect, including weight or insurance type. In addition, many said their providers showed a lack of respect by not listening to or believing them.

Enrollment in Public Assistance

In 2021, people covered by Medicaid / CHP+ were less likely to report insurance coverage as a barrier to getting healthcare compared with previous years in the Colorado Health Access Survey. However, the number of uninsured people in the GES neighborhood remains high; citizenship representing a significant barrier. Despite the stability of most Coloradans being insured, Latinos were more likely to be uninsured in 2021.

Uninsured rate of Hispanic/Latino Coloradans by Age, 2015-2021
Hispanic/Latino Coloradans Were more Likely to Be Uninsured
Even as State Rate Remained Steady



Access to Pharmacy

In 2015 researchers found that pharmacy deserts were more likely to exist in Black or Hispanic/Latino neighborhoods compared to white neighborhoods or diverse neighborhoods. Black and Hispanic/Latino neighborhoods were more likely to experience pharmacy closures, despite being more likely to dwell in a pharmacy desert. As a result, the researchers recommend establishing policies that encourage pharmacies to locate in underserved areas to increase access to medications. The G.E.S. neighborhood is a pharmacy desert.

Pharmacy	Address	Miles to Tepeyac	Minutes without traffic (car)	Minutes during rush hour (car)
King Soopers	1950 Chestnut Pl	3	10	14
Walmart	5957 W 44 th Ave	5	11	16
Walgreens	3555 Colorado Blvd	4.2	13	20
Walgreens	6395 Sheridan Blvd	6.3	13	20
Walmart	5990 Dahlia St.	6.5	14	24
Walgreens	2000 E Colfax Ave	4.7	17	32
Walmart	7800 Smith Rd	6	16	35
King Soopers	1155 E 9 th Ave	5	21	35

In a recent survey, we asked English-speaking (n=46) and Spanish-speaking (n=354) patients how we could improve their experience at Tepeyac. The greatest need as expressed by community members is for an on-site pharmacy.

Approximately 50% of adults in the U.S. have one or more chronic conditions and 80% of these conditions are managed with prescription medications. According to the World Health Organization (WHO), medication adherence rates for chronic conditions remains at less than 50%. As many as a third to two thirds of medication-related hospitalizations are believed to be the result of medication nonadherence.

Latinos in the U.S. were found to have the poorest medication adherence due to lower medication possession ratios and higher hazard for medication discontinuation, relative to white community members. Disparities for Latinos have been found in the management of depression, asthma, cardiovascular disease, and HIV. Immigrants may have the highest barriers to understanding medication instructions, but even acculturated Latinos are affected by discrimination that impacts medication outcomes such as delays in filling prescriptions. Ninety-four percent of Tepeyac patients identify as Hispanic/Latino and 83% are best served in Spanish.

An extensive review of articles published between 2007 and 2017 found evidence of positive clinical outcomes and health services utilization by deploying a community pharmacist to reduce chronic disease specific metrics such as A1C, total cholesterol and LDL. There were also improvements to blood pressure, readmission rates for patients with heart failure, improved lung function for patients with respiratory conditions, and increased medication adherence for patients with HIV/AIDS with increased medication access and management supports. Community pharmacies reported a reduced overall health care cost for patients with diabetes.

Chronic Conditions & Built Environment

In Colorado, one in five adults is obese (this is one of the best rates in the country). There are significant disparities across Denver, which vary primarily based on income and race. According to Mile High Connect, in Denver the groups that were least likely to have participated in physical activity in the past 30 days were Hispanics (67%) and those earning less than \$25,000/year (64%) – compared to 82% overall in Denver.

According to the 2013-2017 data from the Colorado Department of Public Health and Environment, Swansea Elyria has some of the highest prevalence of adult diabetes in Denver and has high rates of diabetes related hospitalizations. This was confirmed by self-reported diabetes

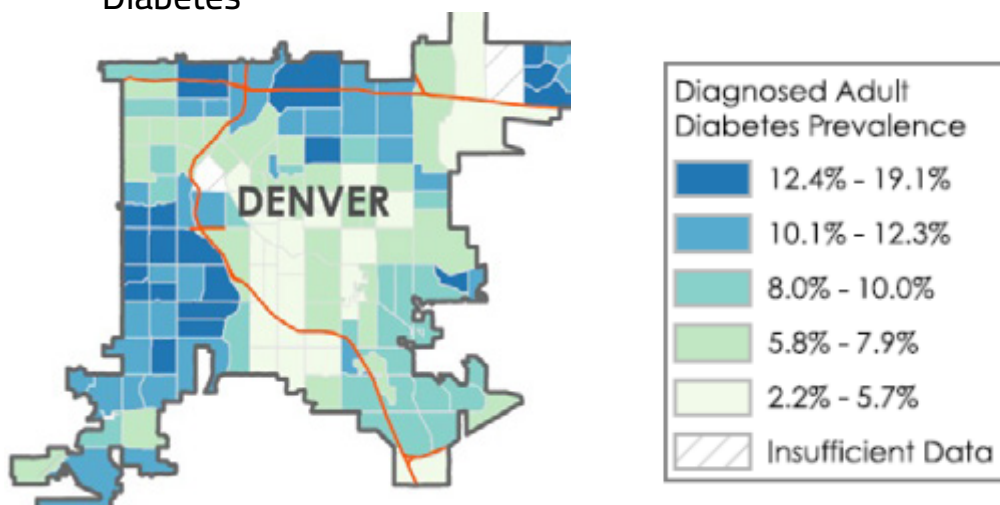
in the GES CHA in which 15.5% of residents reported having diabetes, compared to 8% in Denver County in 2015. GES has a low prevalence of hypertension and an average rate of heart disease.

According to the 2017 GES CHA, almost 70 percent of residents typically exercise for at least 30 minutes 2 or more days a week. Residents reported the barriers to eating fresh produce include cost (31%), distance to grocery store (19.8%), and that fresh food doesn't last long enough (23.5%). About 40% said there was no barrier to eating fresh produce. The barriers for physical activity were more numerous and dispersed. A quarter of residents said they felt unsafe either because of lack of sidewalks or felt a sense of physical danger;

while another quarter said there was no barrier. The remaining 50% of respondents had a range of answers with none surpassing 11%.

There are two city-run recreation centers in the G.E.S neighborhood, one in Globeville and another in Elyria. There's a project underway as part of the larger Central 70 project to create a green space above the highway by lowering a portion of the transit zone underground. The four-acre park will provide outdoor space for sporting events, outdoor movie showings, and farmers markets as well as a soccer field that will be dedicated to the Swansea Elementary School during school hours but will otherwise be open to the public.

Diabetes



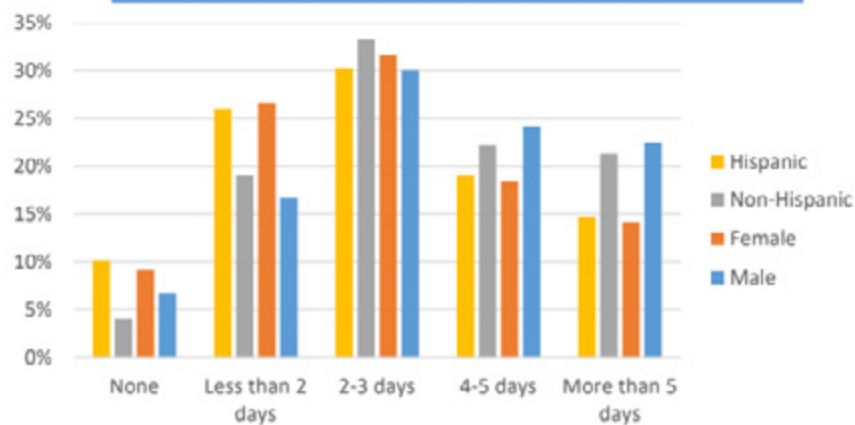
GES Resident Survey from 2017

Do any of these make it hard for you to eat fruits and vegetables? (Check all that apply)

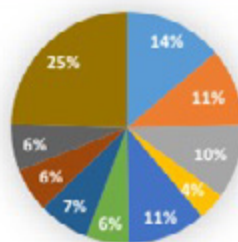
	Cost*	Don't like	Preparation	Grocery store too far away	Don't last	Other	No, Nothing
Full Sample	31.1%	5.5%	9.5%	19.8%	23.5%	10.1%	41.7%
Hispanic	30.9%	4.9%	10.7%	15.5%	21.5%	8.2%	40.9%
Non-Hispanic	0.0%	7.1%	5.6%	28.6%	27.0%	15.1%	46.8%
Female	30.9%	4.5%	10.0%	18.2%	25.0%	8.8%	42.1%
Male	31.0%	7.4%	8.2%	23.0%	20.5%	13.1%	41.8%

*This answer was left off the English version, however cost was the most common "other" category for this group.

In a typical week how many days do you get at least 30 minutes of physical activity (not necessarily all at the same time)



Do any of these make it hard for you to get physical activity? (check all that apply)

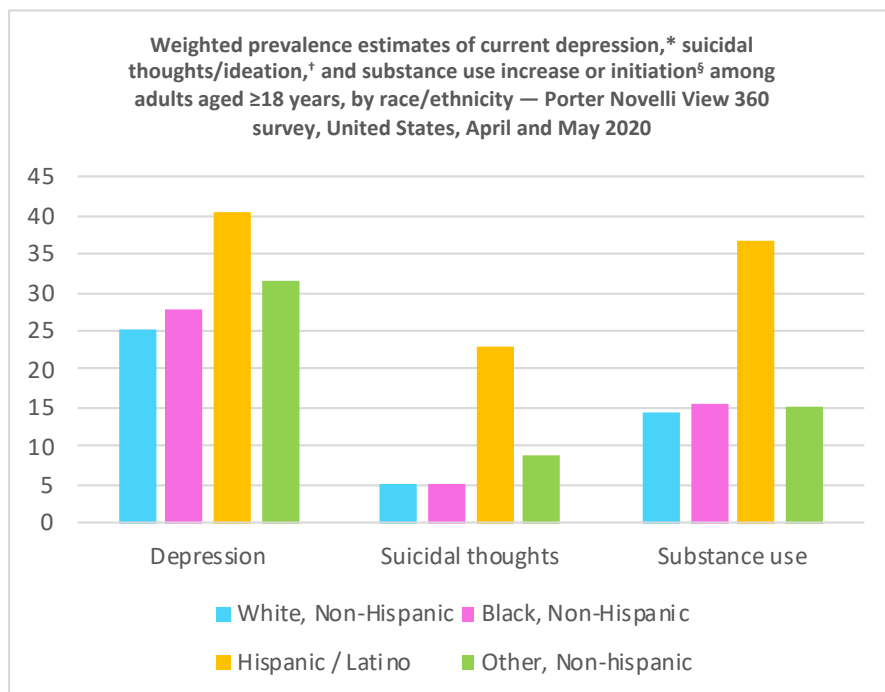


- Feel unsafe, no side-walks
- Feel unsafe, physical danger
- Pollution, contamination, odor
- Don't feel like it
- Don't have time
- Don't know where to exercise
- Not sure what exercise to do
- Can't exercise, health concerns
- Other reason
- No, nothing makes it hard

Mental Health and Substance Use

In 2017, 14% of GES respondents reported frequent mental distress (defined as two weeks or more in the past month of feeling stressed, depressed, or having emotional problems.) In 2017, non-Hispanics reported twice the rate of mental distress than Hispanics.

However, during the pandemic, rates of poor mental health declined for all groups, especially for youth and for Hispanics. A GES resident Yadira Sanchez told the Denver Post, “It seems like in every other house in the neighborhood there’s somebody in there that has gotten COVID,” she said. “The paranoia definitely strikes you... really hard.”



In 2021, Colorado had the worst rates of mental health since the Colorado Health Access survey began twelve years prior. Young people were especially affected, with over 50% of people ages 19 to 29 reporting declines to their mental health during COVID-19.

According to the CDC, in the U.S. in 2020, Hispanics reported much higher rates of mental health issues and a higher prevalence of psychosocial stress attributed to food insecurity or stable housing, issues that are well documented in the GES neighborhood.

According to the Colorado Health Access Survey (CHAS), Blacks/African Americans (17.3%) and Hispanic/Latinos (17.0%) were more likely to report poor overall health than whites (11.0%). The CHAS also demonstrated a direct relationship between low income and poor health status. The most significant associations between poor health and social circumstances were unstable housing, food insecurity, unemployment, and being uninsured. Access to food and stable housing was demonstrated to impact mental health and mental health impacted overall physical health.

Staggering numbers of Coloradans did not seek needed substance use treatment primarily out of fear of stigma and cost. In 2021, the Colorado

Health Institute estimates that 80,000 Coloradans didn’t get needed substance use treatment. Nearly three-quarters avoided care due to stigma with health professionals and half due to stigma in the community. Over half were concerned about the cost of care, over a third did not think health insurance would cover the visit and nearly a quarter had a hard time getting an appointment.

Suicide is low in Swansea Elyria (with no data reported for Globeville). According to Americas Health Rankings, after whites in Colorado (25 deaths per 100,000), Hispanics have the next highest suicide rate (15 per 100,000). The only state with a higher rate of suicide among Hispanics than Colorado is New Mexico (17 per 100,000).

In 2021, there were a total of 472 overdose deaths in Denver. Globeville has among Denver’s highest drug overdose rates whereas the rates are lower in Elyria.

Child Health and Air Pollution

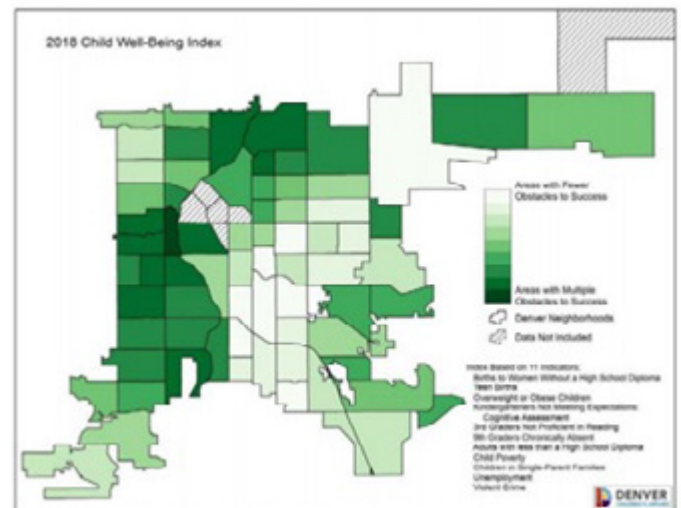
Child Health

The Child Wellbeing Index, produced by the Denver Office of Children's Affairs amalgamates 11 indicators that indicate which neighbors have the greatest obstacles to child success. These obstacles are significant in the GES neighborhood. Many county services have long been established to help meet these needs, however those who are unenrolled cannot be served. There are significant gaps in Medicaid and SNAP enrollment in Denver, some of that need is present in GES.

In 2018, the Children's Hospital Colorado identified the issues most important to Spanish speakers and to low-income neighborhoods to be obesity, suicide prevention, teen pregnancy, nutrition, diabetes and physical activity.

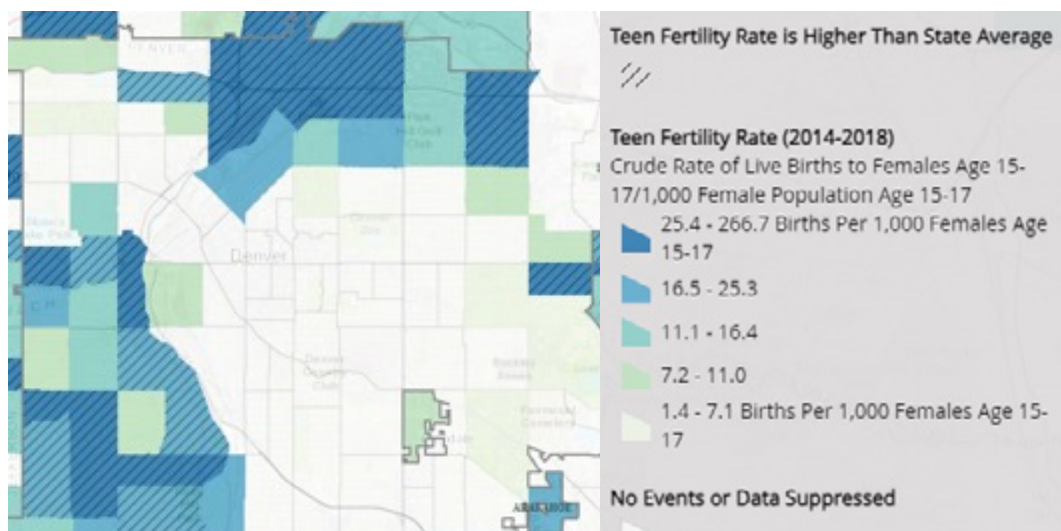
In recent years, Colorado fell from the 3rd lowest to the 23rd lowest for childhood obesity, pacing Colorado among the fastest growing states for childhood obesity.

Both Globeville and Swansea Elyria have very high rates of teen pregnancy.



Source: The Status of Denver's Children: A Community Resource 2018^{WIC} and SNAP Enrollment

Teen Pregnancy



In Colorado in 2016, asthma was the most prevalent chronic condition for children resulting in over 7,300 emergency-room department visits throughout the state. Over eight percent of children in Colorado had an asthma diagnosis. A 2014 study demonstrated that people in GES are more likely to have asthma.

Air Pollution

Preliminary data suggest that air pollution may be responsible for up to 15 percent of COVID-19 deaths globally because it increases the susceptibility of infectious diseases and exacerbates the side effects. Similarly, air pollution can promote underlying health conditions which in turn make residents more susceptible to COVID-19. In Colorado in 2020 Latino residents made up 30 percent of COVID-19 cases but only 21 percent of the population. Researchers are looking at the high rates of COVID-19 in GES and the higher levels of pollution to see whether there may be a correlation.

Pitfalls to consider include the amount of pollution in the neighborhood caused by the construction, the budget required for such a massive project, lost revenue due to construction making certain businesses less accessible resulting from detours and traffic rerouting, negative perceptions by some neighbors about the impact of the park on gentrification and driving up rents and property taxes. The park also serves the purpose of connecting neighborhoods that have been historically disconnected, which has a negative impact on health and the economy, but the project faced opposition because it involved demolishing 56 residences and 17 businesses and raised concern from environmentalists. In 2018 there was a legal settlement that required the Colorado Department of Transportation to contribute \$550,000 towards an independent neighborhood health study, \$25,000 for a pollution monitoring position on the study's team and an additional \$25,000 for trees and landscaping in the neighborhood.



Mental Health

Recommendations by Julio Hornado

Mental health, including substance abuse reduction and education, is the priority health challenge facing this community. “Latin families have a sense of cultural pride that stigmatize mental health conditions, leading them to encourage struggling family members to toughen up and just “get over” the difficult emotions they are facing” (Benton, 2021). “Spirituality and religiosity are also important frames through which mental health is understood and addressed by many Latinos” (Fortuna, 2021). Religion can provide a protective factor for mental health (faith, prayer) but can also contribute to the stigma against mental illness and treatment (demons, lack of faith, sinful behavior). Religion is also a barrier because people either think they deserve to feel this way (God’s punishment) or that if they just pray more, their problems will be solved (Caplan, 2019).

These communities also face socioeconomic barriers such as poverty and lack of access to health insurance. Latino patients are more likely to speak openly about psychological symptoms with providers who look like them, share their same culture, and speak their native language. Since evaluation of mental health is entirely verbal, speaking the same language is even more important than in many other types of assessments that involve a physical component.

The action plan strives to tackle barriers to treatment including de-stigmatizing mental help needs within the Latino community, providing access to trained mental health specialists who are bilingual, and creating substance use support groups that can identify and direct those suffering from addiction to the appropriate resources in the community.

Reducing stigma

For this work to be successful, we must de-stigmatize seeking help for mental health issues as an integral step towards better utilization of mental health services. To reduce stigma in the Latino community we would engage the Bootcamp Translation approach of asking community members to learn about mental health and to develop messages that will resonate with their families and neighbors and help direct the communication channel for delivering those messages.

Some examples of what might emerge from these sessions include taglines that tie mental health to other values and goals. For example, “Feeling down? God wants happiness for you,” or “When you feel better, you take better care of yourself and your family,” or “Trying to lose weight or control diabetes? Start by talking to someone about your feelings.

Community partnership and education

This work must be shared by local schools, community leaders, church figureheads, family elders, and healthcare professionals. Bilingual presentations provided by the National Alliance on Mental Illness (NAMI) can help provide guidance on how to talk about mental health and decrease stigma; how to define and achieve recovery; and connect communities to other available online resources.

The plan relies on best practices recommended by the American Psychiatric Association (APA) for working with Latinos.

This includes using a bio-psycho-social-cultural model of evaluation and treatment, taking the time to develop a cultural formulation, which includes a consideration for acculturation, community and family connection, immigration status/history, education, and supporting collaborative care with Latinos. The plan also encourages cross-functional community partnerships between recreational centers, church groups, schools, and clinics will help to support social, emotional, and spiritual wellness, creating environments that better promote mental health integration.

Screening

We recommend implementing mental health screening tools in primary care such as the PHQ-9, GAD-7, and Colombia Suicide Assessment, combined with a social needs assessment, such as PRAPARE, that can be used to assess patients at appropriate encounters. The social needs assessment is critical because those needs often cause stress that create barriers to improving mental health.

We recommend that screening be conducted by trained mental health specialists who are bilingual when possible. Bilingual patients are oftentimes evaluated differently in English versus in Spanish and Spanish speaking only patients may not appropriately articulate symptoms of mental illness, focusing on physical symptoms, if evaluations are only conducted in English (APA, 2017).

Substance use services

Providing substance abuse education and creating substance use support groups within the GES community is also essential for sustaining positive outcomes long term. There are currently no substance abuse treatment programs within the area and few substance use education opportunities for community members.

We recommend engaging schools, after school programs, churches, and community centers to provide substance abuse education. We also believe that along with this education, resources for coping and stress management should also be provided, minimizing substance abuse usage as a negative coping mechanism for mental health issues. Finally, we recommend hiring a licensed addition counselor at Tepeyac.



340B Pharmacy

Recommendations

A pharmacy is the missing link to the Tepeyac integrated healthcare model. When a pharmacist supports primary, dental and behavioral health staff to provide holistic, comprehensive care within the health center, the benefit to the patient is multiplied. The pharmacist is an equally important, but currently missing, part of that team. We recommend establishing a 340B pharmacy to offer discounted medications to the most vulnerable patients.

Having an integrated onsite pharmacy allows the pharmacist to become an integral part of the healthcare team and to provide Medication Therapy Management (MTM) services, vaccines, support with annual wellness visits and collaborative drug therapy management. Patient outcomes related to chronic disease are significantly improved through coordination among primary care, behavioral health, pharmacist, dietician, navigation, and community-based supports. Patients in need of pharmacy services are identified through software programs and pharmacists can work with these patients in billable visits to provide medication education and counseling. These visits are most powerful when there is an ongoing relationship between the patient and pharmacist and when the pharmacist regularly communicates with the full healthcare care team.

Pharmacists are trained to address patient lifestyle, preferences, beliefs, functional goals, and socioeconomic factors and as such they are a fundamental part of any FQHC interdisciplinary team that addresses social determinants of health. Pharmacists have the expertise to provide chronic condition management, medication reconciliation and assessment, to navigate the formulary, to assist with cost reduction and to facilitate medication delivery to those with limited mobility or transportation.

Onsite pharmacies improve Patient Centered Medical Homes (PCMH) engagement by offering a one-stop experience and the opportunity to engage with the staff rather than simply pick up a prescription from an unknown retailer. Integrated, comprehensive and on-site care allows patients most affected by transportation, childcare, work schedule and other barriers to effectively and efficiently receive preventive and stabilizing healthcare in a culturally competent health center. Onsite pharmacy programs at PCMH result in cost savings, avoidance

of medication reactions, and improved patient engagement. Blue Cross Blue Shield realized \$2.1 million in savings in the first six months of launching their onsite program and patient engagement reached 69-100%, surpassing the level the company had deemed “extremely successful.”

Urban minority neighborhoods tend to lack pharmacies and the benefits of an integrated clinical pharmacist. Pharmacy deserts are defined as neighborhoods where the average distance to the nearest pharmacy is one mile or more, or where the nearest pharmacy is at least half a mile and at least 100 households have no vehicle. The nearest pharmacy to the Viña apartments, low-income housing which shares a building with the new Tepeyac clinic, is three miles away by car through dense downtown traffic with limited public transportation access.

Having a bilingual, bicultural onsite pharmacy will improve health, literacy, and medication adherence to then improve outcomes for chronic condition management in the Latino population.



References

- American Psychiatric Association. (2017). Mental Health Disparities: Hispanics and Latinos. [Link](#)
- Benton, Emelia. (2021). 9 Mental Health Resources for the LatinX Community. verywell mind available at: [Link](#)
- Caplan S. (2019).
- Center for Disease Control. Community Pharmacists & Medication Therapy Management, 2018. [Link](#)
- Children's Hospital Colorado, "Community Health Needs Assessment," 2018. [Link](#)
- Children's Hospital Colorado, "Community Health Action Plan," 2019. [Link](#)
- Colorado Department of Public Health and Environment, "Community Health Equity Map (2013-2017 data). [Link](#)
- Colorado Health Institute, Colorado Health Access Survey 2021: Navigating Uncharted Waters – The Pandemic, Coverage, and Care in Colorado," October 2021. [Link](#)
- DataUSA, Denver City PUMA, CO. [Link](#)
- Denver Department of Public Health and Environment, "Globeville & Elyria Swansea Health Impact Assessment, 2014. [Link](#)
- Denvergov.org, "Access to Goods and Services in Globeville and Elyria Swansea Today," [Link](#)
- Denver Health and Hospital Authority, "Community Health Needs Assessment," Sept 1, 2020. [Link](#)
- Fortuna, LIsa M.D. Working with Lation/a and Hispanic Patients, 2021. [Link](#)
- Fendt, Lindsay, "Air Pollution could make COVID-19 worse. That's put Elyria-Swansea on edge," Denver Post, Dec 16, 2020.
- GES Coalition, "Globeville Elyria-Swansea: The Peoples' Survey – A Story of Displacement, 2017. [Link](#)
- Guadamuz JS, Qato, DM. Pharmacy Deserts Hinder Medications Access in Segregated Black and Latino Neighborhoods, Public Health Post, 2021, Dec. [Link](#)
- Guadamuz JS, Wilder JR, Mouslim MC, Zenk SN, Alexander GC, Qato DM. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007-15. Health Aff (Millwood). 2021 May;40(5):802-811. doi: 10.1377/hlthaff.2020.01699. PMID: 33939507
- Health Center Program Uniform Data System (UDS). [Link](#)
- HRSA, Unified Data System Mapper. [Link](#)
- Intersection of Cultural and Religious Beliefs About Mental Health: Latinos in the Faith-Based Setting. Hispanic health care international: the official journal of the National Association of Hispanic Nurses, 17(1), 4–10. [Link](#)
- Kaiser Permanente Colorado," 2019 Community Health Needs Assessment, Sept, 16, 2019. [Link](#)
- Latinx/Hispanic Communities and Mental Health. Mental Health America. [Link](#)
- McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic – United States, April and May 2020. MMWR Morb Mortal Wkly Rep 2021;70:162–166. [Link](#)
- Mile High Connects, "The Denver Regional Equity Atlas: Mapping Access to Opportunity at a Regional Scale." [Link](#)
- Moghadam, SS. Leal, D. How Should Physicians and Pharmacists Collaborate to Motivate Health Equity in Underserved Communities? AMA Journal of Ethics, 2021, Feb. [Link](#)

National Alliance for Hispanic Health. The Buena Salud Guide to Understanding Depression and Enjoying Life. [Link](#)

National Alliance on Mental Illness (NAMI). NAMI Compartiendo Esperanza: Mental Wellness in the Latinx Community. [Link](#)

Nelson, T.L., “Findings from the Community Health Assessment of Globeville, Elyria and Swansea,” June, 2017. Provided electronically with permission to use for this class.

Newman TV, San-Juan-Rodriguez A, Parekh N, Swart ECS, Klein-Fedyshin M, Shrank WH, Hernandez I. Impact of community pharmacist-led interventions in chronic disease management on clinical, utilization, and economic outcomes: An umbrella review. Res Social Adm Pharm. 2020 Sep;16(9):1155-1165. Doi:10.1016/j.sapharm.2019.12.016. Epub 2020 Jan 14. PMID: 31959565.

Nuffer, W. Dye, L. Decker, S. “Integrating Pharmacist MTM Services into Medical Clinics as Part of a Health Department Partnership Project, Pharmacy Practice, Innovations in Pharmacy, 2019, Vol, 10, No. 4, Article 4, DOI: [Link](#)

Statistical Atlas. [Link](#)

Thompson, Cheryl, A. Onsite pharmacist program in medical homes declared a success: Payer tracking \$2.1 million in savings for first six months, American Journal of Health-System Pharmacy, Volume 72, Issue 19, 1 October 2015, Pages 1596–1597, DOI: [Link](#)

United Health Foundation, “America’s Health Rankings.” [Link](#)

Zagaar, M, Ndefo, UA, “Medication nonadherence in the Latino Population: A Challenge and Opportunity for Specialized Services, 2017, Jan. [Link](#)

Credits

Front Page. <https://images.squarespace-cdn.com/content/v1/5ed946fb16db1b3eca430eed/1602682965475-3PLN16D59B6PLG9TLC85/Tepeyac1.jpg?format=2500w>

Executive Summary. <https://images.squarespace-cdn.com/content/v1/5ed946fb16db1b3eca430eed/d47e9c54-050d-4a81-9d6c-103702e5a369/Tepeyac-New-Location.jpg?format=1500w>

Booth, Michael. “Making Noise in Globeville and Elyria-Swansea, August 29, 2018. Colorado Trust. Photo credits James Chance.

Air Pollution. <https://collective.coloradotrust.org/wp-content/uploads/sites/2/2018/>

Neighborhood. https://architectureandplanning.ucdenver.edu/images/librariesprovider18/research-and-creative-work/murp-2020-capstone-projects/sarah-dunmire-rep-photo.jpg?sfvrsn=35adb5ba_2