Completion of the new DVARMC facility complex includes:

- Twelve buildings connected by an integrated, four-level concourse
- 1.21 million square foot medical space
- Two inpatient facilities housing 148 inpatient beds
- Diagnostic and Treatment Facility totaling 328,457 SF
- Two new outpatient clinic facilities and one renovated outpatient facility with 327,877 SF
- Research building totaling 62,927 SF
- Central energy plant
- Site work and Utilities
Associated Program Scope

Utilidor (required to connect the future PTSD RRTP and the Fisher House)
• Sep-17 Contract Award
• Oct-17 NTP for Construction Issued
• Mar-18 Construction Substantially Complete
• Mar-18 Contract Complete

PTSD Residential Rehabilitation Program Minor Project
• Attempted to contract in FY17 but strong likelihood it would exceed current minor threshold
• Construction completion anticipated to take 18 months

Bioscience Building Lease/Renovation (GRECC, Research, Simulation Lab)
• 30-Sep-17 Contract Award
• 01-Oct-17 NTP issued for Design
• 15-Dec-17 Design Complete and NTP for Construction Issued
• 01-Nov-17 Contractor Kick-off meeting
• 11-Oct-18 Contract Complete

Clinic Building South (4th Floor Renovations) via “Completion Contract”
• 30-Apr-17 Earliest Opportunity for Execution due to Buckley Clinic move-out extending

Disposition of Clermont Site
• GSA targeted asset review ongoing; initial recommendations received 30-Oct-17

Fisher House
Denver Replacement VAMC

Turnover Status Update

Energy Center

Pedestrian Bridge

PTSD Building

Parking Staff North

Parking Visitor North

In-patient Building North

In-patient Building South

Diagnostic & Treatment—6 Dec: Step 3 Scheduled

Research

Concourse

Clinic Building North

Clinic Building Center

Parking Visitor South

Clinic Building South

Parking Visitor South

2nd Floor Renovations—Dec 17

4th Floor Renovations—TBD

Key:

- Turned Over to VAMC
- Under Construction
- Not in Contract
Construction Update

• 98% complete
• LV/IT Integration continue to be the USACE/VA team focus.
• Day 2 and Punch List Work being completed in all turned over buildings.
• Establishing avenues to ensure complete/useable facility on go live day.
Construction Update

• Buildings to complete
  – Diagnostic and Treatment (DAT)
    • KT Anticipated Completion – December 2017
  – Clinic Building South (CBS) – 2nd Floor Renovation
    • Anticipated Completion Dec. 2017
  – Site Turnover
    • KT Anticipated Completion – December 2017
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Construction Progress
Activation Staffing Status

As of July 2017

- 100 of positions remaining are in support of Spinal Cord Injury
- Emphasis on hiring has been for infrastructure support (Facilities, Environmental Mgmt., Police, Logistics)

As of December 2017

- 186 of positions are onboarded (44%)
- 118 positions are vacant (28%)
- 234 of positions are onboarded (56%)
- 186 positions are vacant (44%)
Procurement

• Furniture packages awarded for all buildings in FY16. Furniture installation % complete
  • ENC – 100% ; RES – 100%; CBC/CBN – 100%; IBN/IBS – 100%
• Procurement Plan being executed with planned award dates NLT 15-Aug-17. Equipment installation % complete
  • ENC – 100% ; RES – 100%; CBC/CBN – 65%; IBN/IBS <60%
• Besides Salaries, the majority of the this year’s procurement (52%) will be in support of Services
• Emphasis on completing procurement with emphasis on Low Voltage / IT integration packages
Program Execution

Top Successes

• 98% complete – On time (Jan 2018 CCD)/On budget
• Cost savings by executing phased building turnover strategy will allow for Completion contract
• 25 High Cost/High Tech equipment installs were completed in November
• Majority of equipment procurement is now complete; emphasis for FY18 is leases/services
• Activation expenditures on track to meet original cost estimate
• Completion of majority of Operational Planning on 27 Oct; Move Planning underway (kick-off held 19 Oct)
Questions?

Aerial Photo March 2012

Aerial Photo December 2017
University of Colorado Anschutz Medical Campus

Community-Campus Partnership:
An Anchor Institution Mission to Improve Well-Being

Presentation to CU School of Medicine Faculty Senate
October 10, 2017

Robert McGranaghan, MPH, Director
Senior Instructor, Department of Family Medicine, CU School of Medicine
Department of Community and Behavioral Health, Colorado School of Public Health

Funded by: University of Colorado Anschutz Medical Campus, The Denver Foundation,
UCHealth, and Children’s Hospital Colorado, with In-kind support from the City of Aurora
North Aurora Snapshot

- North ("Original") Aurora - population ~125,000 in 3 zip codes
  - Youngest in the city
  - Diversity index of 86%
  - 130 languages spoken in the schools
  - Highest unemployment, lowest income and lowest educational attainment.

Anschutz Medical Campus
Community-Campus Partnership: Background & Rationale

In 2012, CU Chancellor commissioned a team to create a framework for a community health partnership with local neighborhoods.

“Our campus will flourish only if we become a good neighbor in the service of our neighbors’ health.”
– Jerry Wartgow, Chancellor, 2012
Establishing the Community-Campus Partnership

• **2012**: 100+ Key informant interviews – perceptions of the campus and the community

• **2012-13**: Initial Advisory Group Meetings – is this a good idea? Yes!

• **2013**: Planning Committee formed to develop vision statement, principles, goals, programs; “Signature Program” identified: Jobs on the Campus for local residents (“Hire Local”)

[Image of people in a meeting]

[Logo: Community-Campus Partnership]

[Logo: University of Colorado Anschutz Medical Campus]
Establishing the Community-Campus Partnership

• Summer/Fall 2013: Funding obtained from CU Chancellor & Medical School Dean and The Denver Foundation; Planning Committee becomes the “CCP Coalition”.

• Fall 2014: Learning journey to Cleveland’s Greater University Circle Initiative - genesis for developing an “anchor institution mission”.

• Fall/Winter 2014-15: Resident Leader Council (RLC) formed and conducts “Connections Campaign” – 236 interviews with local residents to identify concerns, priorities and hopes for the future.
Results of RLC Connection Campaign: 236 One-to-one interviews
cconcerns in the community: October 2014-January 2015
Community-Campus Partnership: Community Engagement

- Resident Leader Council
- Monthly Networking Breakfasts & Dinners
Community-Campus Partnership: Communication & Evaluation

- Building a “Constant Contact” listserve (1700+ and growing)
- Developing a tracking and evaluation database
- 2015: Launched interactive website: Com-Cam.org
- Publishing and distributing bi-monthly e-newsletter and Weekly Update emails
Establishing the Hire Local Program
Rationale

• Great need and great potential exist right next door to the campus.

• Greater diversity in employees results in more dynamic, innovative and productive business.

• Increasing diversity and inclusion in our workforce will improve understanding, communicating and connecting with our clientele (patients, families, students).

• Shorter work commutes = greater job satisfaction and commitment, less job turnover.
Establishing the Hire Local Program

Focus Group Recommendations to address barriers:

• Establish better communication between campus and the surrounding community.
• Establish a “go to” place and person to learn about jobs on the campus.
• Spread the word (about jobs) in a local way.
• Add human dimension to application process.
• Offer training to build skills.
• Job fairs.
• Offer volunteer/mentorship to build skills/experience.
• Affordable childcare.
Establishing the Hire Local Program

- Key informant interviews with HR leaders and their staff.
- Agreement among all campus employers to meet regularly to develop and sustain a coordinated “Hire Local” effort.
- Funding for initial pilot, 2015.
Hire Local Goals:

1. Establish an accessible, reliable and trusted Job Hub.

2. Develop an equitable, intentional and inclusive recruitment strategy.

2. Hire more people from the surrounding neighborhoods.

2. Support residents who gain employment to stay in jobs, advance and thrive in their careers.
Establishing the Hire Local Program
The Community-Campus Partnership’s Role:

• Aligns training programs with community colleges.

• Finds resources for job readiness “wrap around support”.

• Outreach to the local community.

• Works closely with employers.

• Identifies needed changes in hiring practices.

• Enhances the reputation of campus employers.

• Supports strong inclusive practices in our systems.
Hire Local Accomplishments
Healthcare Bridge Pilot Program (with Community College of Aurora)
2015-17

• Adult Basic Education grant from the Colorado Department of Education.
• Other Partners – UCHhealth, Children’s Hospital Colorado, Arapahoe/Douglas Works! Workforce Center.
• 10-week course prepares students for entry level jobs in Patient Services.
• 80 students over 7 cohorts completed the program (97% completion rate) with 47 hires; average wage ~$15/hr
• 98% retention rate after 18 months.
Hire Local Accomplishments

(continued)

• Developing **job pathways** for refugees and immigrants (particularly for CU jobs).

• Adding **more campus jobs** to our “job family”

• Opened a **Job Hub** in April, 2017
Hire Local Job Hub
Located in CCP community offices @ Hoffman Municipal Services Bldg,
1298 Peoria St.

• Community and targeted “Information Sessions” held throughout each month to promote Hub services and gather sign-ups for appointments

• Job pathways: Patient Services, Food and Nutrition Services, Environmental Services, CNA, MA, Animal Care I, Standardized Patient for clinical education, Vet Tech I, Sterile Processing Technician (Dental School), Administrative Assistant

• Intake assessments, job readiness training sessions and one-to-one job application assistance

• Case-by-case assistance for those with higher skills (especially immigrants and refugees)
• Follow-up with Hiring Manager through application and interview phase (CCP staff)

• Regular check-ins post-hire (CCP staff)

***156 clients in pipeline since opening
16 hires (University of Colorado Hospital)
6 hires in CU***
Learn Local Goals

Goals:

Increase Aurora students in health sciences career pipeline programs on the campus.

Increase service learning opportunities in the surrounding community.

Increase participation in volunteer activities in the surrounding community.

Change faculty promotion policies to incentivize and reward increased participation in community engaged scholarship.
Learn Local Activities

• “Lunch and Learns” – career exploration discussions with Aurora students

• Health Career Days at Aurora schools

• Campus visits by Aurora students: campus hospitals; Wellness Center; Cancer Center; Cardiovascular Center; research labs; cadaver lab; Pharmacy School

• Hosting high school student interns

• Homeless & Immigrant and Refugee outreach

• Community Engagement Forum and Training Workshops on campus

• “Community on the Campus” and “Campus in the Community” Days

• Connecting faculty, students and staff to volunteer opportunities in Aurora
Conclusions

Value of establishing an anchor institution mission:

- The CCP serves as an important convener and bridge.
- Building inclusivity.
- Improving economic well-being.
- Striving to improve diversity and inclusion within campus worksites.
- Enriching teaching, learning, clinical experiences and research.

“The way to improve community health is through building community wealth”
(Lilly Marks, VP for Health Affairs, CU Anschutz Medical Campus)
Community-Campus Partnership

Working together for healthy and vibrant communities!

Robert J. McGranaghan, MPH, Director
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