

2019 Community Health Needs Assessment

UCHealth Memorial



Executive Summary.

We are pleased to present this report, the 2019 Community Health Needs Assessment (CHNA) for UCHealth Memorial. Memorial is organized as a not-for-profit hospital and is part of a larger system known as UCHealth. The information in this report will enable us to more strategically establish priorities, direct resources and implement initiatives intended to improve the health of our communities.

Required of all not-for-profit hospitals as a condition of retaining tax-exempt status, a CHNA is part of a hospital's documentation of community benefit mandated by the Affordable Care Act. Conducting this CHNA assures that UCHealth hospitals will identify and respond to the most pressing health needs of area residents. For the purpose of this CHNA, the Memorial community is defined as El Paso County in southern Colorado.

Description of UCHealth Memorial.

Memorial has been part of the Colorado Springs, Colorado, community since 1904. Memorial has two hospitals, Memorial Hospital Central and Memorial Hospital North, and more than a dozen facilities throughout the Pikes Peak region. UCHealth combines a network of nationally recognized hospitals, clinic locations and health care providers throughout Colorado, southern Wyoming and western Nebraska. We deliver excellent care close to home, no matter where you might live. Separately, our institutions provide superior care to patients and are committed to service the communities we are honored to serve. Together, we push the boundaries of medicine as we improve health through innovation. Our specialty practices have rapidly gained a reputation for excellence nationwide. Our unique combination of academic-based and community-focused medicine brings innovative and leading-edge care to patients throughout the Rocky Mountain region.

Methods.

Between July 2018 and February 2019, Memorial, along with other UCHealth hospitals, conducted a CHNA.

A sequential, mixed-method design was developed based on a review of the previous CHNA for the purpose of creating a common philosophy and unifying themes across the UCHealth hospital regions. The design represents best practices in community assessment, with a first phase of strong, quantitative data analysis followed by a series of structured activities to engage the community and public health experts in identifying health needs and perceived priorities.

To mobilize the medical provider community, a web-based survey was administered to obtain providers' perspectives on the significant health issues affecting their patients. Key stakeholders in the community were interviewed to provide input on the needs of the community and hospital-based resources needed to address them.

A subset of Memorial's senior management group was convened to review all information obtained from the activities described above. Participants in this internal advisory group (IAG) completed the health issue prioritization identification using an evidence-based, structured process. As a final step, the Memorial board of directors was apprised of and approved the prioritized needs that will be addressed in the implementation strategy during their May 2019 meeting.

Findings.

The first step of the assessment included a review of local health indicators. Values were compared at the county and state levels and when possible, to national benchmarks. From this review, the most significant issues identified included:

- Access to care.
- Cancer.
- Cardiovascular disease.
- Mental health/suicide.
- Overweight/obesity.

Priority issues chosen for El Paso County Public Health's Community Health Improvement Plan included:

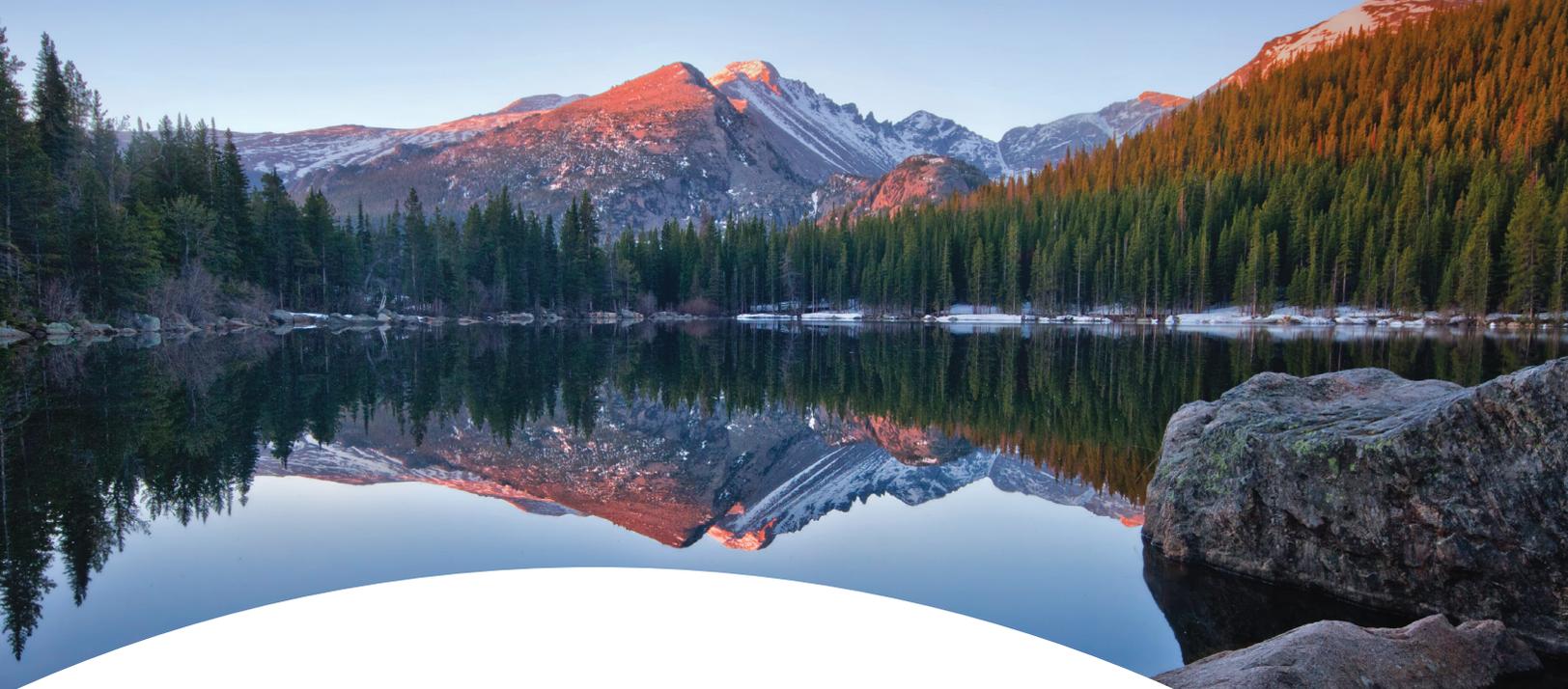
- Healthy eating and active living.
- Mental health and substance abuse.

The top health issues identified by key stakeholders included:

- Mental health/suicide.
- Behavioral health and substance abuse.
- Healthy eating and active living.
- Access to care.

The top health issues ranked by health care providers included:

- Access to care.
- Mental health/suicide.
- Overweight/obesity.
- Behavioral health and substance abuse.



Health care resources available to address needs.

Recognizing the current scope of services available to meet the health care needs of community members is an important component of a health needs assessment. El Paso County is served by several large health care systems, multiple community-based health centers, and a large network of medical providers. Though comprehensive services may be available, the CHNA findings reveal that the ability to receive care in a timely and cohesive manner remains a challenge for many vulnerable residents.

Summary of actions taken since previous CHNA.

Memorial directed resources to address the priority health issues identified in the 2016 CHNA. Some of these actions include:

- Provided free skin cancer screenings for over 450 community members during a collaborative community skin cancer screening.
- To identify and assist patients with suicidal ideation, 25 staff completed training in Mental Health First Aid, a “lethal means” research study was conducted in the emergency department, and the Memorial behavioral health team began using the Columbia suicide screening tool.
- Provided a free, nurse-run call center to offer advice to the community. The call center provides telephonic nurse triage, physician referrals, service referrals, and follow-up calls to patients discharged from the hospital.
- Invested in an online cardiovascular disease risk assessment tool to identify and assist community members who may be at risk for heart disease, stroke, or diabetes.

Prioritized community health needs.

After completing the review and prioritization process described earlier, the Memorial Hospital internal advisory group recommended that **access to care, cardiovascular disease prevention, and early detection and prevention of cancer** should be the community health issues addressed within the 2019-2022 Memorial implementation strategy.

Acknowledgements and next steps.

We would like to thank our colleagues from El Paso County Public Health and partnering agencies, local medical providers, and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, programs and strategies designed to impact the identified health issues will be compiled and presented to the Memorial board of directors for their oversight and approval.



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Introduction

Overview of Community Health Needs Assessment requirement.

UCHealth Memorial is organized as a not-for-profit hospital and operates within the purview of a larger system known as UCHealth.

The mission of UCHealth is to be an integrated, independent, nonprofit organization providing innovative, comprehensive care of the highest quality and exceeding expectations of the communities we serve. Completion of a community health needs assessment (CHNA) and development of a related implementation strategy (IS) ensures that hospitals identify and respond to the primary health needs of the residents within the communities they serve. IRS Section 501(r) requires that nonprofit community hospitals conduct a CHNA every three years to maintain tax-exempt status.

Community served by UCHealth Memorial.

For the purpose of this CHNA, the Memorial community is defined as El Paso County. A significant percentage of residents served by Memorial live in El Paso County.



Description of UHealth Memorial.

Memorial has been part of the Colorado Springs, Colorado community since 1904. Memorial has two hospitals, UHealth Memorial Hospital Central and UHealth Memorial Hospital North, and more than a dozen facilities throughout the Pikes Peak region. UHealth combines a network of nationally recognized hospitals, clinic locations and health care providers throughout Colorado, southern Wyoming and western Nebraska. We deliver excellent care close to home, no matter where you might live. Separately, our institutions provide superior care to patients and are committed to service the communities we are honored to serve. Together, we push the boundaries of medicine as we improve health through innovation. Our specialty practices have rapidly gained a reputation for excellence nationwide. Our unique combination of academic-based and community-focused medicine brings innovative and leading-edge care to patients throughout the Rocky Mountain region.

With a world-class physician team over 850+ doctors strong, UHealth Medical Group, the physician-led group serving UHealth hospitals and clinics along the Front Range, provides a full continuum of medical care and the highest level of expertise. A description of clinics and specialties can be viewed through this link: uhealth.org/about/uhealth-medical-group-providers/

Demographic characteristics of El Paso County.

El Paso County lies in east central Colorado and, depending on the year, is either the most populous county in Colorado or the second most populous county behind Denver County. The U.S. Census Bureau estimates that El Paso County's population grew by 10.6 percent between 2010 and 2016. In 2015, El Paso County had an estimated 677,022 residents with 66.7 percent of the population living in Colorado Springs. Unique in Colorado, El Paso County is home to several large military installations, such as Fort Carson Army base, the United States Air Force Academy, two Air Force bases, and the Cheyenne Mountain defense complex.

Age.

The percentage of residents below 18 years of age in El Paso County is 24.6 percent, which is slightly higher than the state average of 22.8 percent. El Paso County has a lower percentage, 12.2 percent, of residents age 65 and older compared to the state's average of 13.4 percent. That percentage is projected to increase to 17.1 percent by the year 2040.

Race/Ethnicity.

In 2018, 69.9 percent of El Paso County residents self-identified as non-Hispanic white, while in the state of Colorado 68.6 percent of the population self-identified themselves in this category. 2018 data reveals that the Hispanic white population is lower in El Paso County (16.7 percent) than in Colorado (21.3 percent).

Economic stability.

The percentage of adults living in poverty is 11.4 percent in El Paso County. The number of children living in poverty was 15 percent in El Paso County compared to 13 percent in Colorado. Additionally, the percent of children eligible for free and reduced school lunch during 2018 was higher in Colorado (42 percent) than in El Paso County (38 percent).



Community Health Needs Assessment

Between July 2018 and February 2019, Memorial conducted a CHNA. The CHNA process provided an opportunity for the hospitals to engage public health experts, medical providers and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs identified within the communities they serve.

Methods used to conduct the Community Health Needs Assessment.

A multiphase approach was used to identify top health priorities for action planning during 2019-2022. A comprehensive analysis of current, local population health indicators was initially performed. Community input was gained through collaboration with El Paso County Public Health Department during their Community Health Improvement Plan (CHIP) planning processes and key stakeholders in the community were convened to provide input on the needs of the community and hospital-based resources needed to address them. Lastly, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

During the next phase of the assessment, a subset of Memorial's senior management group was convened to conduct an interim review of all information obtained from the activities described above. Participants of this internal advisory group (IAG) completed a health-issue prioritization ranking using an evidence-based, structured process. As described later in this report, recommendations from the IAG were presented to the Memorial board of directors for approval.

The following figure illustrates the CHNA process components and participants.

Identify community health needs.

Secondary data analysis:

- Population characteristics.
- Social and economic factors.
- Health data.

Community and medical provider input:

- Brainstorming and ranking.
- What are our community's biggest health problems?

Prioritize significant community health needs.

Synthesis of information:

- In-depth secondary data analysis.
- Community and provider input.
- Internal advisory group input.
- Written comment on prior CHNA.

Issue prioritization criteria:

- Scope and severity of issue.
- Hospital's ability to impact.
- Availability of evidence-based strategies to impact.
- Alignment with UCHealth, local, state or national goals.

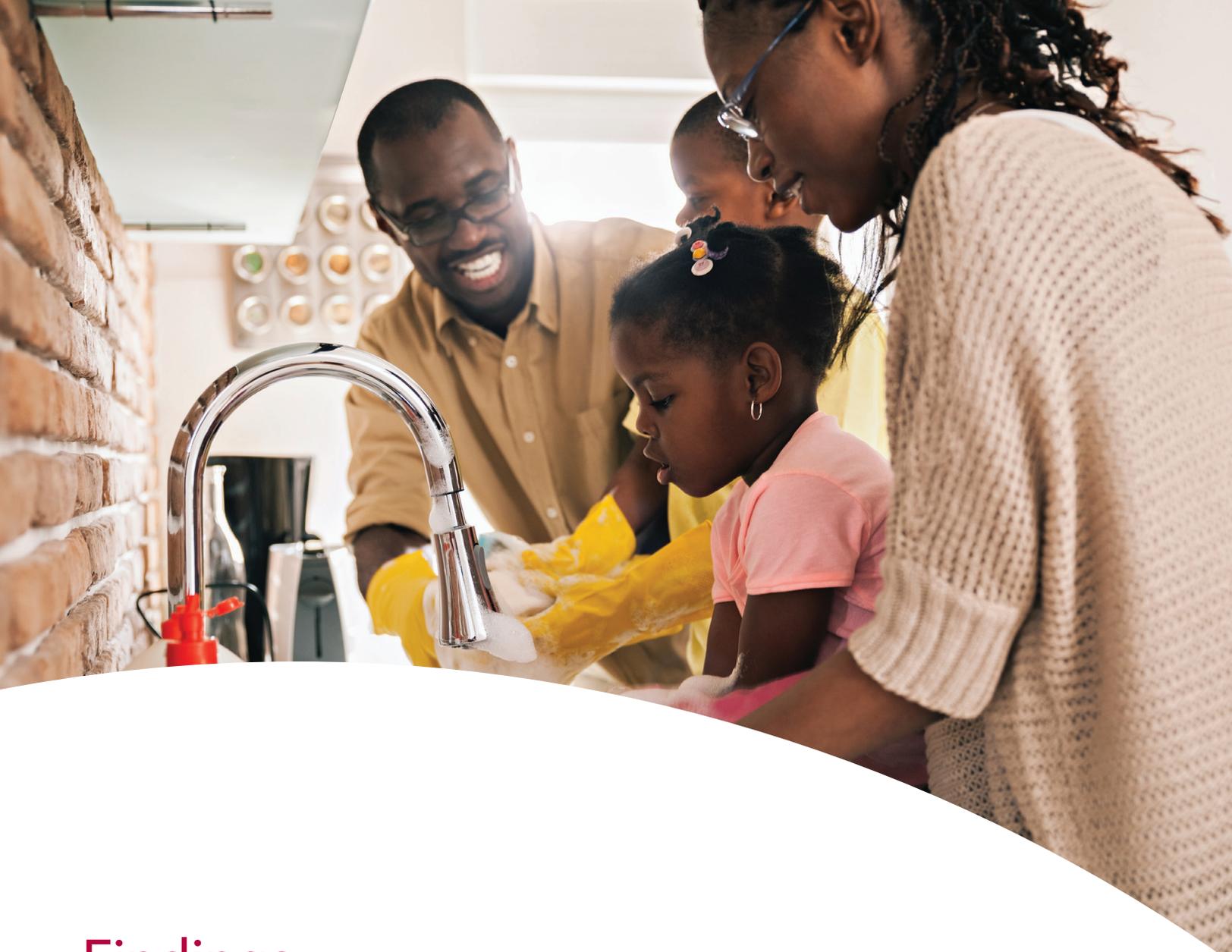
Written comment on previously conducted CHNA.

A review of UCHealth's 2016 Community Health Needs Assessment for UCHealth Memorial was obtained from Mina Liebert, public health planner, at El Paso County Public Health. Her comments, quoted below, will be considered carefully as Memorial continues to refine its methods in conducting future CHNAs. We are grateful to Ms. Liebert for providing a constructive and actionable review.

"The 2016 UCHealth Memorial health system Community Health Needs Assessment (CHNA) provides a strong summary of the purpose and process conducted by the administrative team. The CHNA includes all the contents required by section 501(r)(3) of the Internal Revenue Code and engaged a number of public health experts and community stakeholders through a formal process. The CHNA identified community health needs and determined the prioritization of significant health needs through

secondary data analysis as well as community and medical provider input, then used a practical approach to identify the hospitals' ability to impact the selected priorities. The mix of quantitative data from various sources and qualitative input from key stakeholder interviews and medical providers were conducted in a deliberate manner and identified priorities as well as partnership opportunities that were complementary to other CHNA/CHA findings. Referencing community-wide health care resources to address health needs for specific populations was also helpful for future partnerships. Suggestions for 2019 could include engagement with more nontraditional stakeholders for CHNA input and sharing updates on progress to date of the current Community Health Improvement Plan priorities at partner meetings. Thank you to the UCHealth Memorial health system staff for continuing to engage in meaningful community benefit work for the residents of El Paso County and the Pikes Peak region."





Findings

Secondary data review and analysis.

The first step of the assessment included a review and analysis of local population health indicators obtained through the County Health Rankings (2018 report year), Colorado Health Indicators, and the 2017 Healthy Kids Colorado Survey. Indicator values were compared at the county and state levels and when possible, to national benchmarks.

Tables were generated summarizing key health indicators for Memorial to describe the community and overall health status (see Appendix 1 to review the data tables and related websites). Key health needs were determined based on the indicator values and trends, priorities of the previous CHNA, current priorities of local county health departments, potential to impact the issues using evidence-based practices, and expert opinion.

Categories examined included:

- Demographics and socioeconomic status.
- Health care access and services.
- Health behaviors (includes unintentional injury).
- Nutrition, physical activity and body mass index.
- Maternal and child health.
- Mental health (includes suicide hospitalizations and mortality).
- Substance use disorders.
- Specific health conditions—hospitalization, morbidity and mortality rates.

Information gaps impacting ability to assess needs.

Within the review of the secondary data, gaps were identified related to the health status of minority populations as well as individuals who are medically underserved due to lack of adequate insurance or who encounter barriers to receiving timely and comprehensive health care services.

To fill these gaps, Memorial participates regularly in community-based coalition meetings facilitated by the county health department and other partner agencies that focus on identifying and implementing best practices and strategies toward reduction of these barriers.

Community engagement synopsis.

To gather community input, Memorial carried out three main activities. First, participating in the El Paso County Public Health Department Community Health Improvement Plans (CHIP) planning process, which also involved other agencies serving members of medically underserved, low-income and minority populations; second, conduct key stakeholder interviews to determine needs of the community and hospital-based resources needed to address them; and third, a medical provider web-based survey.

Community input.

The first step of the assessment included a review of local health indicators. Values were compared at the county and state levels and when possible, to national benchmarks. From this review, the most significant issues identified included:

- Access to care.
- Cancer.
- Cardiovascular disease.
- Mental health/suicide.
- Overweight/obesity.

In partnership with members of the Healthy Community Collaborative (HCC), El Paso County Public Health embarked on an intensive 18-month community health assessment (CHA) effort from 2016-2017 to create a community health improvement plan (CHIP) for El Paso County. The priority issues chosen for El Paso County Public Health's Community Health Improvement Plan include:

- Healthy eating and active living.
- Mental health and substance abuse.

Further community input was solicited by completing key stakeholder interviews. Key stakeholders are key community members representing the hospitals' surrounding community. Notes from the interviews were coded and analyzed to further narrow down the list for prioritization. The top health issues identified by key stakeholders included:

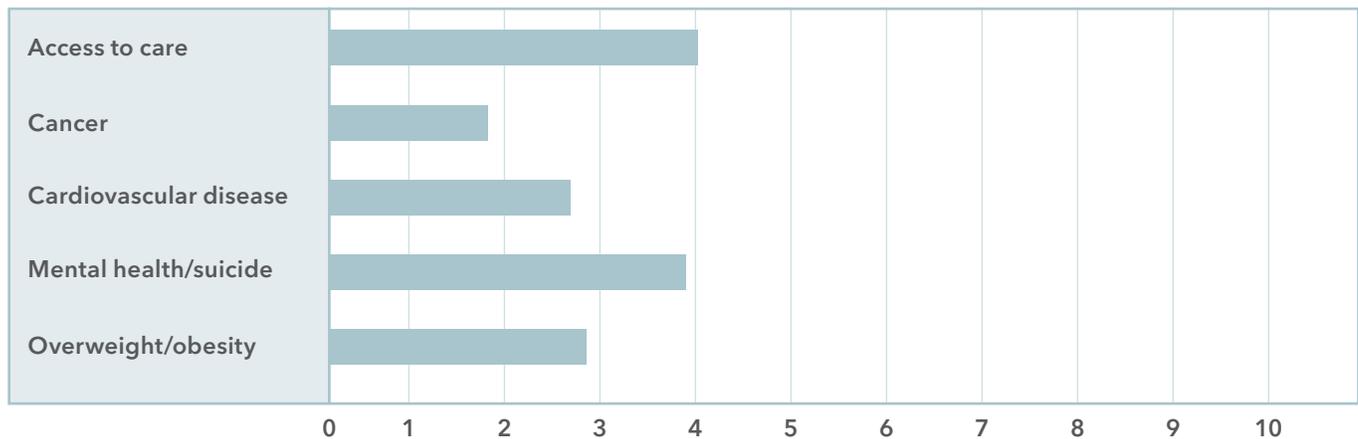
- Mental health and suicide.
- Behavioral health and substance abuse.
- Healthy eating and active living.
- Access to care.



Medical provider survey results.

Memorial administered a web-based survey of medical providers in their service area to rank significant health needs from the list generated in the secondary data analysis. Other health issue topics and open-ended comments were also solicited from survey respondents. Responses were received from 87 medical providers including physicians, physician assistants, nurse practitioners, nurses and community case managers. The chart below reflects their rankings.

Please rank the following health issues by relative importance to the health of our community. Issues are listed in alphabetical order. (Answered - 87; Skipped - 0)



In addition to prioritizing health needs, the survey invited responses to the following question:

UCHealth recognizes that improving population health and achieving health equity will require broad approaches that address social, economic and environmental factors that influence health. Your comments related to how these factors affect your patients are welcome.

An overarching theme throughout responses was the lack of adequate resources and strategies for addressing the needs of the increasing populations of homeless, those on Medicaid, and other underserved patients.

Community-wide health care resources available to address need.

Recognizing the current scope of services available to meet the health care needs of community members is an important component of a health needs assessment. El Paso County is served by several large health care systems, community-based health centers, and a large network of medical providers. Though comprehensive services may be available, the CHNA findings reveal that the ability to receive care in a timely and cohesive manner remains a challenge for many vulnerable residents.

Proven strategies available to impact health issues.

An important factor for consideration during the health issue prioritization process was recognizing the availability of proven strategies or evidence-based interventions that, if implemented, could make an impact on the significant health issues identified. Resources reviewed included:

Community Preventive Services Task Force findings:

thecommunityguide.org/about/whatworks.html

County Health Rankings Guide—What Works for Health:

countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

Healthy People 2020 Evidence-Based Resources:

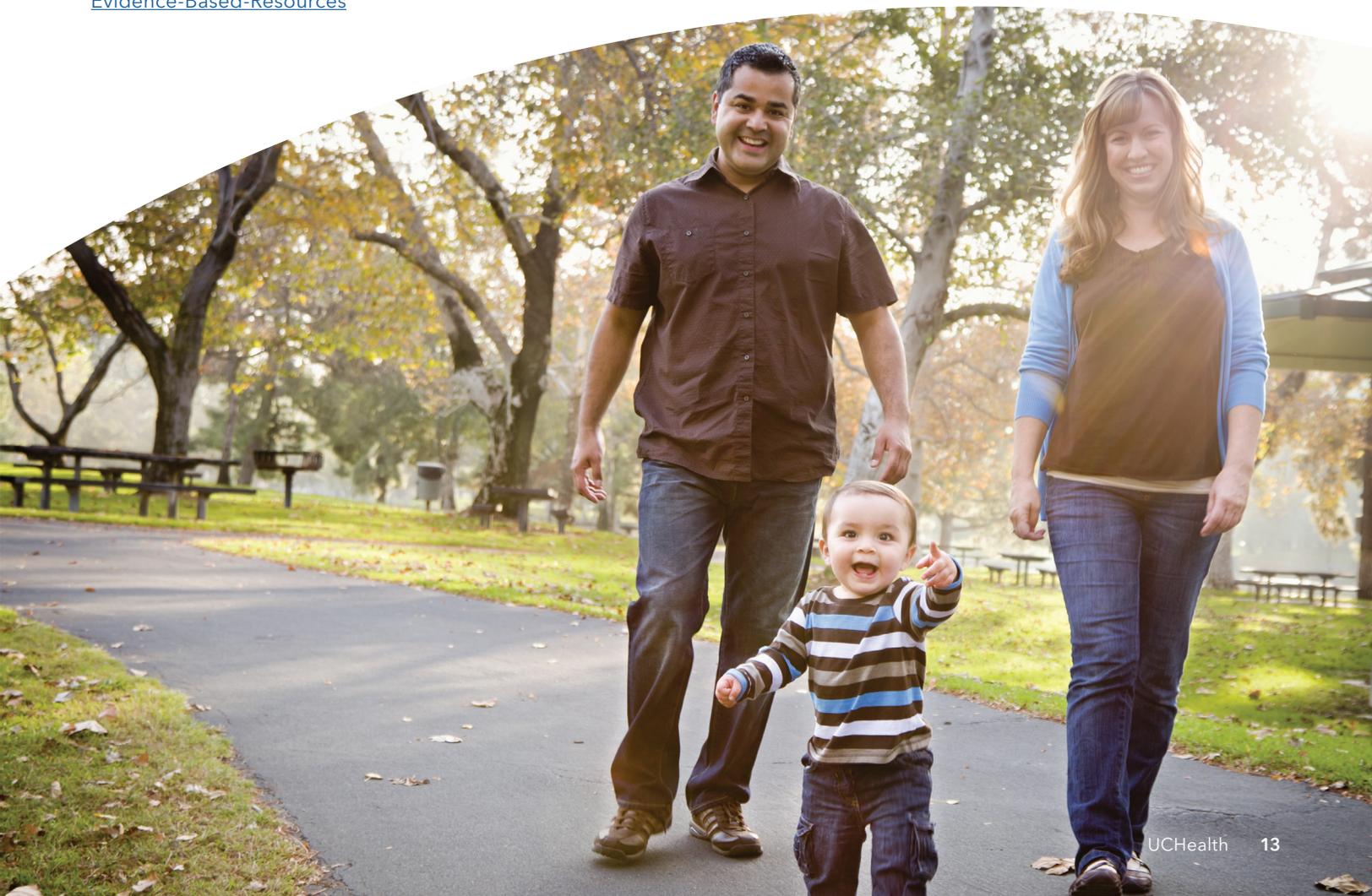
healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

Summary of impact of actions taken by hospital since previous CHNA.

During UCHealth's 2018 fiscal year (July 1, 2017–June 30, 2018), a total of \$854 million was invested by the system toward community health programs, subsidized care, care coordination for underserved individuals and families, medical research and education of health professionals.

Memorial directed resources to address the priority health issues identified in the 2016 CHNA. Some of these actions include:

- Provided free skin cancer screenings for over 450 community members during a collaborative community skin cancer screening.
- To identify and assist patients with suicidal ideation, 25 staff members completed training in Mental Health First Aid; a “lethal means” research study was conducted in the emergency department; and the Memorial behavioral health team began using the Columbia suicide screening tool.
- Provided a free, nurse-run call center to offer advice to the community. The call center provides telephonic nurse triage, physician referrals, service referrals, and follow-up calls to patients discharged from the hospital.
- Invested in an online cardiovascular disease risk assessment tool to identify and assist community members who may be at risk for heart disease, stroke or diabetes.





Prioritization and Board of Directors' Approval

Internal advisory group recommendations.

A subset of Memorial's senior management group was asked to review all findings obtained from the activities described in this report. Participants of this internal advisory group (IAG) then completed a health-issue prioritization identification using an evidence-based, structured process. (See prioritization matrix in Appendix 3.) The following criteria for prioritization were used:

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

The IAG identified **access to care, cardiovascular disease prevention, and early detection and prevention of cancer** as the top health priorities to be addressed. A synopsis of key CHNA findings specific to these issues follows.

Access to health care services—importance to the community.

With the advent of the Affordable Care Act, there has been a sharp decline in the proportion of residents without any health insurance in the El Paso County area. Despite this, there are still many barriers to access to care both through Medicaid and other payer sources. In El Paso County, the ratio of primary care providers (1670:1) is not favorable when compared to the state value (1240:1).

Cardiovascular disease—importance to the community.

Cardiovascular disease (CVD) remains one of the leading causes of mortality and hospitalizations, despite the substantial and ongoing progress being made in CVD prevention and treatment over the past 30 years. Hospitalization rates for stroke are higher in El Paso County when compared to the state of Colorado value. Mortality rates for heart disease are slightly higher in El Paso County when compared to the state value. A substantial proportion of those events are preventable through hypertension and cholesterol management as well as obesity, smoking and diabetes prevention and management.

Self-reported incidence of diabetes and mortality rates due to diabetes are higher in El Paso County than the Colorado value. About 58 percent of El Paso County’s adults are overweight or obese—an unchanged number from the past CHNA and higher than the Colorado value. Tobacco use is a substantial risk factor for many diseases, including cardiovascular disease. It is important to consider tobacco a major modifiable risk factor regardless of differences across counties or in comparison to the state. Adult tobacco use in El Paso County is at 14 percent of the population, which is comparable to the state value.

Cardiovascular Disease	El Paso County	Colorado
Stroke hospitalization (rate per 100,000).	297.2	250.6
Heart disease mortality (rate per 100,000).	127.5	120.5
Diabetes mortality (rate per 100,000).	18.3	17.1
Percent of adults with diabetes.	7.4%	6.8%
Percent of adults (18+) who are overweight or obese (BMI >=25).	58.3%	56.8%
Percent of adults who are current smokers.	14%	16%

Cancer—importance to the community.

Cancer is a leading cause of death in the United States and in El Paso County. Cancer incidence in El Paso County measured between 2011-2013 was 435.7 per 100,000 residents, which is higher than the state value of 409.3 per 100,000 residents. There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. In El Paso County the incidence rates for lung cancer, prostate cancer, cervical cancer and melanoma were all higher than the state values. The likelihood that an individual will develop cancer is affected by lifestyle choices. Avoiding tobacco, eating a healthy diet, maintaining a healthy weight, being physically active and avoiding sun exposure are all choices that can help prevent cancer. Adhering to recommended screening guidelines is also effective for early detection of many types of cancers. Much of the suffering and death from cancer could be prevented by more systematic efforts to reduce tobacco use, improve diet and physical activity and expand the use of established screening tests.

Cancer	El Paso County	Colorado
All cancer sites combined (incidence rate per 100,000)	435.7	409.3
Lung cancer (incidence rate per 100,000)	48.5	44.1
Prostate cancer (incidence rates per 100,000)	125.7	110.7
Colorectal cancer (incidence rate per 100,000)	35.8	34
Invasive cervical cancer (incidence rate per 100,000)	7.2	5.7
Melanoma (incidence rate per 100,000)	26.8	21.7
Malignant neoplasms (mortality rate per 100,000)	141.7	129.5

Review and approval by board of directors.

During their May 2019 meeting, the Memorial board of directors, which includes representatives from the surrounding communities, reviewed, discussed and approved the prioritized needs that will be addressed in the implementation strategy.

Acknowledgements, recommendations and next steps.

We would like to thank our colleagues from El Paso County Public Health Department and partnering agencies, local medical providers, and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, implementation strategies—designed to address the identified health needs within our communities—will be prepared and presented to the Memorial board of directors for their oversight and approval.

The UCHHealth Memorial CHNA report will be made available to the public for viewing by downloading the report from the hospital's website, or by requesting a hard copy in the administrative office for each hospital.

Appendices

Appendix 1—Data Tables and Sources

DEMOGRAPHICS	Year	El Paso	Colorado	Trends
Population	2018 CHR*	688,284	5,540,545	
Below 18 years of age	2018 CHR	24.6%	22.8%	
Age 65 and older	2018 CHR	12.2%	13.4%	
Non-Hispanic African-American	2018 CHR	6%	4%	
American Indian and Alaskan native	2018 CHR	1.4%	1.6%	
Asian	2018 CHR	2.9%	3.3%	
Native Hawaiian/other Pacific Islander	2018 CHR	0.4%	0.2%	
Hispanic	2018 CHR	16.7%	21.3%	
Non-Hispanic white	2018 CHR	69.9%	68.6%	
Not proficient in English	2018 CHR	2%	3%	
Males	2018 CHR	50.5%	50.3%	
Females	2018 CHR	49.5%	49.7%	
Rural	2018 CHR	8.9%	13.8%	
HEALTH OUTCOMES				
Quality of Life				
Adults aged 65+ who reported they had a fall in past 12 months.	2013-2015 COHI	28.7%	27.4%	Same
Adults reporting poor or fair health (age-adjusted).	2018 CHR	12%	14%	
Live births with low birth weight (LBW) (<2500 grams).	2018 CHR	9%	9%	Better
- LBW (black)	2018 CHR	15%	NA	
- LBW (Hispanic)	2018 CHR	9%	NA	
- LBW (white)	2018 CHR	9%	NA	
Number of all infant deaths (within 1 year), per 1,000 live births.	2018 CHR	6	5	
Adults reporting 14 or more days of poor physical health per month.	2018 CHR	10%	10%	
Adults reporting 14 or more days of poor mental health per month.	2018 CHR	10%	11%	
High school students who:				
- Felt so sad or hopeless almost every day for 2 or more weeks in a row, that they stopped doing some usual activities during the past year.	2017 HKCS	36.2%	31.4%	Worse
- Seriously considered attempting suicide during the past 12 months.	2017 HKCS	20.7%	17%	Worse
HEALTH FACTORS				
Health Behaviors				
Tobacco Use				
Adults who are current smokers.	2018 CHR	14%	16%	Unavailable
High school students who are current smokers.	2017 HKCS	7.3%	7.2%	Better
Diet and Exercise				
Children ages 2-14 who are overweight or obese.				
- (Body mass index (BMI) >= 85th percentile)	2013-2015 COHI	18.5%	23.5%	Better
High school students who are overweight or obese.				
- (Body mass index (BMI) >= 85th percentile)	2017 HKCS	26.9%	21.9%	Worse
Adults (18+) who are overweight or obese.				
- (Body mass index (BMI) >= 25)	2013-2015 COHI	58.3%	56.8%	Slightly worse

HEALTH FACTORS	Year	El Paso	Colorado	Trends
Diet and Exercise				
Population who lack adequate access to food (food insecure).	2018 CHR	14%	12%	
Population who are low-income and do not live close to a grocery store.	2018 CHR	8%	5%	
Children (ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days.	2013-2015 COHI	44%	44%	Slightly worse
High school students physically active for a total of at least 60 minutes/day for 5 of the past 7 days.	2017 HKCS	50.7%	51.6%	
Adults aged 20 and over reporting no leisure-time physical activity.	2018 CHR	16%	15%	Same
Alcohol and Drug Use				
High school students who report binge drinking (5+ drinks on one occasion in past month).	2017 HKCS	13.6%	16%	Slightly worse
Adults who report binge drinking (5+ drinks on one occasion in past month).	2018 CHR	18%	21%	Worse
Driving deaths with alcohol involvement.	2018 CHR	42%	35%	Same
Number of motor vehicle crash deaths per 100,000 population.	2018 CHR	10	10	
Number of drug poisoning deaths per 100,000 population.	2018 CHR	22	17	
Sexual Activity				
Number of newly diagnosed chlamydia cases per 100,000 population.	2018 CHR	433.6	445.4	Same
Number of births per 1,000 female population ages 15-19.	2018 CHR	26	24	
- Teen birth rate (black)	2018 CHR	33	NA	
- Teen birth rate (Hispanic)	2018 CHR	48	NA	
- Teen birth rate (white)	2018 CHR	19	NA	
CLINICAL CARE				
Access to Care				
Population under age 65 without health insurance.	2018 CHR	8%	9%	Better
Ratio of population to primary care physicians.	2018 CHR	1,670:1	1,240:1	
Ratio of population to dentists.	2018 CHR	990:1	1,290:1	
Ratio of population to mental health providers.	2018 CHR	370:1	330:1	
Quality of Care				
Number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.	2018 CHR	33	31	Better
SOCIAL AND ECONOMIC FACTORS				
Education				
High school graduation rate.	2018 CHR	77.8%	77%	Worse
Teens and young adults ages 16-24 who are neither working nor in school (disconnected youth).	2018 CHR	14%	12%	
Adults ages 25-44 with some postsecondary education.	2018 CHR	25.7%	71%	
Employment				
Unemployment rate.	2018 CHR	2.6%	3.3%	Same
Income				
Median household income:	2018 CHR	\$63,600	\$65,700	
- Household income (black).	2018 CHR	\$47,900	NA	
- Household income (Hispanic).	2018 CHR	\$45,900	NA	
- Household income (white).	2018 CHR	\$64,400	NA	
Children under age 18 in poverty:	2018 CHR	15%	13%	Worse
- Children in poverty (black).	2018 CHR	22%	NA	
- Children in poverty (Hispanic).	2018 CHR	26%	NA	
- Children in poverty (white).	2018 CHR	9%	NA	
Children eligible for free/reduced school lunch.	2018 CHR	38%	42%	

SOCIAL AND ECONOMIC FACTORS	Year	El Paso	Colorado	Trends
Community Safety				
Violent crime rate (per 100,000 population).	2018 CHR	380	309	Better
Number of deaths due to injury per 100,000 population.	2018 CHR	79	74	
Number of deaths due to homicide per 100,000 population.	2018 CHR	5	4	
Number of deaths due to firearms per 100,000 population.	2018 CHR	17	13	
SPECIFIC HEALTH CONDITIONS–MORBIDITY AND MORTALITY				
Children with asthma (ages 1-14).	2013-2015 COHI	6.3%	7.3%	Better
Adults aged 20 and above with diagnosed diabetes.	2018 CHR	7%	6%	Better
Number of persons living with a diagnosis of HIV infection.	2018 CHR	141	254	
Incidence rate per 100,000 per year for:				
- Chronic hepatitis B	2013-2015 COHI	9.3	10.1	Better
- Tuberculosis	2013-2015 COHI	0.6	1.3	Better
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000 POPULATION PER YEAR				
All cancer sites combined.	2011-2013 COHI	435.7	409.3	Better
Lung cancer	2011-2013 COHI	48.5	44.1	Better
Invasive breast cancer (females)	2011-2013 COHI	116.5	122.6	Better
Prostate cancer (males)	2011-2013 COHI	125.7	110.7	Better
Colorectal cancer	2011-2013 COHI	35.8	34	Same
Invasive cervical cancer (females)	2011-2013 COHI	7.2	5.7	Better
Melanoma	2011-2013 COHI	26.8	21.7	Better
AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000 PER YEAR				
Stroke	2013-2015 COHI	297.2	250.6	Slightly worse
Heart disease	2013-2015 COHI	1984.8	2,156.9	Better
Acute myocardial infarction	2013-2015 COHI	148.2	155.3	Better
Congestive heart failure	2013-2015 COHI	571.1	666.5	Slightly worse
Mental health diagnosed hospitalizations	2013-2015 COHI	2,512	2,834	Better
Suicide hospitalizations	2013-2015 COHI	45.3	52	Better
Influenza (ages 65+)	2013-2015 COHI	108.1	152.6	Worse
AGE-ADJUSTED MORTALITY RATES PER 100,000				
All causes	2017 COHI	703.4	654.2	Slightly worse
Malignant neoplasms	2017 COHI	141.7	129.5	
Heart disease	2017 COHI	127.5	120.5	
Unintentional injuries	2017 COHI	56.3	53.1	
Chronic lower respiratory diseases	2017 COHI	47.6	44.8	
Cerebrovascular diseases	2017 COHI	41.2	35.1	
Alzheimer's disease	2017 COHI	33.4	33.3	
Suicide	2017 COHI	22.8	20.2	
Diabetes	2017 COHI	18.3	17.1	
Prescription opioid overdose	2018 CHR	22	17	
KEY FOR DATA SOURCES:				
*2018 = Year of report (actual year of data collection varies).				
COHI = Colorado Health Indicators colorado.gov/pacific/cdphe/colorado-health-indicators				
CHR = County Health Rankings 2018 countyhealthrankings.org/				
HKCS = Healthy Kids Colorado Survey 2017 colorado.gov/pacific/cdphe/healthy-kids-colorado-survey-data-tables-and-reports drive.google.com/file/d/1gJbUBR8znMEIxB_DF5s71DPveWF33u8V/view				

Appendices

Appendix 2—Organizations Providing Input-El Paso County

Aspen Point Behavioral Health Centers
 Colorado Springs Fire Department
 Colorado Springs Health Foundation
 El Paso County Public Health
 El Paso County Public Health-
 Healthy Community Collaborative
 (over 70 individuals and agencies)
 Peak Vista Community Health Centers
 Pikes Peak Community Health Partnership
 Resilient Inspired Strong Engaged (RISE) Coalition
 University of Colorado,
 Colorado Springs School of Medicine



Appendix 3—Prioritization Matrix

Prioritization—Ranking Matrix

This is shown as an example of how data was collected.

Instructions: Rank each health issue against the criteria using the rating scale below:
 4 = High priority 3 = Moderate priority 2 = Low priority 1 = Not a priority

Identified health issues	Prioritization Criteria				Total score.
	Scope and severity of health issues. (How many people affected; impact of issues on mortality rates.)	Economic feasibility. (Costs of internal resources.)	Potential for hospital to impact. (Availability of effective interventions, staff expertise and community readiness.)	Alignment with current UCHealth system strategies and/or state and national health objectives.	
UCHealth Memorial (El Paso County)					
Access to care					
Cancer					
Cardiovascular disease					
Mental health/suicide					
Overweight/obesity					
Substance use disorders					
Other					

