2019 Community Health Needs Assessment

UCHealth University of Colorado Hospital

uchealth

Executive Summary.

We are pleased to present this report, the 2019 Community Health Needs Assessment (CHNA) for UCHealth University of Colorado Hospital (UCH). Organized as a nonprofit, body corporate and state authority, UCH is part of a larger system known as UCHealth. The UCHealth system combines 11 hospitals, three affiliate hospitals and a medical group into an organization dedicated to health and unmatched patient care in the Rocky Mountain region.

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 UCH community is defined as Adams, Arapahoe, Denver and Douglas counties.

Description of UCH.

UCHealth University of Colorado Hospital is the Rocky Mountain region's leading academic medical center. UCH has 673 licensed hospital beds and a wide network of primary care and specialty clinics. The hospital's physicians are affiliated with the University of Colorado School of Medicine, part of the University of Colorado system.

Methods.

Between September 2018 and March 2019, UCH conducted a CHNA. 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 the Tri-County and Denver County Public Health Departments as well as the Metro Denver Partnership for Health. In addition, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

UCH's senior management group was engaged in an advisory capacity to review information obtained from the activities described above. Participants of this internal advisory group (IAG) completed the health-issue prioritization identification using an evidence-based, structured process. As a final step, the UCH board of directors was apprised of the information contained within this report. Board approval of the recommended priority issues was obtained.

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 w/emphasis on specialty areas.
- Mental health/substance use.
- Social determinants, including housing, food insecurities and transportation.
- Cardiovascular health.
- Obesity.

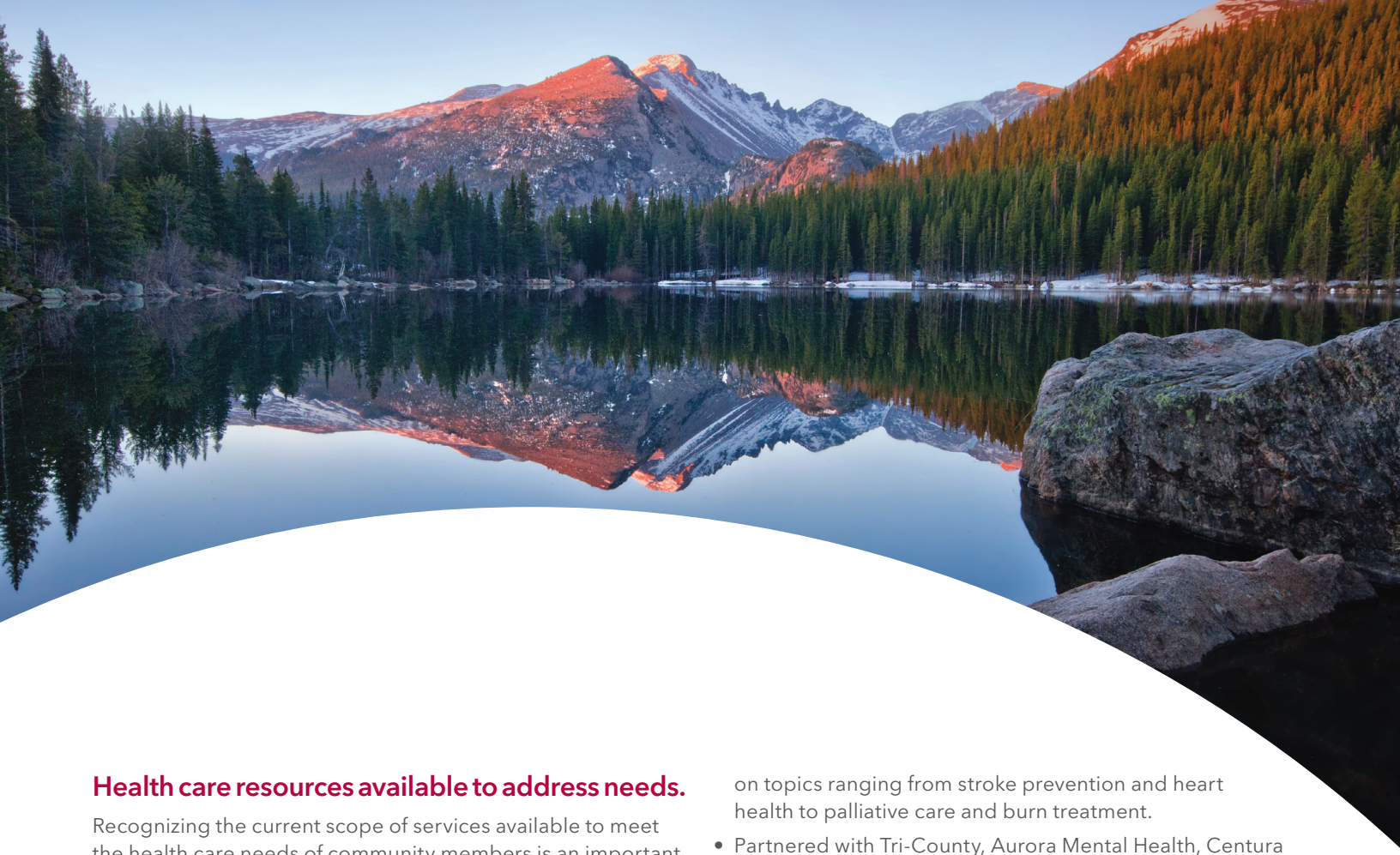
The top health issues ranked by health care providers in priority order were:

- Access to care.
- Mental health/substance use.
- Obesity.
- Cardiovascular health.
- Social determinants.

Tri-County Health Department focused heavily on the Social Determinants of Health in their 2018 Community Health Needs Assessment. The following findings from their Community Assessment Executive Summary are not listed in order of priority:

- Social connections and health.
- Health and economic security.
- Health and housing, education, food, safety and environment.
- Mental health.
- Substance use.
- Sexual and reproductive health.
- Access to mental and physical health care services.

Denver County had not completed their assessment at the time of this report. However, they were able to confirm access to care and mental health/substance abuse as areas of concern.



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. Adams, Arapahoe, Denver and Douglas counties are served by several large health care systems, multiple community-based health centers and a large network of medical providers. In addition, Denver County offers a list of services through "Be Healthy Denver" and Denver Environmental Health. Tri-County Health Department has resources listed related to Adams, Arapahoe and Douglas counties. 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.
denvergov.org/content/denvergov/en/be-healthy-denver.html
denvergov.org/content/denvergov/en/environmental-health.html
tchd.org/237/Services

Summary of impact of actions taken since previous CHNA.

University of Colorado Hospital (and partnering organizations) directed resources to address the priority health issues identified in the 2016 CHNA. The impact of these actions includes, but was not limited to:

- Support of the Aurora Health Alliance with emphasis on the Access to Specialty Care Task Force, comprised of representatives from 49 local nonprofits.
- Support of the "Know where to go" campaign, resulting in over 7,650 uninsured and under-insured residents receiving information on available services, and education on how to choose the appropriate level of service.
- University of Colorado Hospital Authority (UCHA) service lines presented educational forums to over 1,500 residents on topics ranging from stroke prevention and heart health to palliative care and burn treatment.
- Partnered with Tri-County, Aurora Mental Health, Centura Health, Children's Hospital Colorado, Metro Community Provider Network (MCPN) and 300 other organizations in support of reducing mental health stigma through the "Let's Talk Colorado" campaign, resulting in over 11 million impressions between May 2017-May 2018.
- Hosted 9Health Fair, providing screenings and tests to over 300 residents.

Prioritized community health needs.

After completing the review and prioritization process described earlier, the University of Colorado Hospital internal advisory group identified **access to care and mental health/substance use** as the primary community health issues to address in the 2019–2022 implementation plan. Cardiovascular disease, obesity and social determinants ranked almost equally behind the primary issues and should also receive attention, as resources allow.

Acknowledgements and next steps.

We would like to thank our colleagues from the Tri-County and Denver County Health Departments 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 UCHealth University of Colorado Hospital board of directors for their oversight and approval.

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Introduction

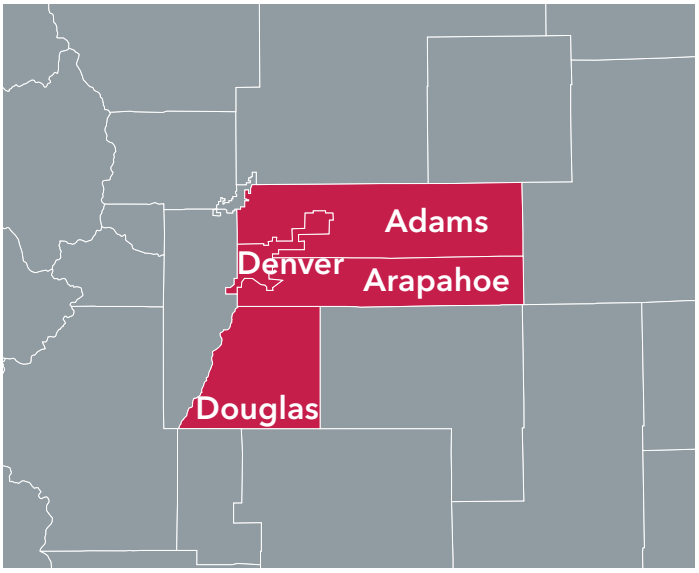
Overview of the Community Health Needs Assessment requirement.

Organized as a nonprofit, body corporate and state authority, University of Colorado Hospital (UCH) is part of a larger system known as UCHealth. A Front Range health system, UCHealth delivers the highest quality patient care with the highest quality patient experience.

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) assures 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.

Communities served by UCH.

The CHNA primary service area for UCH includes all ZIP codes within Adams, Arapahoe, Denver, and Douglas counties.



Description of UCHealth University of Colorado Hospital.

UCHealth University of Colorado Hospital (UCH), part of UCHealth, has been serving Coloradans since 1885 and has been in the Denver metro area since 1925. As the region's only academic medical center and a partner with the renowned University of Colorado School of Medicine, our caregivers' job includes staying on top of the latest research and treatment. To achieve patient safety, the hospital commits tremendous resources to continuously monitoring many factors, including medical quality measures, clinical outcomes, and patient satisfaction scores. With what is the largest, most expert multispecialty practice in the region, UCH patients get the latest in collaborative care. Better yet, the UCH practice model rests on the latest in patient and family-centered care. UCH has 673 available hospital beds and also has a wide network of primary care and specialty clinics.

Demographic characteristics of Adams, Arapahoe, Denver and Douglas counties.

Population.

The counties comprising UCH's defined community—Adams (population 498,187), Arapahoe (population 637,068), Denver (population 693,060) and Douglas (population 328,632)—are a mix of urban, suburban, and rural environments.

Age.

On average in the UCH defined community, 35.5 percent of individuals are between the ages of 18 and 65, compared with 36 percent in the same age range for Colorado overall.

Race/Ethnicity.

The racial and ethnic breakdown in the UCH defined community shows the population to be a majority white, 62.5 percent, followed by 24 percent Hispanic. There is a wide variance in racial populations among different counties in the UCH community. Arapahoe County's African-American population percentage is 10.3 compared to Douglas County's, at 1.2. The largest disparity is between the Hispanic population in Douglas County, at 8.5 percent and Adams County, at 39.6 percent.

Economic stability.

The median household income in UCH defined communities compared favorably to Colorado as a whole, with only Denver County failing to meet the state level. However, as with the race/ethnicity demographic, the income disparity among UCH's counties is significant. The median household income in Douglas County is $112,400, in contrast Denver County is $61,000. The Colorado median household income is $65,700.

Families living in poverty are also fewer in Douglas County, 3 percent, and more concentrated in Denver County at 20 percent. According to the Colorado Department of Labor and Employment, the average unemployment rate in the UCH community during 2018 was 3 percent, which is consistent with the state value.

In 2018, the average high school graduation rate in the UCH community was 75 percent. Once again, Denver County was on the low end at just 61 percent and Douglas County was on the high end at 90 percent. The Colorado state average graduation rate in 2018 was 77 percent.

Community Health Needs Assessment

Between September 2018 and March 2019, UCH conducted a CHNA. The CHNA process provided an opportunity for the hospitals to engage experts, medical providers and community stakeholders in a 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 the Tri-County and Denver County Public Health Departments, Aurora Health Alliance as well as the Metro Denver Partnership for Health. In addition, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

UCH's senior management group was engaged in an advisory capacity to review information obtained from the activities described above. Participants of this internal advisory group (IAG) completed the health-issue prioritization identification using an evidence-based, structured process. As a final step, the UCH board of directors was apprised of the information contained within this report. Board approval of the recommended priority issues was secured.

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.

Prioritization matrix:
- Scope of issue.
- Hospital's ability to impact.
- Availability of evidence-based strategies to impact.

Hospital internal advisory group priority issue selection.

Review and approval by board of directors.

Written comment on previously conducted CHNA.

A review of UCH's Community Health Needs Assessment 2016 was obtained from Patty Boyd, RD, MPH, Strategic Partnerships Manager, Tri-County Health Department. Her comments, quoted below, will be considered as UCH continues to refine its methods in conducting future CHNAs. We are grateful to Ms. Boyd for her constructive and actionable input.

"The 2016 Community Health Needs Assessment (CHNA) reporting the health needs of the communities served by UCHealth is comprehensive and well-organized. It contains the elements required by the IRS Section 501(r) for a CHNA. The consideration and acknowledgement of CHNAs completed by other community entities speaks to the partnerships UCHealth has in the community. The community engagement effort was commendable and helpful in determining strategic priorities. An opportunity for the next CHNA cycle would be to consider more timely data."

In addition, Ms. Boyd specifically recognized UCH's role in addressing mental health stigma, stating "UCH partnered with local public health agencies, other hospitals and multiple community organizations to promote 'Let's Talk Colorado,' a campaign encouraging mental health conversations." Ms. Boyd suggested it would be in the best interest of the community for UCH to expand community outreach in mental health, as well as other areas.

Findings

Secondary data sources and analysis.

A detailed review of publically available data from a database consolidated by the Colorado Department of Health and Environment was performed. The database was created to support its local public health agencies as they carry out their Community Health Assessments and Community Health Improvement Plans. It contains key health indicators from multiple data sources to describe health from a health equity context. (See Appendix 1 to review the data tables.) Indicator measures include health data, population characteristics and social and economic factors. Data was compared at the county and state levels to identify key health needs. To enhance the health needs identification, Healthy People 2020 benchmarks were also reviewed.

Key health needs were determined by UCH based on the data, priorities of the previous CHNAs, current priorities of local health departments, potential to prevent deaths using evidence-based practices, and expert opinion.

Categories examined included:

- Demographics and socioeconomic status.
- Health care access and services.
- Health behaviors.
- Nutrition, physical activity and body mass index.
- Maternal and child health.
- Physical and mental health status.
- Specific health conditions—morbidity and mortality.

From this review, the most significant issues identified included:

- Access to care with emphasis on specialty areas.
- Mental health/substance use.
- Social determinants, including housing, food insecurities and transportation.
- Cardiovascular health.
- Obesity.

The top health issues ranked by health care providers in priority order were:

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- Substance use.
- Sexual and reproductive health.
- Access to mental and physical health care services.

Denver County had not completed their assessment at the time of this report. However, they were able to confirm access to care and mental health/substance abuse as areas of concern.

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 better understand and develop strategies for addressing these gaps, UCH participated in forums, symposiums and workshops facilitated by various agencies including the Aurora Health Alliance, Colorado Health Foundation and the Center for Health Progress. Health equity, poverty, access and various other social determinants were common themes.

Community engagement synopsis.

To gather community input, UCH engaged in two primary activities. First, they participated in the Metro Denver Partnership for Health where people with special knowledge or expertise in public health, representatives of health departments serving community health, and agency leaders providing services to and/or members of the medically underserved were assembled to discuss health priorities throughout the Denver Metro region. Second, a medical provider web-based survey was conducted to obtain input regarding the most pressing health needs of their patients. Details for each activity are described below.

Metro Denver Partnership for Health participation.

Notably, this partnership includes participation by the Tri-County Health Department (TCHD) whose recently completed Community Health Needs Assessment provided a basis for discussion and a substantial data source. In February 2018, TCHD surveyed residents, partners and stakeholders from counties representing approximately 70% of UCH's defined community. The survey asked them to name the three most important characteristics of a happy, healthy and thriving community (Figure 1) and the three most important health problems in their communities (Figure 2). Figures are on the following page.

Figure 1: What are the three most important characteristics of a happy, healthy, and thriving community? (N=399)

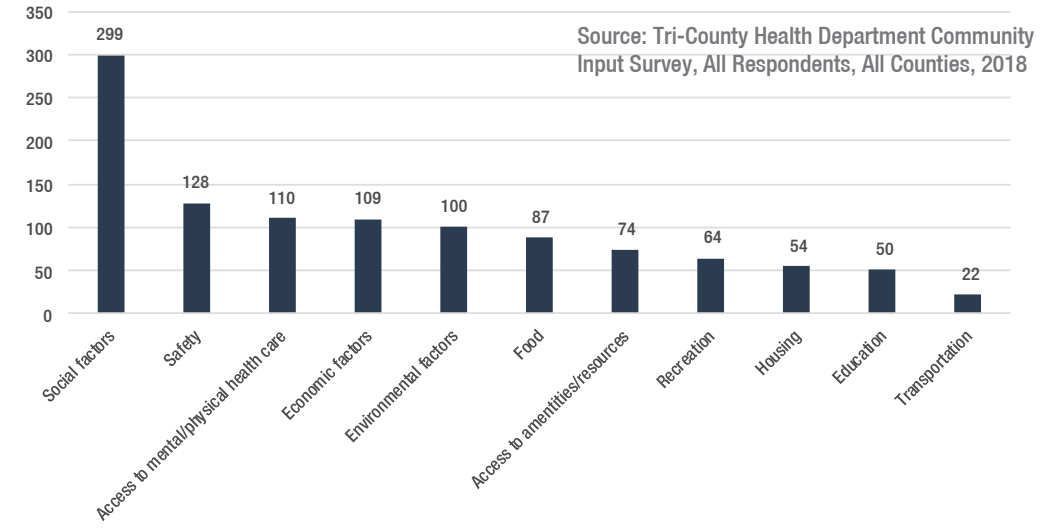
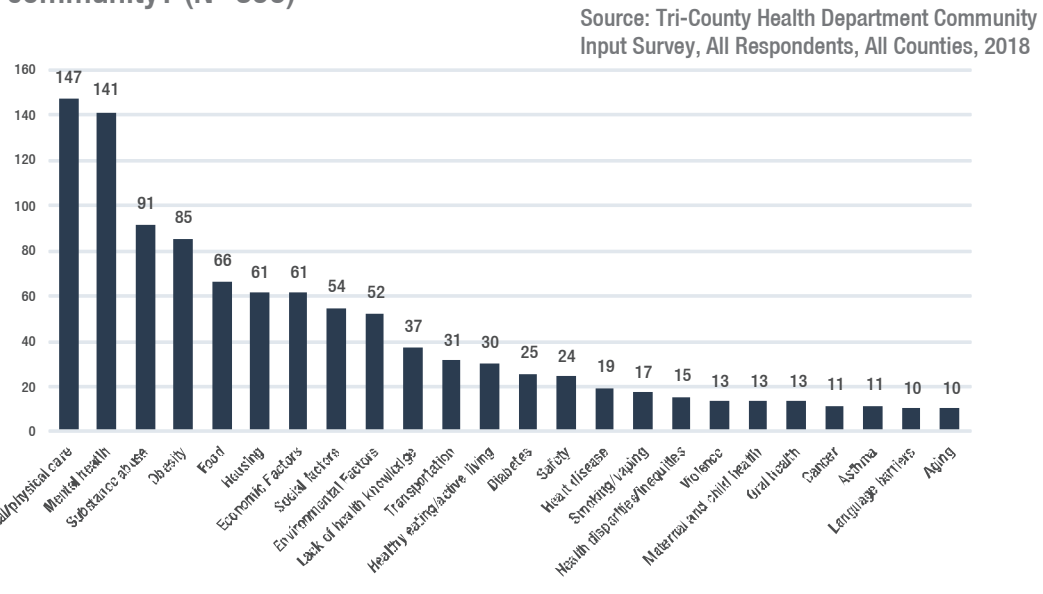


Figure 2: What are the three most important health problems in your community? (N=399)



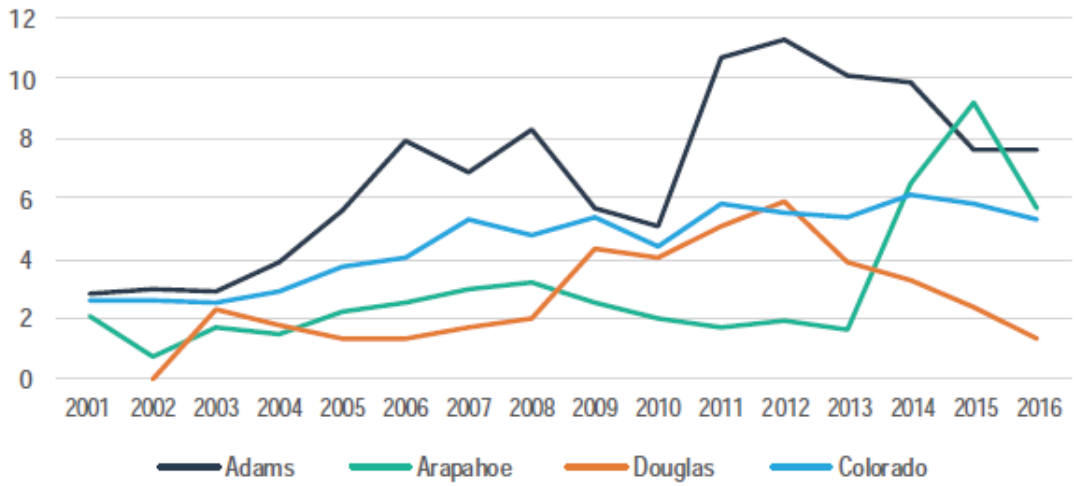
In order of priority, the results were access to care, mental health, substance abuse, obesity, and social determinants including food, housing, and economic factors as the top concerns. Following are summaries of the analysis TCHD performed for several of the areas of emphasis:

Access to Mental and Physical Health Services:
"Being able to afford the mental and physical health services needed to be healthy is one of the most important health problems identified by our community members. Although many factors influence health, people need access to comprehensive services including health care providers and specialists, therapists, counselors, dietitians, dentists and hygienists and complementary health care providers to maintain good health. While access to health insurance coverage has improved, an important subset of our residents still has no health insurance. Even those with insurance coverage often struggle to pay for services."

Substance Use and Health:
"According to Colorado's Office of Behavioral Health, the term substance use disorder is used to describe the dependence on, misuse or abuse of, or addiction to a substance. Like other diseases, such as diabetes or heart disease, a combination of behavioral, environmental and biological factors increases the risk for developing addiction. Genetic risk factors account for about half of the likelihood that an individual will develop addiction. Alcohol abuse poses both short-term and long-term risks for poor health outcomes including injury, violence, risky sexual behavior, high blood pressure, heart disease, mental health problems, learning and memory problems, and some types of cancer.

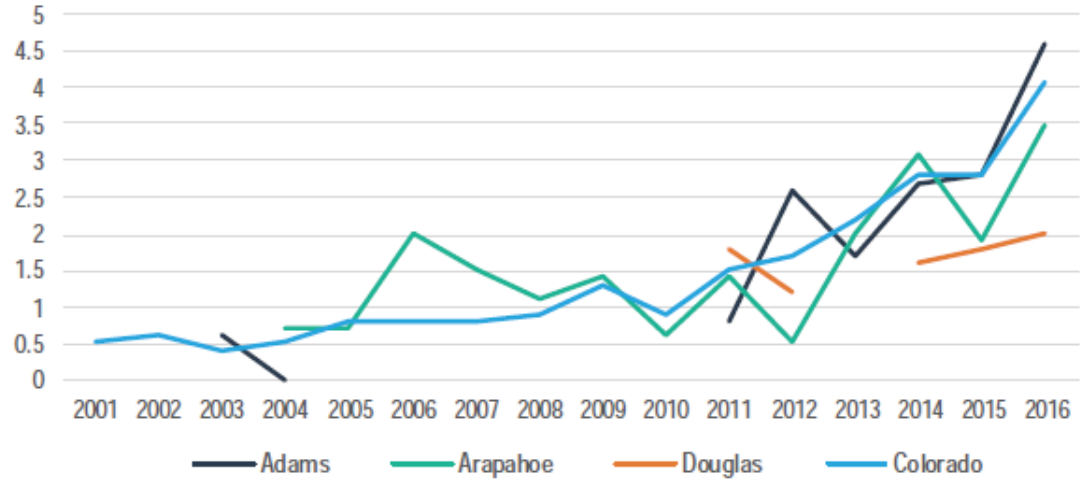
In all three counties, deaths from opioid and heroin overdose have increased over the past 15 years, in most cases dramatically (see Figures 2 and 3). Between 2011 and 2016, 522 people died due to an opioid overdose in Adams, Arapahoe and Douglas counties".

Figure 2: Prescription opioid overdose deaths per 100,000 population*



*Age-adjusted to the U.S. Standard Population, missing data are suppressed rates due to a small number of events
Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Figure 3: Heroin overdose deaths per 100,000 population*

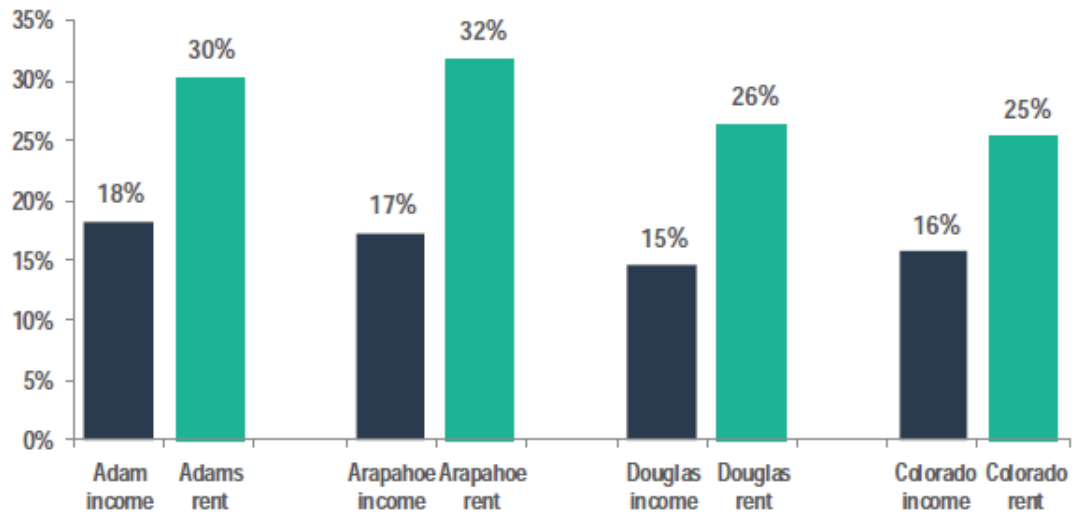


*Age-adjusted to the U.S. Standard Population, missing data are suppressed rates due to a small number of events
Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Health and Housing:
"Our community members and partners reported that finding affordable housing of good quality is a significant problem facing their communities. The Denver Metro region's population has grown and wages have stagnated –resulting in a significant shortage of affordable housing. Between 2012 and 2016, the median monthly household income for residents in Adams, Arapahoe, and Douglas Counties has increased by 15% to 18% while the median monthly rent has increased by 26% to 30%; the cost of housing is outpacing the increase in wages as shown in Figure 1.

Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and poor mental health. Housing can be a source of exposure to various carcinogenic air pollutants. Radon, a colorless, odorless radioactive gas that forms naturally in soil, is the second leading cause of lung cancer in the United States."

Figure 1: Percent change (increase) in average monthly income and average monthly rent costs between 2012 and 2016



Source: U.S. Census, American Community Survey 5-Year Estimates 2016

In summary, over the course of multiple meetings of the Metro Denver Partnership for Health during 2018 and continuing into 2019, key health challenges identified by TCHD's report as well as concerns brought forward by other members of the partnership were examined and debated. Discussion related to strategies for addressing concerns, collaboration, and resource allocation methods has begun and will continue to inform UCH's development of its 2019-2022 Implementation Strategy.

Medical provider survey results.

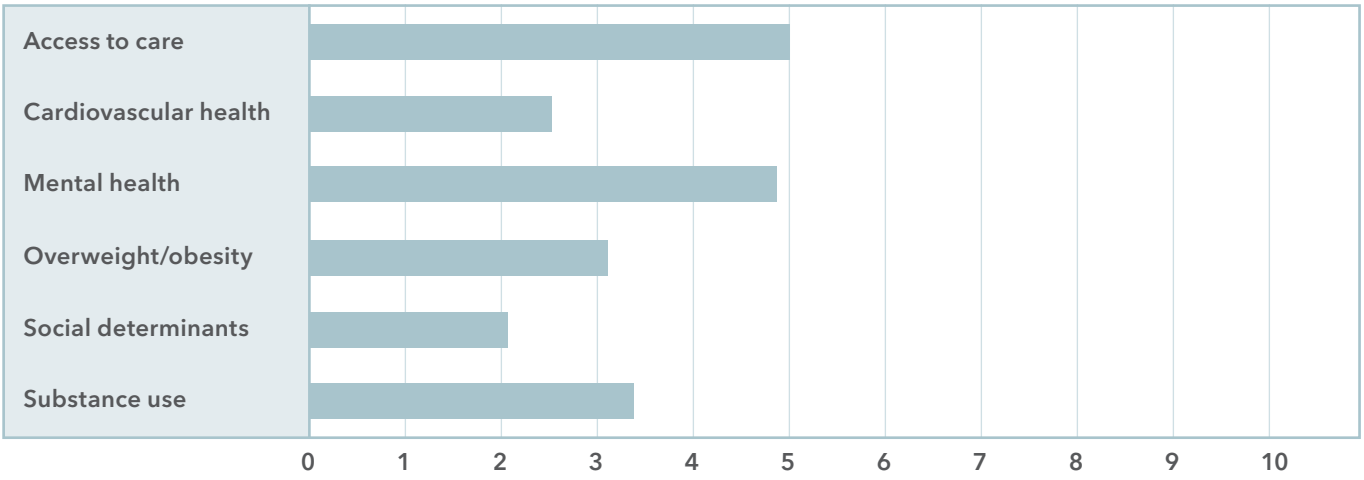
In conjunction with the other UCHealth hospitals, UCH administered a web-based survey of providers in their service area to rank significant health needs from the list generated in the secondary data analysis. Other health issue topics and open-ended comments were also solicited from survey respondents. UCHealth providers in the Denver metro area were asked to rank the following health issues by relative importance to the health of the community. The table on the following page reflects responses from 95 providers including physicians, physician assistants, nurses and social workers.

In addition to prioritizing community health needs, the survey invited responses to the following open-ended 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.

Comments were given by 43 of the 95 providers on the open-ended question. An overarching theme throughout responses was the lack of adequate resources and strategies for addressing the social determinants of health. Also included were comments related to the ability to pay, and the needs of the increasing populations of homeless, those on Medicaid, and other underserved patients.

Please rank the following health issues by relative importance to the health of our community. Issues are listed in alphabetical order.



Community-wide health care resources available to address need.

Adams, Arapahoe, Denver, and Douglas counties are served by several large health care systems, multiple community-based health centers, and a large network of medical providers. These communities also offer multiple educational and referral options. Be Healthy Denver has compiled a list of resources related to Denver County. Tri-County Health Department has resources listed related to Adams, Arapahoe, and Douglas counties. Mile High Health Alliance and Aurora Health Alliance serve the Denver and Tri-County communities, respectively (see links to websites below.)

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.

Website links:
denvergov.org/content/denvergov/en/be-healthy-denver
denvergov.org/content/denvergov/en/environmental-health
tchd.org/237/Services

Proven strategies available to impact health issues.

Resources containing evaluated interventions that, if implemented, could make an impact on these significant health issues were identified. These resources, and their related websites, include:

- Community Preventive Services Task Force findings: thecommunityguide.org/about/whatworks.html
- Colorado's 10 Winnable Battles recommendations: colorado.gov/pacific/cdphe/colorados10winnablebattles
- 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.

To understand the effectiveness and scope of actions taken by UCH since completion of the 2016 CHNA, a review of community benefit activities was completed. 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 the community and health professionals. In the Denver metro region, those resources supported activities including, but not limited to:

- Support of the Aurora Health Alliance, with emphasis on the Access to Specialty Care Task Force, comprised of representatives from 49 local nonprofits.
- Support of the "Know where to go" campaign, resulting in over 7,650 uninsured and under-insured residents receiving information on available services, and education on how to choose the appropriate level of service.
- University of Colorado Hospital Authority (UCHA) service lines presented educational forums to over 1,500 residents on topics ranging from stroke prevention and heart health to palliative care and burn treatment.
- Partnered with Tri-County, Aurora Mental Health, Centura Health, Children's Hospital Colorado, Metro Community Provider Network (MCPN) and other nonprofits in support of reducing mental health stigma through the "Let's Talk Colorado" campaign, resulting in over 11 million impressions between May 2017–May 2018.
- Hosted 9Health Fair, providing screenings and tests to over 300 residents.

Prioritization and Board of Directors' Approval

Internal advisory group recommendations.

UCH's senior management group was called upon to review all findings obtained from the activities described above. The hospital's COO, CNO, CMO and VP of HR functioned as an internal advisory group (IAG). They completed 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 UCHealth system strategies, and local, state and national objectives.

The IAG identified **access to care and mental health/ substance use disorders** as the top health priorities, followed by cardiovascular disease, obesity and social determinants.

Access to health care services—importance to the community.

While access to care varies widely across UCH's counties, it consistently ranks as a major concern in the overall community. Two of the counties served by UCH report uninsured percentages higher than the state average. In addition, community leaders both within and outside the health care industry frequently comment on the lack of access to care, with emphasis on specialty services. Primary care providers have shared their frustration with the ability to refer patients to specialists.

Mental and behavioral health/substance use—importance to the community.

Mental health ranked second (behind access to care) in every survey taken and mental health challenges are prominent in health care discussions across counties. Most of the emphasis is on the lack of care coordination and challenges with confidential information sharing among agencies.

Efforts are already underway to improve communication between agencies, share resources and enhance collaboration. Substance use is recognized as a separate, but companion, issue to mental health, as work in the mental health arena often extends to substance use. It is also worth noting that mental health may also extend to adverse childhood events (ACES) and suicide prevention.

Review and approval by board of directors.

A synopsis of this report was forwarded to the UCH board of directors for review, comment and approval. In June 2019, the UCH board of directors approved the priority issues for impact as access to care (focusing on specialty services) and mental health/substance use.

Acknowledgements, recommendations and next steps.

We would like to thank our colleagues from public health agencies, local medical providers, county and community leaders, 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 UCH board of directors for their oversight and approval.

The UCH CHNA report will be made available to the public for viewing by downloading the report from the hospital's website, as well as in hard copy at the hospital's administrative offices.

Appendices

Appendix 1—Data Tables and Sources

DEMOGRAPHICS	Adams	Trends	Arapahoe	Trends	Denver	Trends	Douglas	Trends	Colorado
Population	498,187		637,068		693,060		328,632		5,540,545
Below 18 years of age	27.3%		24%		20.3%		27.2%		22.8%
Age 65 and older	10%		12.5%		11.1%		11.1%		13.4%
Non-Hispanic African-American	3.1%		10.3%		9.1%		1.2%		4%
American Indian and Alaskan native	2.2%		1.1%		1.9%		0.5%		1.6%
Asian	4.2%		6%		3.9%		4.6%		3.3%
Native Hawaiian/ other Pacific Islander	0.2%		0.3%		0.2%		0.1%		0.2%
Hispanic	39.6%		18.9%		30.2%		8.5%		21.3%
Non-Hispanic white	50.8%		61.2%		54.1%		83.2%		68.6%
Not proficient in English	7%		4%		6%		1%		3%
Males	50.4%		49.4%		50.1%		49.8%		50.3%
Females	49.6%		50.6%		49.9%		50.2%		49.7%
Rural	3.6%		1.6%		0%		10.3%		13.8%
HEALTH OUTCOMES									
Quality of Life									
Adults aged 65+ who reported they had a fall in past 12 months.									27.4%
Adults reporting poor or fair health (age-adjusted).	15%		12%		14%		8%		14%
Live births with low birth weight (LBW) (<2500 grams):	9%		10%		9%		9%		9%
- LBW (Black)	14%		13%		14%		12%		NA
- LBW (Hispanic)	8%		9%		8%		8%		NA
- LBW (white)	8%		9%		8%		8%		NA
Number of all infant deaths (within 1 year) per 1,000 live births.	5		5		5		3		5
Adults reporting 14 or more days of poor physical health per month.	11%		8%		10%		7%		10%
Adults reporting 14 or more days of poor mental health per month.	10%		10%		11%		9%		11%
High school students who:									
- Felt sad or hopeless almost every day for 2 or more weeks in a row, so that they stopped doing some usual activities during the past year.	NA		31.3%		31.3%		27.6%		31.4%
- Seriously considered attempting suicide during the past 12 months.	NA		18.2%		18.2%		15.4%		17%

HEALTH FACTORS	Adams	Trends	Arapahoe	Trends	Denver	Trends	Douglas	Trends	Colorado
Health Behaviors									
Tobacco Use									
Adults who are current smokers.	18%		13%		16%		10%		16%
High school students who are current smokers.	NA		5.1%		5.1%		6.0%		7.2%
Diet and Exercise									
Children ages 2-14 who are overweight or obese (Body mass index (BMI) > = 25).	32.2%		21.6%		19.2%		10.6%		23.5%
High school students who are overweight or obese (Body mass index (BMI) > = 25).	NA		21.7%		21.7%		14.6%		21.9%
Adults (18+) who are overweight or obese (Body mass index (BMI) > = 25).	63.5%	Worse	58.3%	Worse	57%	Same	55.3%	Worse	56.8%
Population who lack adequate access to food (food insecure).	9%		13%		13%		9%		12%
Population who are low-income and do not live close to a grocery store.	6%		2%		5%		2%		5%
Children (ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days.	34.2%		38.4%		42.9%		37.8%		44.0%
High school students physically active for a total of at least 60 minutes/day for the past 7 days.	NA		48.7%		48.7%		50.6%		51.6%
Adults age 20 and over reporting no leisure-time physical activity.	20%	Same	17%	Same	12%	Better	10%	Same	15%
Alcohol and Drug Use									
High school students who report binge drinking (5+ drinks on one occasion in past month).	NA		13.9%		13.9%		16.1%		16%
Adults who report binge drinking (5+ drinks on one occasion in past month).	20%		20%		26%		20%		21%
Driving deaths with alcohol involvement.	31%	Same	39%	Same	34%	Same	36%	Same	35%
Number of motor vehicle crash deaths per 100,000 population.	9		7		9		4		10
Number of drug poisoning deaths per 100,000 population.	19		16		19		8		17
Sexual Activity									
Number of newly diagnosed chlamydia cases per 100,000 population.	453.3	Same	595	Worse	919.8	Same	168.8	Worse	445.4
Number of births per 1,000 female population ages 15-19:	34		22		39		5		24
- Teen birth rate (Black)	28		25		40		NA		NA
- Teen birth rate (Hispanic)	44		44		57		13		NA
- Teen birth rate (white)	23		13		16		4		NA

CLINICAL CARE	Adams	Trends	Arapahoe	Trends	Denver	Trends	Douglas	Trends	Colorado
Access to Care									
Population under age 65 without health insurance.	13%	Better	9%	Better	12%	Better	4%	Better	9%
Ratio of population to primary care physicians.	2,320:1		1,190:1		770:1		1,500:1		1,240:1
Ratio of population to dentists.	1,690:1		1,000:1		1,440:1		1,500:1		1,290:1
Ratio of population to mental health providers.	330:1		320:1		200:1		1,100:1		330:1
Quality of Care									
Number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.	30	Better	33	Better	28	Better	26	Better	31
SOCIAL AND ECONOMIC FACTORS									
Education									
High school graduation rate.	72%	Better	77%	Better	61%	Better	90%	Better	77%
Teens and young adults ages 16-24 who are neither working nor in school (disconnected youth).	16%		13%		13%		8%		12%
Adults ages 25-44 with some postsecondary education.	56%		72%		73%		88%		71%
Employment									
Unemployment rate.	3.6%	Same	3.1%	Same	3.1	Same	2.7%	Same	3.3%
Income									
Median household income:	$65,400		$70,900		$61,000		$112,400		$65,700
- Household income (Black).	$41,700		$48,500		$35,300		$107,900		NA
- Household income (Hispanic).	$49,200		$48,800		$40,200		$ 92,000		NA
- Household income (white).	$69,200		$74,200		$68,300		$107,600		NA
Children under age 18 in poverty.	15%	Worse	12%	Worse	20%	Same	3%	Same	13%
Children in poverty (Black).	35%		26%		44%		10%		NA
Children in poverty (Hispanic).	26%		26%		33%		8%		NA
Children in poverty (white).	6%		6%		8%		3%		NA
Children eligible for free/ reduced school lunch.	53%		41%		68%		12%		42%
Community Safety									
Violent crime rate per 100,000 population.	332	Same	298	Better	617	Better	82	Same	309
Number of deaths due to injury per 100,000 population.	73		64		75		47		74
Number of deaths due to homicide per 100,000 population.	5		4		6		1		4
Number of deaths due to firearms per 100,000 population.	12		11		11		10		13
SPECIFIC HEALTH CONDITIONS - MORBIDITY AND MORTALITY									
Children with asthma (ages 1-14).	6.3%		5.7%		11.2%		4.3%		7.3%
Adults aged 20 and above with diagnosed diabetes.	7%		7%		6%		5%		6%
Number of persons living with a diagnosis of HIV infection.	231		245		1,001		71		254
Incidence rate per 100,000 per year of:									
- Chronic hepatitis B	0.8		16.3		1.1		0.1		10.1
- Tuberculosis	1.5		2.3		3.1		1.2		1.3

	Adams	Trends	Arapahoe	Trends	Denver	Trends	Douglas	Trends	Colorado
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000 POPULATION PER YEAR									
All cancer sites combined.	408.3		415.5		433.8		416.4		409.3
Lung cancer	53.6		44.2		47.8		38.2		44.1
Invasive breast cancer (females)	113		132.2		128.7		128		122.6
Prostate cancer (males)	101.7		109.9		120.8		111		110.7
Colorectal cancer	39.9		32.7		36.9		33.2		34
Invasive cervical cancer (females)	8.6		4.6		7		4.9		5.7
Melanoma	15.7		19.2		17.9		28.2		21.7
AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000 PER YEAR									
Stroke	285.3		252.9		263.7		215.3		250.6
Heart disease	2,499.1		2,365.7		2,586.2		2,033.5		2,156.9
Acute myocardial infarction	208.6		135.7		176.5		112.8		155.3
Congestive heart failure	789.2		692.1		893.3		530.7		666.5
Mental health diagnosed hospitalizations	3,189.4		3,040.7		3,573.8		2,266.1		2,834
Suicide hospitalizations	45.4		45.7		50.6		35.2		52
Influenza (ages 65+)	150.8		164.2		217.1		157.6		152.6
AGE-ADJUSTED MORTALITY RATES PER 100,000									
All causes	742.6		648.7		646.3		536.9		654.2
Malignant neoplasms	145.1		127.6		131.7		102.3		129.5
Heart disease	127.5		109.2		122.5		87.4		120.5
Unintentional injuries	62.8		45.3		48.9		57.2		53.1
Chronic lower respiratory diseases	57.6		42.8		39.6		31.8		44.8
Cerebrovascular diseases	40.2		35.7		36.7		30		35.1
Alzheimer's disease	39.5		44.7		29.8		38		33.3
Suicide	21.8		17.8		17.2		14.3		20.2
Diabetes	22.8		21.1		20.4		12.6		17.1
Prescription opioid overdose	19		16		19		8		17

DATA SOURCES:

COHI = Colorado Health Indicators
colorado.gov/pacific/cdphe/colorado-health-indicators

CHR = County Health Rankings 2018 – actual year of data collection varies
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/1gJbUBR8znMEIxH_DF5s71DPveWF33u8V/view

Appendices

Appendix 2—Organizations Providing Input

The following organizations, government agencies and public health departments contributed to this report through consultation, participation in community meetings and forums and/or sharing data and information:

Aurora Health Alliance
Aurora Chamber of Commerce
Aurora Mental Health
MCPN/STRIDE
Tri-County Health
Denver County Health
Denver Public Health
Colorado Health Institute
City of Aurora

Appendices

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

	Prioritization Criteria				
Identified health issues	**Scope/severity of health issues.** (How many people affected; impact of issues on mortality rates.)	**Budget feasibility.** (Costs of internal resources, e.g., workforce, operational budget.)	**Potential for hospital to impact.** (Availability of effective interventions, staffing expertise, community readiness.)	**Alignment with current UCHealth system strategies, state and/or national health objectives.**	**Total score.**
Access to care (Primary and behavioral)					
Cancer					
Cardiovascular disease					
Injury (unintentional)					
Maternal/child health					
Mental health/suicide					
Overweight/obesity					
Substance use disorder					
Other					

uchealth.org/about/community-health-benefit

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