

2020 Community Health Needs Assessment

UCHealth Pikes Peak Regional Hospital



UCHealth Pikes Peak
Regional Hospital

Table of Contents

Introduction

UCHealth Pikes Peak Regional Hospital overview	4
Communities served by UCHealth Pikes Peak Regional Hospital	4
Demographic characteristics of Teller County.....	5

Community Health Needs Assessment

Methods used to conduct the Community Health Needs Assessment	6
Written comment on previously conducted Community Health Needs Assessment	7

Findings

Secondary data review and analysis	8
Information gaps impacting ability to assess needs	8
Community engagement synopsis	8
Community stakeholder meeting.....	8
Medical provider survey results.....	9
Community-wide health care resources available to address need.....	9
Proven strategies available to impact health issues	9

Prioritization and Board of Directors' Approval

Internal Advisory Group recommendations	10
Board of Directors review and approval.....	11
Acknowledgements, recommendations and next steps	11

Appendices

Appendix 1–Data tables and sources.....	12
Appendix 2–Community organizations	16
Appendix 3–Prioritization matrix	16

Introduction

The following report contains the 2020 Community Health Needs Assessment (CHNA) for UCHealth Pikes Peak Regional Hospital (PPRH). The PPRH CHNA was conducted to identify significant community health needs and to help inform the development of an implementation strategy to address the identified issues.

CHNAs are conducted once every three years, in collaboration with other health care providers, public health departments and a variety of community organizations. CHNAs also help guide our investments in community health programs and partnerships that extend UCHealth's not-for-profit mission beyond the walls of our hospitals, improving the lives of those we serve.

Our mission.

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

Our vision.

From health care to health.

Our values.

Patients first
Integrity
Excellence

UCHealth Pikes Peak Regional Hospital overview.

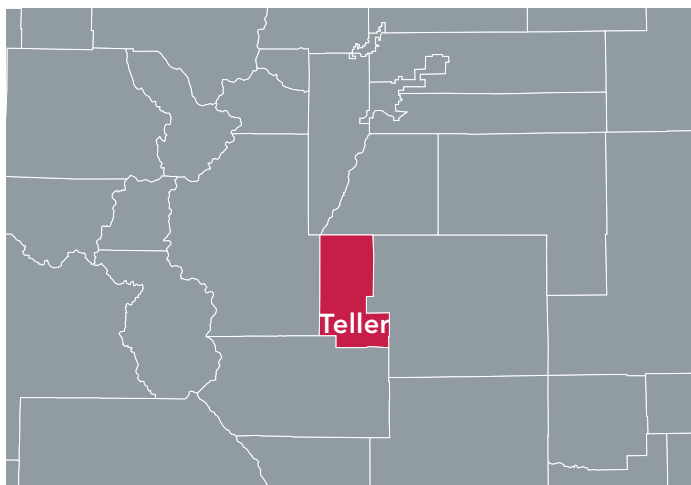
PPRH is a not-for-profit, critical access hospital located in Woodland Park, Colorado. PPRH has been a part of the local community since 2007. From family medicine to general surgery and emergency medicine, PPRH provides high-quality care to residents and visitors alike. PPRH is also committed to improving the lives of the community's most vulnerable residents and cared for more than 4,900 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2019.

UCHealth is a Colorado-based health system that offers the most advanced care throughout the Rocky Mountain region, extending from Colorado to Wyoming and western Nebraska. As Colorado's only integrated community and academic health system, we are dedicated to improving lives and providing the highest quality medical care with an exceptional

patient experience. With more than 150 locations throughout the region, UCHealth pushes the boundaries of medicine, providing advanced treatments and clinical trials to ensure excellent care and outcomes for 1.7 million patients each and every year. UCHealth is also the largest provider of Medicaid services in Colorado and cared for 691,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2019, an increase of 239%, more than four times the number in fiscal year 2013.

Communities served by UCHealth Pikes Peak Regional Hospital.

The PPRH community is defined as Teller County. Residents from Teller County comprised nearly 75% of PPRH patients during fiscal year 2019. The following map illustrates the PPRH community.



Demographic characteristics of Teller County.

Teller County is located 20 miles west of Colorado Springs. Teller County has a total area of 559 square miles (1,450 km²), of which 557 square miles (1,440 km²) is land and 1.9 square miles (4.9 km²) is water.

There are five cities in the county: Woodland Park, Cripple Creek, Victor, Divide and Florissant. Woodland Park, Cripple Creek and Victor are incorporated, while Divide and Florissant are unincorporated.

The county has an elevation range of 8,000 feet in Woodland Park to over 14,000 feet just below Pikes Peak. The county was once a division of El Paso County; however, in 1899, Teller County separated from the western slope of Pikes Peak and was named after United States Senator Henry M. Teller.

The estimated population of Teller County is 24,646.

Age.

The percentage of residents below 18 years of age in Teller County is 18%, which is lower than the overall percentage of 23% in Colorado. Teller County has a much higher percentage, 21%, of residents age 65 and older compared to the state's average of 14%. Over half, 56%, of the residents in Teller County are 45 years of age and older.

Race and ethnicity.

In 2017, 89% of Teller County residents self-identified as non-Hispanic white, while in the state of Colorado, only 68% of the population self-identified themselves in this category.

2017 data reveals that the Hispanic population is lower in Teller County (6%) than in Colorado (22%).

Economic stability.

The percentage living in poverty in Teller County is 8% compared to 12% in Colorado. The number of children living in poverty is 14% in Teller County compared to 12% in Colorado. Additionally, the percent of children eligible for free and reduced school lunch during 2019 was lower in Teller County (36%) compared to Colorado overall (42%).



Community Health Needs Assessment

Between October 2019 and April 2020, PPRH conducted the CHNA, which provided an opportunity for the hospital 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 2020 – 2023. The process included:

- A comprehensive analysis of local population health indicators.
- Community input on local health issues and hospital-based resources needed to address these issues. Input was solicited via:
 - Engagement with Teller County Public Health Department as part of the development of the county’s Community Health Improvement Plan.
 - Discussions with other community organizations engaged by UCHHealth for Colorado’s Hospital Transformation Program.
 - Community meeting whereby key stakeholders in Teller County were convened.
- A web-based survey was administered to obtain medical providers’ ranking of significant health issues affecting their patients.

After the data collection and solicitation of input from the community and medical providers was complete, PPRH’s internal advisory group (IAG), a subset of the hospital’s senior leadership team, was convened to conduct a review of all information obtained from the activities described above. IAG participants completed a health-issue prioritization ranking using an evidence-based process. As described later in this report, recommendations from the IAG were presented to the PPRH Board of Directors for approval.

The following 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 of community health issues.
- Ranking of community’s most significant issues.

Prioritize significant community health needs.

Consolidation and synthesis of information:

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

Prioritization of issues:

- Scope and severity.
- Hospital's ability to impact the issue.
- Availability of evidence-based strategies to address the need.
- Alignment with goals of UCHHealth, local community, Colorado and the U.S. overall.

Written comment on previously conducted Community Health Needs Assessment.

PPRH joined UCHealth, a nonprofit health system, in 2018.
The 2020 report is the first completion of a CHNA for PPRH.

Prior to joining UCHealth, the hospital was not required
to complete a CHNA and therefore, there is no available
written comment.



Findings

Secondary data review and analysis.

The initial step of the secondary data review included an assessment of local population health indicators obtained through the County Health Rankings (2019 report year), Colorado Health Indicators and the 2017 Healthy Kids Colorado Survey. Indicator values were compared at the county and state levels and where possible, to national benchmarks.

Tables were generated summarizing key health indicators for PPRH to illustrate the overall health of the community (see Appendix 1 to review the data tables and related web sites).

Key health needs were determined based on the indicator values and trends, current priorities of local county health departments, the potential to impact the issues using evidence-based practices and alignment with the priorities of PPRH.

Categories evaluated included:

- Demographics and socioeconomic status.
- Health care access and services.
- Health behaviors (including 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 (including hospitalization, morbidity and mortality rates).

From this review, the most significant issues identified were:

- Access to care
- Cancer
- Cardiovascular disease
- Diabetes
- Injury
- Maternal and child health
- Mental health and suicide
- Obesity and overweight
- Substance use

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, PPRH participates in community-based coalition meetings facilitated by Teller County Health Department and other partner agencies that focus on identifying and implementing best practices toward reducing these barriers.

Community engagement synopsis.

PPRH engaged the community via the following forums to gather input on the most significant health issues:

- Convening key stakeholders from the community to help determine needs of the community and hospital-based resources needed to address them.
- A medical provider web-based survey.

Information gathered from these activities is described below.

Community stakeholder meeting.

Community input was solicited by convening a stakeholder meeting that included community organizations and residents representing the hospital's surrounding community. Based on the discussion during the meeting, the top health issues identified by the stakeholder group were:

- Access to care
- Cancer
- Cardiovascular disease
- Mental health and suicide
- Prevention
- Prenatal care
- Substance abuse

Medical provider survey results.

PPRH 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. The chart below reflects the results of the medical provider responses.

Community-wide health care resources available to address need.

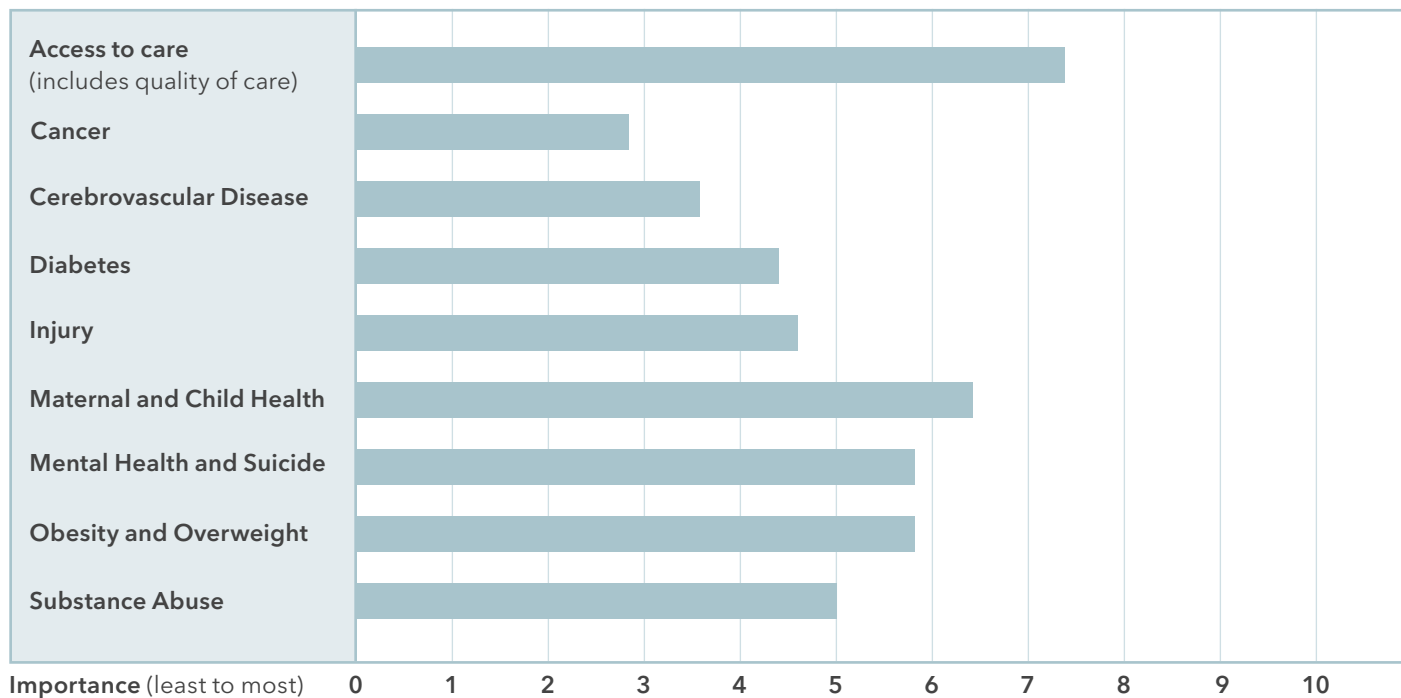
Recognizing the current scope of services available to meet the health care needs of community members is an important component of a health needs assessment. Teller County is served by PPRH, several resource centers and a network of medical providers. Though services may be available, the CHNA findings 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](#)
- [County Health Rankings Guide - What Works for Health](#)
- [Healthy People 2020 Evidence-Based Resources](#)

Medical provider survey results.





Prioritization and Board of Directors' Approval

Internal advisory group recommendations.

PPRH's IAG reviewed all findings obtained from the activities described above. Participants completed a prioritization of the health issues using an evidence-based process (see Appendix 3 for an example of the prioritization matrix).

The following criteria were used for prioritization:

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

The IAG identified the following as the highest priority health issues to be addressed:

- Access to care
(including primary care and behavioral health).
- Cardiovascular disease prevention.
- Early detection and prevention of cancer.

A synopsis of key CHNA findings specific to these issues is provided below.

Access to care

(including primary care and behavioral health).

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 Teller County area; however, there are still many barriers to accessing services through both Medicaid and other payer sources for primary care, as well as behavioral health (including substance abuse, suicide and other mental health-related care).

In Teller County, the ratio of providers to the population for both primary care and behavioral health are unfavorable compared to the state average. For primary care, the ratio in Teller County is one provider for every 1,720 residents, compared to the state average of one to 1,230.

Similarly, for behavioral health, the ratio of behavioral health providers is one provider for every 700 residents, compared to one provider for every 300 people, on average, across Colorado.

Cardiovascular disease prevention.

Cardiovascular disease (CVD) remains one of the leading causes of mortality and hospitalizations, despite the substantial and ongoing progress being made in prevention and treatment over the past 30 years.

Hospitalization rates for stroke are higher in Teller County when compared to the Colorado average. Mortality rates for heart disease are almost identical to the state average, but it is the leading cause of mortality in Teller County. A substantial portion of these events are preventable through hypertension and cholesterol management, as well as obesity, smoking and diabetes prevention and management.

Self-reported incidence of diabetes is higher in Teller County than in Colorado overall. Tobacco use is a substantial risk factor for many diseases, including CVD. 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 Teller County is 14% of the population, which is comparable to the Colorado average, while the percentage of high school students who are current smokers is 12%, which is higher than the state average of 7%.

Cardiovascular Disease	Teller County	Colorado
Stroke hospitalization (rate per 100,000)	261.9	250.6
Cardiovascular disease mortality (rate per 100,000)	166.1	167.9
Percent of adults with diabetes	8.8	6.8
Percent of high school students who are current smokers	11.5	7.2

Early detection and prevention of cancer.

Cancer is one of the leading causes of death in the United States, as well as in Teller County. Cancer incidence in Teller County measured during 2011–2013 was 419.1 per 100,000 residents, which is higher than the state average of 409.3 per 100,000 residents. There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. In Teller County, the incidence rates for breast cancer, prostate cancer and melanoma were higher than the state average.

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 at early detection of many types of cancer. Much of the suffering and death from cancer can be prevented by more systematic efforts to reduce tobacco use, improve diet, increase physical activity and expand the use of established screening tests.

Cancer	Teller County	Colorado
All cancer sites combined (incidence rate per 100,000)	419.1	409.3
Prostate cancer (incidence rate per 100,000)	112.9	110.7
Melanoma (incidence rate per 100,000)	39.1	21.7
Invasive breast cancer (females; rate per 100,000)	164.0	122.6

Board of Directors review and approval.

During their May 2019 meeting, the PPRH Board of Directors, which includes representatives from the surrounding communities, reviewed, discussed and approved the information contained within this report.

Acknowledgements, recommendations and next steps.

We would like to thank our colleagues from Teller County 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 PPRH Board of Directors for approval.

The PPRH report will be made available to the public for viewing or to download on the [hospital's website](#), as well as in hard copy located in the PPRH administrative office.

Appendices

Appendix 1–Data Tables and Sources

DEMOGRAPHICS	Data source and year	Teller County	Colorado
Population	2017 US Census	24,646	5,607,154
% Below 18 years of age	2017 US Census	17.5%	22.5%
% 65 and older	2017 US Census	20.8%	13.8%
% 55 - 65	2018 US Census	21.2%	12.6%
% 45 - 54	2018 US Census	15.0%	12.9%
% Non-Hispanic African American	2017 US Census	0.8%	4.0%
% American Indian and Alaskan Native	2017 US Census	1.2%	1.6%
% Asian	2017 US Census	0.9%	3.4%
% Native Hawaiian/other Pacific Islander	2017 US Census	0.1%	0.2%
% Hispanic	2017 US Census	6.3%	21.5%
% Non-Hispanic white	2017 US Census	89.0%	68.3%
% Not proficient in English	2017 US Census	0.0%	3.0%
% Males	2017 US Census	50.9%	50.3%
% Females	2017 US Census	49.1%	49.7%
% Rural	2017 US Census	62.6%	13.8%
HEALTH OUTCOMES			
Length of Life			
Premature death (years of potential life lost before age 75 per 100,000 population; age- adjusted)	2015-17 NCHS	8,400	5,900
Quality of Life			
% Adults reporting poor or fair health (age-adjusted)	2015-17 NCHS	9%	14%
Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2016 CDC-BRFSS	3.10	3.60
% Adults reporting 14 or more days of poor physical health per month	2016 CDC-BRFSS	8.0%	10.0%
% Adults reporting 14 or more days of poor mental health per month	2016 CDC-BRFSS	10.0%	11.0%
Percent of women who often or always felt down, depressed, sad or hopeless since their baby was born (Postpartum Depressive Symptoms).	2012-14 CO HI	17.6%	9.6%
% 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.	2017 HKCS	32.9%	31.4%
- Seriously considered attempting suicide during the past 12 months.	2017 HKCS	20.0%	17.0%

HEALTH FACTORS	Data source and year	Teller County	Colorado
Health Behaviors			
Tobacco Use			
% Adults who are current smokers	2019 CHR*	14.0%	16.0%
% High school students who are current smokers	2017 HKCS	11.5%	7.2%
% Students who used an electronic vapor product in the past 30 days	2017 HKCS	31.6%	27.0%
Diet and Exercise			
% Children ages 5-14 who are:			
- Overweight or obese (Body Mass Index (BMI) > = 25)	2014-17 CO MCHI	27.0%	23.5%
% High school students who are:			
- Overweight or obese (Body Mass Index (BMI) > = 25)	2017 HKCS	15.8%	22.0%
% Adults (18+) who are:			
- Obese (Body Mass Index (BMI) > = 30)	2019 CHR	20.0%	21.0%
% High school students physically active for a total of at least 60 minutes/day for the past 7 days	2017 HKCS	52.4%	51.6%
% Adults age 20 and over reporting no leisure-time physical activity	2019 CHR	17.0%	14.0%
Alcohol and Drug Use			
% High school students who report binge drinking (5+ drinks on one occasion in past month)	2017 HKCS	14.7%	16.0%
% Adults who report binge drinking (5+ drinks on one occasion in past month)	2019 CHR	20%	21.0%
% Driving deaths with alcohol involvement	2019 CHR	47%	34.0%
Number of motor vehicle crash deaths per 100,000 population	2019 CHR	13	10
Number of drug poisoning deaths per 100,000 population	2019 CHR	17	17
Sexual Health			
Number of births per 1,000 female population ages 15-19	2019 CHR	16	22
CLINICAL CARE			
% Population under age 65 without health insurance	2019 CHR	8%	9%
% Adults aged 18+ who report having one or more regular health care providers	2013-15 CO HI	82.1%	76.3%
Ratio of population to primary care physicians	2019 CHR	1,720:1	1230:1
Ratio of population to dentists	2019 CHR	1,900:1	1260:1
Ratio of population to mental health providers	2019 CHR	700:1	300:1
QUALITY OF CARE			
% Women who received adequate prenatal care	2013-15 CO HI	51%	63.2%
% Females aged 40+ years who report having had mammogram within last 2 years	2012-14 CO HI	67.1%	61.4%
% Adults aged 50-75 years who had colorectal cancer screening per recommended guidelines	2012-14 CO HI	56.6%	66.5%
Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees	2019 CHR	3,049	2,900

SOCIAL AND ECONOMIC FACTORS	Data source and year	Teller County	Colorado
Education			
High school graduation rate	2019 CHR	76.0%	79%
% Teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2019 CHR	n/a	6.3%
% Adults ages 25-44 with some postsecondary education	2019 CHR	71.0%	71%
Employment			
Unemployment rate	2019 CHR	3.2%	2.8%
Food Access			
% Population who lack adequate access to food (food insecure)	2019 CHR	11.0%	11%
% Low-income population with low food access	2019 CHR	5.0%	5.0%
Housing			
% Adults with severe housing cost burden	2019 CHR	14.0%	14.0%
Income			
Median household income	2019 CHR	\$68,100	\$69,100
% of population in poverty	2018 US Census	8%	11%
% Children under age 18 in poverty	2019 CHR	14%	12.0%
% Children eligible for free or reduced school lunch	2019 CHR	36%	42%
Community Safety			
Violent crime rate (per 100,000 population)	2019 CHR	242	326
Number of deaths due to injury per 100,000 population	2019 CHR	91	76
Number of deaths due to homicide per 100,000 population	2019 CHR	n/a	4
Number of deaths due to firearms per 100,000 population	2019 CHR	24	13
SPECIFIC HEALTH CONDITIONS—MORBIDITY AND MORTALITY			
% Adults aged 18+ years with diabetes	2013-2015 CO HI	8.8%	6.8%
% Women who had diabetes that started during pregnancy	2013-15 CO HI	1.5%	6.6%
% Women who drank alcohol during the last 3 months of pregnancy	2012-14	n/a	12.4%
% Adults aged 18+ years who ever had a heart attack	2013-15 CO HI	3.2%	3.1%
% Adults aged 65+ who reported having had a fall in past 12 months	2012-14 CO HI	22	27.4%
% Live births with low birth weight (<2500 grams)	2014-18 NCHS	13.7%	9%
Child mortality rate (number of deaths among children under age 18 per 100,000 population)	2019 CHR	70	40
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000 POPULATION PER YEAR			
All cancer sites combined	2011-2013 COHI	419.1	409.3
Lung cancer	2011-2013 COHI	38.1	44.1
Invasive breast cancer (females)	2011-2013 COHI	164	122.6
Prostate cancer (males)	2011-2013 COHI	112.9	110.7
Colorectal cancer	2011-2013 COHI	27.2	34
Invasive cervical cancer (females)	2011-2013 COHI	n/a	5.7
Melanoma	2011-2013 COHI	39.1	21.7

AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000 PER YEAR	Data source and year	Teller County	Colorado
Stroke	2013-2015 COHI	261.9	250.6
Heart disease	2013-2015 COHI	1648.1	2156.9
Acute myocardial infarction	2013-2015 COHI	140.1	155.3
Congestive heart failure	2013-2015 COHI	389.9	666.5
Mental health diagnosed hospitalizations	2013-2015 COHI	2207.0	2834.0
Suicide hospitalizations	2013-2015 COHI	35.1	52.0
AGE-ADJUSTED MORTALITY RATES PER 100,000			
Cardiovascular disease	2018 CO VS	166.1	167.9
Malignant neoplasms	2018 CO VS	110.4	126.2
Chronic lower respiratory diseases	2018 CO VS	45.6	43.3
Unintentional injuries	2018 CO VS	42.2	51.2
Suicide	2018 CO VS	29.6	21.6
Alzheimer's	2018 CO VS	19.3	28.9
Drug-induced deaths	2018 CO VS	17.8	17.2
Alcohol-induced deaths	2018 CO VS	16.3	20.4

Footnotes and sources:

- *2019 is the year of report; actual year of data collection varies
- [Colorado Health Indicators \(CO HI\)](#)
- [Colorado Maternal and Child Health Indicators \(CO MCHI\)](#)
- [County Health Rankings 2019 \(CHR\)](#)
- [Healthy Kids Colorado Survey 2017 \(HKCS\)](#)
 - [Region 4 report](#)
 - [Region 17 report](#)
- [Teller County Health Indicator Report](#)

Appendices

Appendix 2–Community Organizations

- Aspen Mine Center
- Community Health Partnership
- Divide Health Center
- Forest Ridge Senior Living and Rehabilitation
- Peak Vista Community Health Centers
- SWTC Emergency Medical Services
- Teller County Public Health and Environment
- Teller County Board of County Commissioners
- UCCS Lane Center
- Woodland Park School District

Appendix 3–Prioritization Matrix

Identified Health Issues	Prioritization Criteria				Total score.
	Scope and severity of the health need. *	Potential for hospital to impact the health need. **	Alignment with current UCHHealth system strategies and local / state / national objectives.	Economic feasibility of addressing the health need. ***	
Access to Care					
Cancer					
Cardiovascular Disease					
Mental Health and Suicide					
Prenatal Care					
Prevention					
Substance Use Disorders					

Instructions:

Rank each health issue against the criteria using the rating scale below:

4 = High 3 = Moderate 2 = Low 1 = None

Definitions:

* How many people affected; impact of issue on mortality rates.

** Availability of effective interventions, staffing expertise and community readiness.

*** Costs of internal resources (e.g., workforce, operational budget).

