

# 2021 Community Health Needs Assessment

UCHealth Broomfield Hospital

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# Introduction

The following report contains the 2021 Community Health Needs Assessment (CHNA) for UCHealth Broomfield Hospital (BFH). The BFH CHNA was conducted to identify significant community health needs and to help inform the development of an implementation strategy to address the identified needs.

CHNAs are conducted once every three years, in collaboration with other health care providers, public health departments and 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

patients each and every year. UCHealth is also the largest provider of Medicaid services in Colorado with nearly 661,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2020, an increase of 224% since fiscal year 2013.

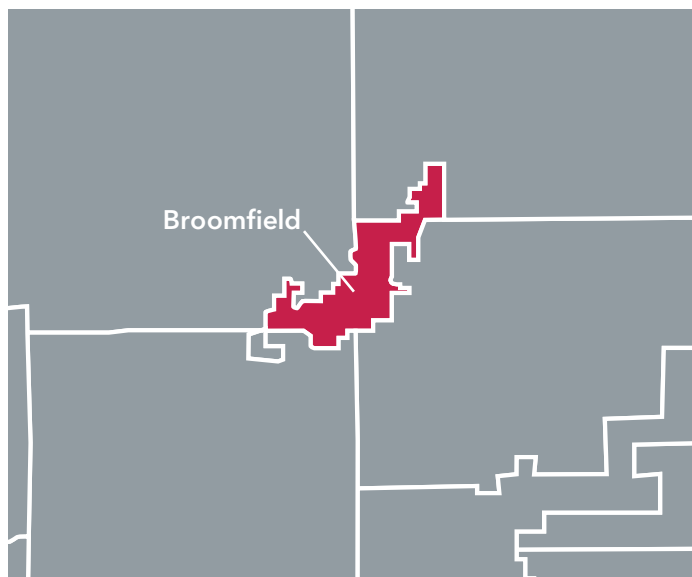
## Communities served by UCHealth Broomfield Hospital.

For the purposes of this CHNA, the BFH community is defined as Broomfield County. The following map illustrates the BFH community.

## UCHealth Broomfield Hospital overview.

BFH is a 40-bed, not-for-profit hospital providing a wide range of clinical services, diagnostic tests, surgeries and treatments for residents in the local community. BFH is committed to improving the lives of the community's most vulnerable residents and cared for over 2,300 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2020.

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 1.9 million



## Demographic characteristics of Broomfield County.

Broomfield is a consolidated city and county located within the north metro area between the cities of Denver and Boulder, Colorado. The community was planned with a balance of residential and commercial land use, with generous open space, parks and natural areas. Its total area equals 34 square miles, of which 33 square miles are land and one square mile is water. It is the smallest county by area in Colorado, but it is the second most densely populated county in Colorado behind Denver County.

According to the U.S. Census Bureau American Community Survey (2014–2018 estimates), 69,000 people live in Broomfield County.

### Age:

In 2018, the median age of Broomfield County residents was 37.7 years, compared to 37.4 years in Colorado overall. Individuals aged 65 and older comprise 13.8% of the population compared to 14.2% in Colorado overall.

### Race and ethnicity:

76.6% of Broomfield County residents identify as non-Hispanic white, compared to 67.9% throughout the state. 6.7% of Broomfield County residents are Asian (3.5% in Colorado overall) and 12.6% are Hispanic (21.7% in Colorado overall). The percentage of individuals not proficient in English is 2.0%, compared to the state average of 3.0%.

### Economic stability:

The median income in Broomfield County in 2018 was higher than the state average (\$96,900 compared to \$71,900 in Colorado). The unemployment rate was 2.9%, lower than the state rate of 3.3%.

Despite this, 9.0% of residents reported that they lacked adequate access to food, a characteristic described as food insecurity. The state average for food insecurity in 2018 was 10.6%.

### Poverty:

In Broomfield County overall, the percentage of households with children living in poverty is 5.1%, lower than the state average of 12.1%. The percentage of children eligible for free or reduced-price school lunch is also low at 18.1%, in compared to the state average of 41.7%.

### Preventable hospitalizations.

Hospitalization data for ambulatory care sensitive (ACS) conditions can be used as an indicator of the ability of residents to access primary care resources. Hospitalizations for ACS conditions are those that could have been prevented, at least in part, if adequate primary care resources were available and accessible to those patients.

According to the 2020 County Health Rankings report, the ACS discharge rate in Broomfield County was 1,582 per 100,000 Medicare enrollees, compared to the state rate of 2,833.

# Community Health Needs Assessment

BFH conducted the CHNA between November 2020 and April 2021, providing an opportunity to ensure community benefit programs and resources are appropriately focused on the community's significant health needs.

## Methods used to conduct the Community Health Needs Assessment.

A multi-phased approach was used to identify the top health priorities for future impact. 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 the Broomfield County Public Health Department.
  - A web-based survey provided to community members, community organizations and health care providers throughout Broomfield County.

After collecting data and soliciting input from the community and medical providers, BFH's Internal Advisory Group (IAG), a subset of the hospital's leadership team, reviewed all information obtained from the activities described above. A health-issue prioritization ranking was then completed using an evidence-based process. As described later in this report, recommendations for priority areas of focus were presented to the BFH Board of Directors for their review and 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 health care provider input:

- Brainstorming of the 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.
- IAG recommendations.

#### 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 UCHealth, local community, Colorado and the U.S. overall.

## Written comment on previously conducted Community Health Needs Assessment.

BFH obtained its not-for-profit status in 2019, and, in accordance with federal guidelines, 2021 will be the first completion of a CHNA for BFH. During the completion of the next CHNA cycle, written comment on this CHNA will be solicited and considered.

# 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 (2020 report year), Colorado Health Indicators and the 2019 Healthy Kids Colorado Survey. Indicator values were assessed at the county and state levels and, where available, at the national level.

Summary tables of the key health indicators in Broomfield County were developed to illustrate the overall health of the community (see Appendix 1 for the data tables and related web sites).

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

Categories evaluated include:

- Demographics, education 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 (including attempted-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.
- Behavioral health (including mental health and substance misuse).
- Cancer.
- Maternal health.
- Unintentional injury.

## 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.

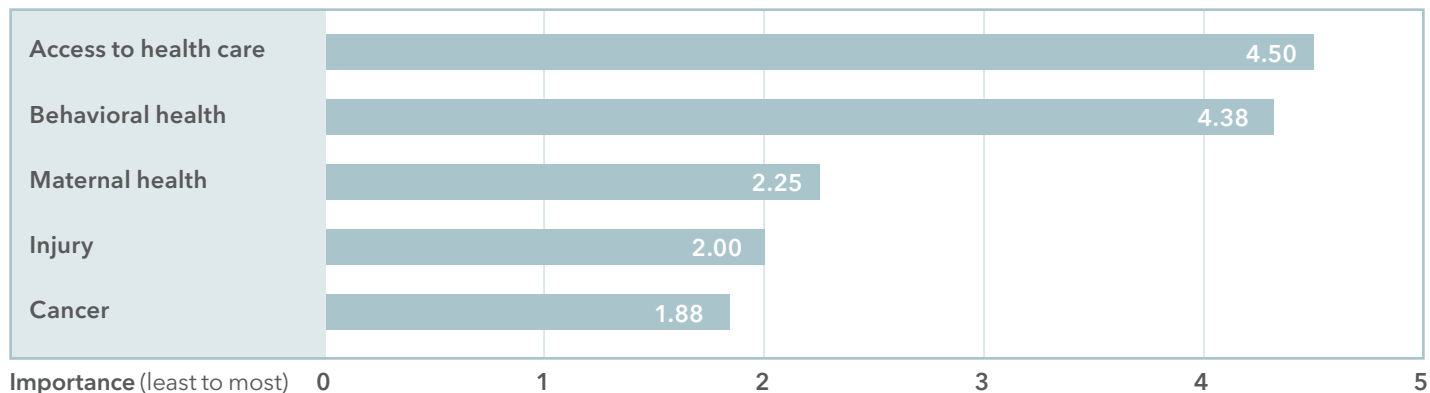
To gather additional insights, BFH will continue to identify opportunities to collaborate with local agencies that focus on identifying and implementing best practices toward reducing these barriers.

## Community engagement synopsis.

BFH engaged with local community organizations, public health leaders and health care providers to gather input on the most significant health issues within Broomfield County. Due to restrictions on in-person gatherings because of the COVID-19 pandemic, BFH administered a web-based survey. A list of organizations that were invited to participate in the survey can be found in Appendix 2.

## Community and provider survey results.

The top issues identified by respondents to the community and provider survey are illustrated below.



Respondents also identified community agencies addressing these issues and with whom BFH could potentially partner or help support. This input will be used during the development of the BFH CHNA implementation strategy later this year.

### Community-wide 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. Broomfield County is served by several acute-care hospitals, community-based health centers and a network of medical and mental health 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](#)



# Prioritization and Board of Directors Approval

## Internal Advisory Group (IAG) recommendations.

The BFH IAG reviewed all findings obtained from the activities described previously. 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 for prioritization were used:

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

The team identified the following as the highest priority health issues to be addressed by BFH:

- Behavioral health.
- Access to care.
- Cancer.

A synopsis of key CHNA findings specific to these issues is provided in the subsequent sections of this report.

## Behavioral health.

According to the U.S. Department of Health and Human Services, mental health disorders are among the most common causes of disability in the U.S. The resulting disease burden of mental illness is among the highest of all diseases. In Broomfield County, 14.7% of adults reported having current depressive symptoms, higher than 11.4% in Colorado overall. 15.4% of adults in Broomfield County also reported their mental health was poor for 14 or more days within the past 30 days, which is significantly higher than the state average of 10.9%.

The Centers for Disease Control and Prevention reports that binge drinking is the most common, costly and deadly pattern of excessive alcohol use in the U.S. Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 g/dl or above. This typically happens when men consume five or more drinks or women consume four or more drinks in about two hours. In Broomfield County, 20.4% of high school students report binge drinking, higher than the state value of 14.2%. The percentage of driving deaths with alcohol involvement in Broomfield County was also much higher than the percent in Colorado overall (63.6% compared to 34.1%).

According to the Colorado Department of Public Health and Environment, tobacco use is the single most preventable cause of disease, disability and death in Colorado. Progress has been made in reducing cigarette smoking, but new-product use, such as electronic vapor products, has increased significantly among youth. The percentage of high school students who used an electronic vapor product in the past 30 days was 46.9% in Broomfield County, compared to 45.9% throughout Colorado. 6.2% of high school students in Broomfield County reported smoking cigarettes in the last 30 days, slightly higher than 5.7% in Colorado overall.



Percentage of individuals reporting	Broomfield County	Colorado
% of adults who currently had depressive symptoms	14.7%	11.4%
% of adults reporting that their mental health was poor for more than 14 days during the past 30 days	15.4%	10.9%
% of high school students who binge drank (4+ drinks for females, 5+ drinks for males, within a couple of hours) on one or more of the past 30 days	20.4%	14.2%
% of driving deaths with alcohol involvement	63.6%	34.1%
% of high school students who have ever used an electronic vapor product	46.9%	45.9%
% of high school students who smoked cigarettes on one or more of the past 30 days	6.2%	5.7%

### Access to care.

Since the advent of the Affordable Care Act, there has been a sharp decline in the proportion of residents without any health insurance in Broomfield County; however, there are still many barriers to accessing primary and behavioral health care services through both Medicaid and other payer sources.

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care physician are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. Disparities in access to primary health care include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers. Despite a favorable ratio of the population to primary care providers in Broomfield County, these disparities may decrease access to services and increase the risk of poor health outcomes for individuals with limited resources.

Broomfield County residents are more likely to have health insurance but report difficulty accessing mental health providers. The ratio of the total population to mental health providers (639:1) in Broomfield County is unfavorable compared to the state ratio (281:1). Several respondents to the community and provider survey confirmed the lack of local mental health resources available in Broomfield County.

Access to Care	Broomfield County	Colorado
% of population under age 65 without health insurance	4.7%	8.7%
Ratio of population to primary care physicians	949:1	1,219:1
Ratio of population to mental health providers	693:1	281:1

## Cancer.

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 cancers.

Cancer is the leading cause of death in Broomfield County. There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. Cancer incidence rates in Broomfield County are equivalent to or higher than incidence rates across Colorado overall.

Cancer incidence rate per 100,000	Broomfield County	Colorado
All cancer sites combined	406.9	391.4
Lung and bronchus	47.8	39.2
Breast cancer (females)	76.3	68.7
Prostate cancer (males)	42.4	42.2
Melanoma of skin	23.4	22.1

## Board of Directors review and approval.

During their April 2021 meeting, the BFH 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 the Broomfield County Department of Public Health and Environment, as well as other partnering agencies, medical providers and community members who provided insight and expertise that greatly assisted in the completion of this report.

In the following months, implementation strategies, designed to address the identified health needs within our communities, will be prepared and presented to the BFH Board of Directors for approval.

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

# Appendices

## Appendix 1—Data tables and sources

DEMOGRAPHICS	Year/Source	Broomfield County	Colorado
Population	2020 CHR	69,267	5,695,564
% below 18 years of age	2020 CHR	23.1%	22.2%
% 65 and older	2020 CHR	13.8%	14.2%
% Non-Hispanic African American	2020 CHR	1.3%	4.0%
% American Indian and Alaskan Native	2020 CHR	0.8%	1.6%
% Asian	2020 CHR	6.7%	3.5%
% Native Hawaiian/Other Pacific Islander	2020 CHR	0.1%	0.2%
% Hispanic	2020 CHR	12.6%	21.7%
% Non-Hispanic White	2020 CHR	76.6%	67.9%
% not proficient in English	2020 CHR	2.0%	3.0%
% males	2020 CHR	49.7%	50.4%
% females	2020 CHR	50.3%	49.6%
% rural	2020 CHR	0.6%	13.8%
HEALTH OUTCOMES			
<b>Quality of Life</b>			
% of adults reporting poor or fair health (age-adjusted)	2020 CHR	9.7%	14.5%
<b>Maternal and Child Health</b>			
% of live births with low birthweight (LBW) (<2500 grams)	2020 CHR	8.3%	9.0%
% LBW (Asian)	2020 CHR	13.2%	n/a
% LBW (Black)	2020 CHR	n/a	n/a
% LBW (Hispanic)	2020 CHR	8.7%	n/a
% LBW (White)	2020 CHR	7.8%	n/a
Number of all infant deaths (within 1 year) per 1,000 live births	2020 CHR	n/a	4.6
<b>Mental Health</b>			
% of adults who currently had depressive symptoms	2016–2018 COHI	14.7%	11.4%
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2016–2018 COHI	15.4%	10.9%
% of high school students who:			
– Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	2019 HKCS	31.0%	34.7%
– Seriously considered attempting suicide during the past 12 months	2019 HKCS	16.4%	17.5%

### Footnotes and sources:

- n/a = no data or data suppressed due to small sample size
- CHR = County Health Rankings (2020 = year of report; measures collected from various sources/years) [Broomfield County snapshot](#)
- CHS = Child Health Survey 2015–2017 (included in area profile from COHI) [COHI datasets](#)
- COHI = Colorado Health Indicators; (2016–2018 BRFSS = Behavioral Risk Factor Surveillance Survey, 2017 = Colorado Central Cancer Registry, 2017–2019 COHI and 2019 COHI = Colorado Vital Statistics Program) [COHI datasets](#)
- HKCS = Healthy Kids Colorado Survey 2019 Douglas County (Region 3 profile with state comparison) [HKCS 2019 Boulder/Broomfield counties](#)
- Values highlighted in red indicate measures that are less favorable for Broomfield County when compared to the state values.

HEALTH FACTORS	Year/Source	Broomfield County	Colorado
<b>Tobacco Use</b>			
% of adults who are current smokers	2020 CHR	11.6%	14.6%
% of high school students who smoked cigarettes on one or more of the past 30 days	2019 HKCS	6.2%	5.7%
% of high school students who have ever used an electronic vapor product	2019 HKCS	46.9%	45.9%
<b>Weight Status and Physical Activity</b>			
% of children aged 5-14 who were overweight or obese (i.e., at or above the 85th percentile for body mass index by age and gender)	2015-2017 CHS	n/a	24.3%
% of high school students who were overweight or obese (i.e., at or above the 85th percentile for body mass index by age and gender)	2019 HKCS	12.4%	21.6%
% of adults (18+) who were overweight or obese (Body Mass Index [BMI] > = 25)	2016-2018 COHI	57.8%	3.0%
% of children (ages 5-14) physically active for at least 60 minutes/day for the past 7 days	2015-2017 CHS	n/a	47.8%
% of high school students physically active for a total of at least 60 mins/day on five or more days in the past week	2019 HKCS	53.0%	48.0%
% of adults age 20 and over reporting no leisure-time physical activity	2016-2018 COHI	11.5%	16.1%
<b>Alcohol and Drug Use</b>			
% of high school students who binge drank (4+ drinks for females, 5+ drinks for males, within two hours) on one or more of the past 30 days	2019 HKCS	20.4%	14.2%
% of adults who report binge drinking (5+ drinks on one occasion in past month)	2020 CHR	20.1%	20.5%
% of driving deaths with alcohol involvement	2020 CHR	63.6%	34.1%
Number of motor vehicle crash deaths per 100,000 population	2020 CHR	6.0	10.4
Number of drug poisoning deaths per 100,000 population	2020 CHR	15.7	17.5
<b>Sexual Activity</b>			
Number of newly diagnosed chlamydia cases per 100,000 population	2020 CHR	307.3	481.4
Number of births per 1,000 female population aged 15-19	2020 CHR	9.2	19.4
Teen birth rate (Asian)	2020 CHR	n/a	n/a
Teen birth rate (Black)	2020 CHR	n/a	n/a
Teen birth rate (Hispanic)	2020 CHR	26.0	n/a
Teen birth rate (White)	2020 CHR	5.3	n/a
<b>Critical Care</b>			
Access to care			
- % of population under age 65 without health insurance	2020 CHR	4.7%	8.7%
- Ratio of population to primary care physicians	2020 CHR	949:1	1,219:1
- Ratio of population to dentists	2020 CHR	1,099:1	1,256:1
- Ratio of population to mental health providers	2020 CHR	693:1	281:1
Quality of care			
- Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2020 CHR	1,582.0	2,833.0

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SOCIAL AND ECONOMIC FACTORS	Year/Source	Broomfield County	Colorado
<b>Education</b>			
High school graduation rate	2020 CHR	96.8%	80.7%
% of teens and young adults aged 16–24 who are neither working nor in school (disconnected youth)	2020 CHR	n/a	6.3%
% of adults ages 25–44 with some post-secondary education	2020 CHR	86.8%	71.7%
<b>Employment</b>			
Unemployment rate	2020 CHR	2.9%	3.3%
<b>Income</b>			
Median household income	2020 CHR	\$96,900	\$71,900
% of children under age 18 in poverty	2020 CHR	5.1%	12.1%
% of children eligible for free/reduced school lunch	2020 CHR	18.1%	41.7%
% of population who lack adequate access to food (food insecurity)	2020 CHR	9.0%	10.6%
<b>Community Safety</b>			
Violent crime rate (per 100,000 population)	2020 CHR	50.9	326.1
Number of deaths due to injury per 100,000 population	2020 CHR	61.3	78.0
Number of deaths due to homicide per 100,000 population	2020 CHR	3.6	3.9
Number of deaths due to firearms per 100,000 population	2020 CHR	11.2	13.9
<b>SPECIFIC HEALTH CONDITIONS—SELF-REPORTED</b>			
% of children with asthma (aged 1–14)	2015–2017 CHS	n/a	7.3%
% of high school students who had ever been told by a doctor or nurse that they had asthma	2019 HKCS	18.7%	20.2%
% of adults who currently had asthma	2016–2018 COHI	8.0%	8.9%
% of adults aged 65+ who reported they had a fall—resulting in injury—in past 12 months	2016–2018 COHI	<b>12.3%</b>	10.1%
% of adults aged 20 and above with diagnosed diabetes	2020 CHR	<b>6.8%</b>	6.3%
Number of persons living with a diagnosis of HIV infection	2020 CHR	101.2	264.2
<b>AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000</b>			
All cancer sites combined	2017 COHI	<b>406.9</b>	391.4
Lung and bronchus	2017 COHI	<b>47.8</b>	39.2
Breast cancer (females)	2017 COHI	<b>76.3</b>	68.7
Prostate cancer (males)	2017 COHI	<b>42.4</b>	42.2
Colorectal cancer	2017 COHI	<b>36.8</b>	32.0
Invasive cervical cancer (females)	2017 COHI	n/a	3.1
Melanoma of skin	2017 COHI	<b>23.4</b>	22.1

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AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000	Year/Source	Broomfield County	Colorado
Stroke	2017-2019 COHI	285.4	337.3
Heart disease	2017-2019 COHI	1,710.2	2,109.7
Acute myocardial infarction	2017-2019 COHI	167.7	170.8
Congestive heart failure	2017-2019 COHI	560.1	829.5
Mental health diagnosed hospitalizations	2017-2019 COHI	2,320.7	3,018.2
Suicide-attempt hospitalizations	2017-2019 COHI	66.0	69.8
Influenza (aged 65+)	2017-2019 COHI	244.3	260.0
AGE-ADJUSTED MORTALITY RATES PER 100,000			
All causes	2019 COHI	509.0	637.2
Malignant neoplasms (all cancers)	2019 COHI	100.5	123.5
Heart disease	2019 COHI	95.6	124.1
Accidents	2019 COHI	31.7	50.4
Chronic lower respiratory diseases	2019 COHI	23.6	40.0
Cerebrovascular diseases	2019 COHI	29.7	32.7
Alzheimer's disease	2019 COHI	20.6	32.3
Suicide	2019 COHI	18.3	21.6
Falls	2019 COHI	15.2	14.7
Diabetes	2019 COHI	10.4	16.2
Prescription opioid overdose	2019 COHI	3.8	7.3

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# Appendices

## Appendix 2—Community organizations

- A Precious Child
- Association for Community Living
- Boulder County Aids Project
- Boulder County Area Agency on Aging
- Broomfield Community Foundation
- Broomfield County Health
- Broomfield Fellowship in Serving Humanity (FISH)
- Colorado Community Health Alliance Region 6 (CCHA)
- Colorado Immigrant Rights Coalition
- FRIENDS of Broomfield
- Hope House of Colorado
- Imagine! Colorado
- Mother House
- Rocky Mountain Behavioral Medicine
- Sister Carmen Community Center (SCCC)
- TRU Community Care (TRU)



# Appendices

## Appendix 3–Prioritization matrix

Prioritization Criteria					
Identified Health Issues	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.***	Total score.
Access to care					
Behavioral health					
Cancer					
Maternal health					
Injury					

### 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).

