2021 Community Health Needs Assessment

UCHealth Grandview Hospital

uchealth

Table of Contents

Introduction

The following report contains the 2021 Community Health Needs Assessment (CHNA) for UCHealth Grandview Hospital (GVH). The GVH 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

UCHealth Grandview Hospital overview.
GVH is located in Colorado Springs and is a 22-bed hospital focused on advanced orthopedic care. GVH is the only hospital in southern Colorado certified by the Joint Commission for total hip and knee replacement. GVH is committed to improving the lives of the community's most vulnerable residents and cared for over 4,900 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 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 Grandview Hospital.

For the purposes of this CHNA, the GVH community is defined as El Paso County. The following map illustrates the GVH community.

Demographic characteristics of El Paso County.

El Paso County lies in east central Colorado and, depending on the year, is either the most populous county in Colorado or the second most populous county behind Denver County. The U.S. Census Bureau estimates that El Paso County's population grew by 17.5% between 2010 and 2021.

In 2020, El Paso County had an estimated 713,856 residents with 68.6% of the population living in Colorado Springs. Unique in Colorado, El Paso County is home to several large military installations, such as Fort Carson Army post, the United States Air Force Academy, two Air Force bases and the Cheyenne Mountain defense complex.

El Paso County encompasses more than 2,158 square miles. While the western portion of El Paso County is extremely mountainous, the eastern part is prairie land where dairy cows and beef cattle are the main sources of ranchers' income. The altitude ranges from about 5,095 feet (1,569 m) on the southern border at Black Squirrel Creek to 14,110 feet (4,301 m) on the summit of Pikes Peak, near the western boundary. The county seat is located in Colorado Springs.

Age.

According to the 2020 County Health Rankings (CHR) report, the percentage of residents below 18 years of age in El Paso County was 24.1%, which is slightly higher than the state average of 22.2%. El Paso County has a lower percentage, 12.8%, of residents aged 65 and older compared to the state's average of 14.2%. That percentage is projected to increase to 17.1% by the year 2040.

Race and ethnicity.

68.9% of El Paso County residents self-identified as non-Hispanic white, while in the state of Colorado 67.9% of the population self-identified themselves in this category. 2020 CHR data reveals that the Hispanic population is lower in El Paso County (17.5%) than in Colorado (21.7%).

Economic stability.

The median income in El Paso County is slightly lower than the state overall ($67,900 compared to $71,900 in Colorado). 11.8% of residents report they lack adequate access to food, a characteristic described as food insecurity. The state value for food insecurity is 10.6%. El Paso County's unemployment rate is 3.9%, slightly higher than the state's rate of 3.3%.

Poverty.

In El Paso County overall, the percentage of households with children living in poverty is 13.2%, slightly higher than the state average of 12.1%. The percentage of children eligible for free or reduced-price school lunch is 37.9%, in comparison to the state overall at 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 CHR report, the ACS discharge rate in El Paso County was 2,906 per 100,000 Medicare enrollees, higher than the state rate of 2,833.

Community Health Needs Assessment

Between November 2020 and May 2021, GVH 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 it serves.

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 the hospital-based resources needed to address these issues. Input was solicited via:
  - Ongoing engagement with the El Paso County Health Department's Healthy Community Collaborative as part of the development of the agency's current Community Health Improvement Plan.
  - A web-based survey provided to health care providers throughout El Paso County.
  - Interviews with key community members in collaboration with Children's Hospital Colorado.

After collecting data and soliciting input from the community and medical providers, GVH'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 GVH 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.

GVH received its determination letter recognizing the hospital as a tax-exempt organization in the fall of 2018 and, in accordance with federal guidelines, 2021 will be the first completion of a CHNA for GVH. 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, Child Health Survey 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 El Paso 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 GVH.

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.
- Chronic disease.
- 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, GVH participated in meetings facilitated by the El Paso County Health Department Healthy Community Collaborative and other partner agencies that focus on identifying and implementing best practices for reducing these barriers.

Community-engagement synopsis.

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

Community input.

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

- Access to care.
- Behavioral health, including substance use and suicide.
- Chronic disease.
- Food insecurity.
- Homelessness and inadequate housing.
- Maternal health.

Provider survey results.

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

Issue	Importance
Access to care	5.24
Behavioral health	4.76
Chronic disease	3.32
Maternal health	2.61
Injury	2.55
Cancer	2.53

Importance (least to most)   0   1   2   3   4   5   6
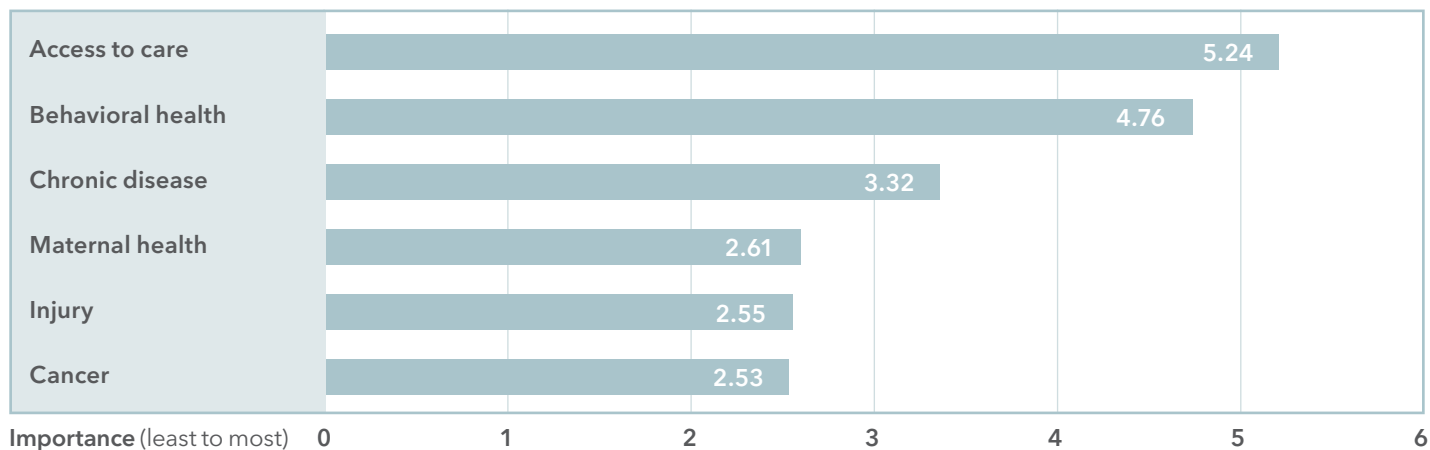
Respondents also identified community agencies addressing these issues and with whom GVH could potentially partner or help support. This input will be used during the development of the GVH CHNA implementation strategy later this year.

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. El Paso 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 GVH 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 Access to Primary Care (including behavioral health integration) as the highest priority health issue to be addressed by GVH.

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

Access to primary and behavioral health care.

With the advent of the Affordable Care Act, there has been a sharp decline in the proportion of residents without any health insurance in El Paso County; however, there are still many barriers to accessing 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. In El Paso County, the ratios of providers to the population for both primary care and mental health are unfavorable compared to the state average. For primary care, the ratio in El Paso County is one provider for every 1,670 residents, compared to the state average of one to 1,219.

In addition, with respect to 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 El Paso County, 11.8% of adults reported their mental health was poor for 14 or more days within the past 30 days, compared with 10 .9% in Colorado overall. Also, in El Paso County, the ratio of mental health providers is one provider for every 313 residents, compared to one provider for every 281 people, on average, across Colorado.

El Paso County residents are more likely to have health insurance but report difficulty accessing primary care physicians and mental health providers. In their response to the community and provider survey, health care providers confirmed the lack of local mental health resources available to their patients.

Population to provider ratio	El Paso County	Colorado
Primary care	1,670:1	1,219:1
Mental health	313:1	281:1

Board of Directors review and approval.

During its June 2021 meeting, the GVH 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 El Paso County Public Health Department, Children's Hospital Colorado, 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 GVH Board of Directors for approval.

The GVH 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 GVH administrative office.

Appendices

Appendix 1–Data tables and sources

DEMOGRAPHICS	Year/Source	El Paso County	Colorado
Population	2020 CHR	713,856	5,695,564
% below 18 years of age	2020 CHR	**24.1%**	22.2%
% 65 and older	2020 CHR	12.8%	14.2%
% non-Hispanic African American	2020 CHR	**6.1%**	4.0%
% American Indian and Alaskan Native	2020 CHR	1.4%	1.6%
% Asian	2020 CHR	3.1%	3.5%
% Native Hawaiian/Other Pacific Islander	2020 CHR	0.4%	0.2%
% Hispanic	2020 CHR	17.5%	21.7%
% non-Hispanic White	2020 CHR	**68.9%**	67.9%
% not proficient in English	2020 CHR	2.0%	3.0%
% males	2020 CHR	50.5%	50.4%
% females	2020 CHR	49.5%	49.6%
% rural	2020 CHR	8.9%	13.8%
HEALTH OUTCOMES			
Quality of Life			
% of adults reporting poor or fair health (age-adjusted)	2020 CHR	13.0%	14.5%
Maternal and Child Health			
% of live births with low birthweight (LBW) (<2500 grams)	2020 CHR	**9.6%**	9.0%
% LBW (Asian)	2020 CHR	**11.0%**	n/a
% LBW (Black)	2020 CHR	**15.0%**	n/a
% LBW (Hispanic)	2020 CHR	9.0%	n/a
% LBW (White)	2020 CHR	9.0%	n/a
Number of all infant deaths (within 1 year) per 1,000 live births	2020 CHR	**5.1**	4.6
Mental Health			
% of adults who currently had depressive symptoms	2016–2018 COHI	10.6%	11.4%
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2016–2018 COHI	**11.8%**	10.9%
% of high school students who:			
– Felt 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	**40.7%**	34.7%
– Seriously considered attempting suicide during the past 12 months	2019 HKCS	**20.6%**	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) El Paso County snapshot
- CHS = Child Health Survey 2015–2017 (included in area profile from COHI) COHI datsets
- 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 datsets
- HKCS = Healthy Kids Colorado Survey 2019 El Paso County (Region 4 profile with state comparison) HKCS 2019 El Paso County
- Values highlighted in red indicate measures that are less favorable for El Paso County when compared to the state values.

HEALTH FACTORS	Year/Source	El Paso County	Colorado
Tobacco Use			
% of adults who are current smokers	2020 CHR	14.0%	14.6%
% of high school students who smoked cigarettes on one or more of the past 30 days	2019 HKCS	**6.4%**	5.7%
% of high school students who have ever used an electronic vapor product	2019 HKCS	**46.7%**	45.9%
Weight Status and Physical Activity			
% of children ages 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	23.7%	24.3%
% of high school students who were overview or obese (i.e., at or above the 85th percentile for body mass index by age and gender)	2019 HKCS	**25.4%**	21.6%
% of adults (18+) who were overweight or obese (Body Mass Index [BMI] > = 25)	2016–2018 COHI	**61.0%**	58.5%
% of children (ages 5–14) physically active for at least 60 minutes/day for the past 7 days	2015–2017 CHS	**44.7%**	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	**46.4%**	48.0%
% of adults age 20 and over reporting no leisure-time physical activity	2016–2018 COHI	**17.2%**	16.1%
Alcohol and Drug Use			
% 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	10.6%	14.2%
% of adults who report binge drinking (5+ drinks on one occasion in past month)	2020 CHR	16.6%	20.5%
% of driving deaths with alcohol involvement	2020 CHR	**40.4%**	34.1%
Number of motor-vehicle crash deaths per 100,000 population	2020 CHR	**12.3**	10.4
Number of drug-poisoning deaths per 100,000 population	2020 CHR	**25.6**	17.5
Sexual Activity			
Number of newly diagnosed chlamydia cases per 100,000 population	2020 CHR	**536.0**	481.4
Number of births per 1,000 female population ages 15–19	2020 CHR	**21.7**	19.4
Teen birth rate (Asian)	2020 CHR	12.5	n/a
Teen birth rate (Black)	2020 CHR	**28.3**	n/a
Teen birth rate (Hispanic)	2020 CHR	**39.3**	n/a
Teen birth rate (White)	2020 CHR	15.5	n/a
Clinical Care			
Access to care			
– % of population under age 65 without health insurance	2020 CHR	7.6%	8.7%
– Ratio of population to primary care physicians	2020 CHR	**1,670:1**	1,219:1
– Ratio of population to dentists	2020 CHR	980:1	1,256:1
– Ratio of population to mental health providers	2020 CHR	**313:1**	281:1
Quality of care			
– Number of hospital stays for ambulatory-care-sensitive conditions per 1,000 Medicare enrollees	2020 CHR	**2,906.0**	2,833.0

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SOCIAL AND ECONOMIC FACTORS	Year/Source	El Paso County	Colorado
Education			
High school graduation rate	2020 CHR	**76.6%**	80.7%
% of teens and young adults ages 16–24 who are neither working nor in school (disconnected youth)	2020 CHR	**6.5%**	6.3%
% of adults ages 25–44 with some post-secondary education	2020 CHR	75.0%	71.7%
Employment			
Unemployment rate	2020 CHR	**3.9%**	3.3%
Income			
Median household income	2020 CHR	**$67,900**	$71,900
% of children under age 18 in poverty	2020 CHR	**13.2%**	12.1%
% of children eligible for free/reduced school lunch	2020 CHR	37.9%	41.7%
% of population who lack adequate access to food (food insecurity)	2020 CHR	**11.8%**	10.6%
Community Safety			
Violent crime rate (per 100,000 population)	2020 CHR	**399.6**	326.1
Number of deaths due to injury per 100,000 population	2020 CHR	**89.9**	78.0
Number of deaths due to homicide per 100,000 population	2020 CHR	**5.8**	3.9
Number of deaths due to firearms per 100,000 population	2020 CHR	**18.2**	13.9
SPECIFIC HEALTH CONDITIONS—SELF-REPORTED			
% of children with asthma (ages 1-14)	2015–2017 CHS	6.8%	7.3%
% of high school students who had ever been told by a doctor or nurse that they had asthma	2019 HKCS	19.6%	20.2%
% of adults who currently had asthma	2016–2018 COHI	**9.9%**	8.9%
% of adults aged 65+ who reported they had a fall—resulting in injury—in past 12 months	2016–2018 COHI	**11.9%**	10.1%
% of adults aged 20 and above with diagnosed diabetes	2020 CHR	**7.0%**	6.3%
Number of persons living with a diagnosis of HIV infection	2020 CHR	154.6	264.2
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000			
All cancer sites combined	2017 COHI	384.9	391.4
Lung and bronchus	2017 COHI	**41.2**	39.2
Breast cancer (females)	2017 COHI	65.3	68.7
Prostate cancer (males)	2017 COHI	41.1	42.2
Colorectal cancer	2017 COHI	29.9	32.0
Invasive cervical cancer (females)	2017 COHI	**3.4**	3.1
Melanoma of skin	2017 COHI	19.5	22.1

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AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000	Year/Source	El Paso County	Colorado
Stroke	2017–2019 COHI	**400.6**	337.3
Heart disease	2017–2019 COHI	**2,162.6**	2,109.7
Acute myocardial infarction	2017–2019 COHI	164.8	170.8
Congestive heart failure	2017–2019 COHI	820.9	829.5
Mental health diagnosed hospitalizations	2017–2019 COHI	2,809.9	3,018.2
Suicide-attempt hospitalizations	2017–2019 COHI	63.4	69.8
Influenza (ages 65+)	2017–2019 COHI	209.8	260.0
AGE-ADJUSTED MORTALITY RATES PER 100,000			
All causes	2019 COHI	669.1	637.2
Malignant neoplasms (all cancers)	2019 COHI	**133.0**	123.5
Breast cancer	2019 COHI	**11.1**	9.5
Heart disease	2019 COHI	**129.1**	124.1
Accidents	2019 COHI	46.6	50.4
Chronic lower respiratory diseases	2019 COHI	**46.2**	40.0
Cerebrovascular diseases	2019 COHI	**37.4**	32.7
Alzheimer's disease	2019 COHI	**33.3**	32.3
Suicide	2019 COHI	**25.0**	21.6
Falls	2019 COHI	11.2	14.7
Diabetes	2019 COHI	**19.1**	16.2
Prescription opioid overdose	2019 COHI	6.7	7.3

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Appendices

Appendix 2—Community organizations

- CDPHE Office of Suicide Prevention
- Colorado Community Health Alliance
- Colorado Springs Catholic Charities
- Colorado Springs Fire Department
- Colorado Springs Health Foundation
- Colorado Springs School District 11
- The Colorado Trust
- Culture of Wellness
- Diversus Behavioral Health Centers
- El Paso County Public Health
- El Paso County Public Health Healthy Community Collaborative, which includes the following member organizations:
  - Academy School District 20
  - Alliance for Kids
  - American Diabetes Association
  - Beacon Health Options
  - Care and Share Food Bank for Southern Colorado
  - Catamount Institute
  - Children's Hospital Colorado
  - Cigna
  - Citizens Project
  - City of Colorado Springs
  - City of Colorado Springs Parks, Recreation & Cultural Services
  - City of Manitou Springs
  - Colorado College
  - Colorado Department of Education
  - Colorado Parks and Wildlife
  - Colorado Springs Food Rescue
  - Colorado Springs Chamber & EDC
  - Colorado State University (CSU) Extension
  - Community Health Partnership
  - Community Partnership for Child Development Giving Kids a Headstart
  - Council of Neighbors and Organizations
  - DaVita Medical Group
  - DentaQuest
  - Early Connections Learning Center
  - El Paso County Community Services
  - El Paso County Public Health
  - El Paso County Recreation & Cultural Services
  - Energy Resource Center
  - Falcon School District 49
  - Fort Carson Preventive Medicine/ Public Health
  - Fort Carson Wellness Services
  - Greccio Housing
  - Harrison School District Two
  - Joint Initiatives
  - Kaiser Permanente
  - Kids on Bikes
  - King Soopers/City Market
  - Local Food Colorado Springs
  - Manitou Springs School District 14
  - NAACP
  - National Alliance on Mental Illness (NAMI)
  - OMNI Institute
  - Open Bible Medical Clinic
  - Partners for Healthy Choices
  - Peak Military Care Network
  - Peak Vista Community Health Centers
  - Penrose-St. Francis Health Services
  - Penrose-St. Francis Mission Outreach
  - Phil Long Dealerships
  - Pikes Peak Library District
  - Pikes Peak United Way
  - Project Angel Heart
  - The Resource Exchange
  - RMFI
  - SET Family Medical Clinic
  - Silver Key Senior Services
  - Springs Recovery Connection
  - Teach for America
  - Terra Essentials
  - TESSA
  - Trails and Open Space Coalition
  - UCCS Helen and Arthur E. Johnson
  - Beth-El College of Nursing & Health Sciences
- Homeward Pikes Peak
- Inside Out Youth Services
- Mt. Carmel Veteran's Center
- One Colorado
- Partners in Housing
- Peak Vista Community Health Centers
- Pikes Peak Community Health Partnership
- Pikes Peak Suicide Prevention Partnership
- SafeCare CO
- Springs Rescue Mission
- The Resource Exchange
- UCCS School of Medicine
- YMCA of the Pikes Peak Region
- Youth Move Colorado

Appendices

Appendix 3—Prioritization matrix

Identified Health Issues	Prioritization Criteria				
	Scope and severity of the health need.*	Potential for hospital to impact the health need.**	Alignment with current UCHealth system strategies and local/state/national objectives.	Economic feasibility of addressing the health need.***	Total score.
Access to care					
Behavioral health					
Cancer					
Chronic disease					
Food insecurity					
Homelessness / inadequate housing					
Maternal health					

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).