

2022-2024 Community Health Needs Assessment

UCHealth Greeley Hospital

Table of Contents

Introduction

UCHealth Greeley Hospital overview 3

Communities served. 4

Demographic characteristics of the communities served. 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 input. 8

Provider survey results 9

Community-wide health care resources available to address needs 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 12

Acknowledgments, recommendations and next steps 12

Appendices

Appendix 1–Data tables and sources 13

Appendix 2–Community organizations 17



Introduction

The following report contains the 2022-2024 Community Health Needs Assessment (CHNA) for UCHealth Greeley Hospital (GH).

The GH CHNA was conducted to identify significant community health needs and to help inform the development of an implementation strategy to address identified needs.

In compliance with federal and state regulations, non-profit hospitals develop a CHNA 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

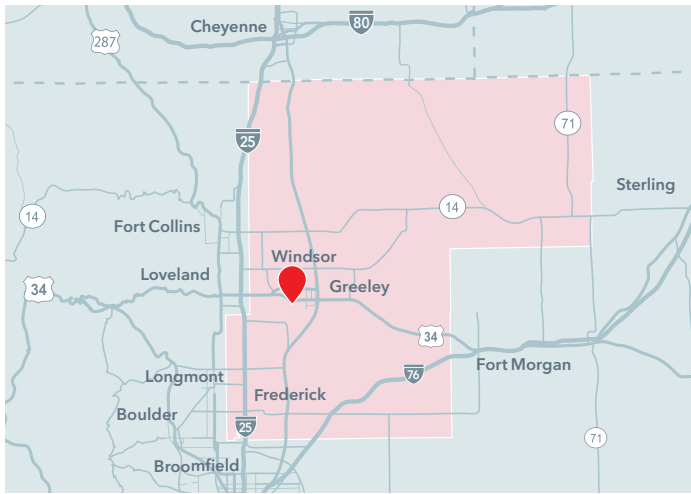
UCHealth Greeley Hospital overview.

Established in 2019, Greeley Hospital (GH) is a 50-bed hospital located in Greeley, Colorado, offering emergency services, heart and vascular care, women's services, general and robotic-assisted surgery and imaging and radiology services. GH is committed to improving the lives of the community's most vulnerable residents and cared for more than 43,000 inpatient admissions and outpatient visits for Medicaid patients in fiscal year 2021.

GH is part of UCHealth, 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 2.3 million patients each and every year. UCHealth is also the largest provider of Medicaid services in Colorado, with nearly 836,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2021, an increase of 310% since fiscal year 2013.

Communities served.

For the purposes of this CHNA, the GH community is defined as Weld County. Weld County represents the geographic area most proximal to GH and the area in which a large portion of GH patients reside.



 UCHealth Greeley Hospital

Demographic characteristics of the communities served.

Weld County, Colorado's third largest county by area, is located in northern Colorado, approximately 60 miles north of Denver. The county covers a 4,000-square-mile area and is comprised of a combination of expansive rural, agricultural land and concentrated urban areas.

Demographic characteristics of the population residing within Weld County, in comparison with the state overall, are shown in the tables below. Values highlighted in red indicate measures that vary from the state value and have the potential to influence the type or level of resources needed in the community.

Population:

	Colorado	Weld County
Population	5,758,736	324,492

Age:

	Colorado	Weld County
Percentage below 18 years of age	21.9%	25.9%
Percentage 65 years of age and older	14.6%	12.4%

Race and ethnicity:

	Colorado	Weld County
Percentage Non-Hispanic Black	4.1%	1.2%
Percentage American Indian and Alaskan Native	1.6%	1.7%
Percentage Asian	3.5%	1.8%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.2%
Percentage Hispanic	21.8%	30.0%
Percentage Non-Hispanic White	67.7%	64.9%
Percentage not proficient in English	3.0%	4.0%
Percentage rural	13.8%	20.5%

Economic stability and poverty:

	Colorado	Weld County
Median household income	\$77,100	\$78,200
Unemployment rate	2.8%	2.5%
Percentage of adults aged 25-44 with some post-secondary education	72.0%	63.0%
Percentage of households with children living in poverty	11.0%	10.0%
Percentage of children eligible for free or reduced-price school lunch	41.0%	42.0%
Percentage of population who lack adequate access to food	10.0%	9.0%

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.

	Colorado	Weld County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2,617	3,042

Source for all values above: 2021 County Health Rankings

Values highlighted in red indicate measures that are less favorable when compared to the state values.

CHNA overview

Between October 2021 and April 2022, GH 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 served.

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.
- Solicitation of community input on local health issues through engagement with the Thriving Weld initiative, a county-wide effort supporting the Weld County Department of Public Health and Environment's Community Health Improvement Plan (CHIP).
- A web-based survey distributed to health care providers at GH to gather input on community health needs.

After collecting data and soliciting input from the community and health care providers, GH's Internal Advisory Group (IAG), a subset of the hospital's leadership team, reviewed all information obtained from the activities described above and identified recommended health needs areas of focus for GH's 2022-2024 CHNA. 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 GH 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 the 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 UCHHealth, local community, Colorado and the U.S. overall.

Written comment on previously conducted CHNA.

GH obtained its not-for-profit status in July 2019 and, in accordance with federal guidelines, 2022 will be the first completion of a CHNA for GH. 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 (2021 report year), the Colorado Health Indicators Database, the 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 key health indicators in Weld County were developed to illustrate the overall health of the community (see Appendix 1 for data tables and related websites).

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 GH.

Categories evaluated include:

- Demographics, education and socioeconomic status.
- Health care access and services.
- Health behaviors (including unintentional injury).
- Maternal and child health.
- Mental health (including attempted-suicide hospitalizations and mortality).
- Nutrition, physical activity and body mass index.
- 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.
- Injury.
- Maternal health.
- Social and economic factors.

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, GH regularly participates in meetings facilitated by the county health department and other partner agencies that focus on identifying and implementing best practices and strategies toward reduction of these barriers.

Community engagement synopsis.

To gather community input, GH carried out two main activities:

- Participation in the Weld County Department of Public Health and Environment CHIP process, facilitated by Thriving Weld. Thriving Weld is a collective effort to gather, organize and publish data for the purpose of assessing health in Weld County. Nearly 50 organizations, including UHealth, participated in the review of current health data and a prioritization process for county health issues. Many of the participating agencies serve members of medically underserved, low-income and minority populations.
- Administration of a web-based medical provider survey to all medical staff providers at GH.

Community input.

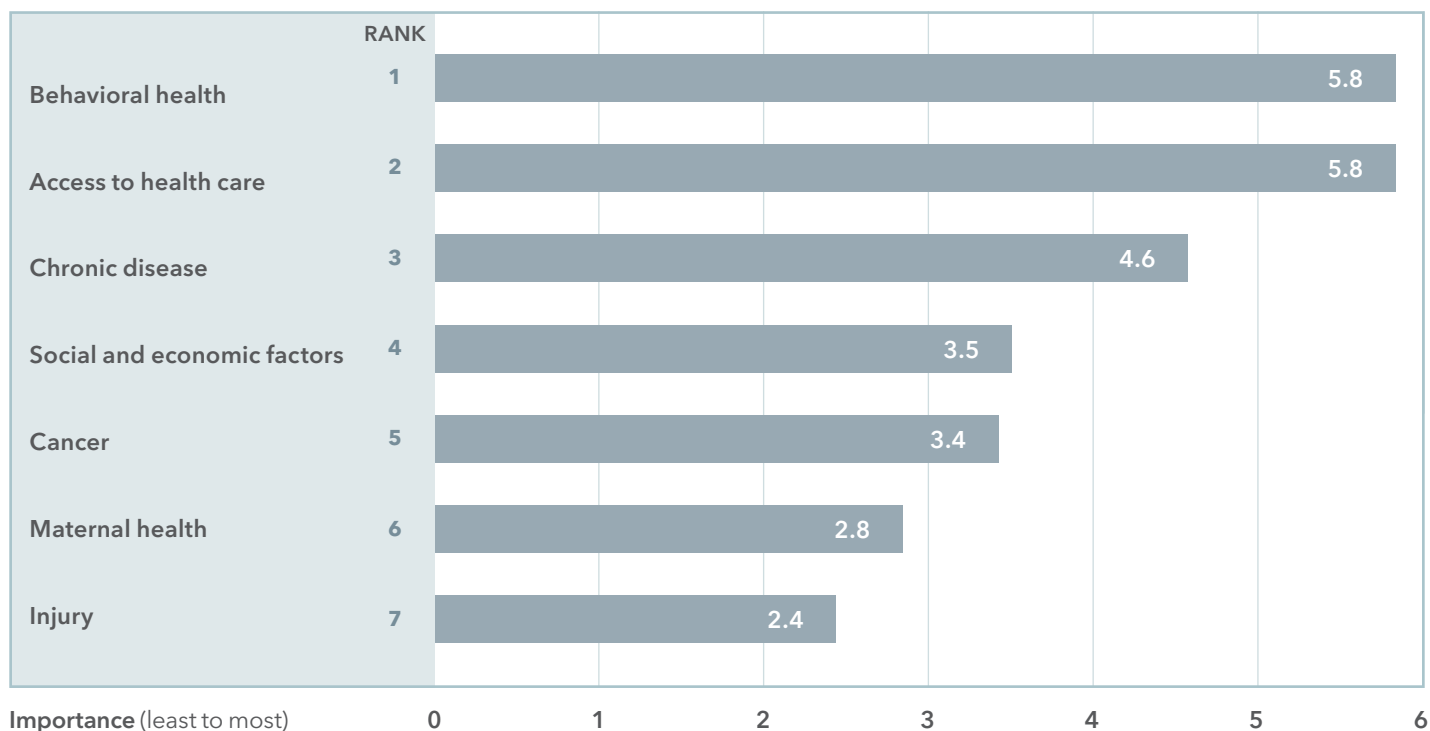
Community input was solicited by Thriving Weld's multi-phase CHIP process (see Appendix 2 for participating organizations). During an initial prioritization activity, the top five health issues identified by key stakeholders (community members representing the hospital's surrounding community) included:

- Housing.
- Mental health care access.
- Mental health indicators.
- Health care access.
- Infectious disease burden and COVID-19.

Thriving Weld's CHIP prioritization process further narrowed the list to two primary areas of focus: housing and mental health, including mental health access and mental health indicators.

Provider survey results.

The provider survey asked respondents to rank a set of community health needs in order of importance to the community. Responses were received from 68 providers serving Weld County residents. The results of the survey are provided in the table below. The score represents the weighted average for all responses on a scale from 1-7; higher values indicate a higher priority.



Specific to social and economic factors, health issues described by respondents included health equity, homelessness, housing and food insecurity.

Survey respondents also identified community agencies addressing these issues and with whom GH could potentially partner or help support. This input will be used during the development of the GH 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 CHNA. The GH community is served by two acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, GH offers a wide array of virtual health options. Though services may be available, the CHNA findings reveal that the ability to receive care in a timely and coordinated 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 recommendations.

The GH Internal Advisory Group (IAG) reviewed all findings obtained from the activities described previously. The GH IAG conducted a meeting specifically to identify health needs priorities for the CHNA and considered the following criteria during the decision-making process:

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

The IAG identified the following priority health issues to be addressed by GH:

- Behavioral health (includes mental health and substance misuse).
- Access to care.
- Chronic disease.

A synopsis of key CHNA findings specific to these issues is provided in the following 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 United States. The resulting disease burden of mental illness is among the highest of all diseases.

In Weld County, the percentage of adults who currently have depressive symptoms is 13.0%, compared to 11.4% in Colorado overall. 37.4% of high school students reported depressive symptoms over the last 12 months compared to the state average of 34.7%. The percentage of adults reporting poor mental health for 14 or more days during the past 30 days is also higher than Colorado overall (12.6% compared to 10.9%). The age-adjusted hospitalization rate per 100,000 for mental health conditions is significantly higher in Weld County than the state overall (3,268.3 compared to 2,947.3).

The effects of substance misuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. A higher percentage of adults in Weld County report being current smokers (16.2% compared to 15.0% in Colorado overall). High school students in Weld County who reported ever having used an electronic vapor product is higher than in Colorado overall (48.2% compared to 45.9%).

Excessive drinking is also a risk factor for a variety of adverse health outcomes such as alcohol poisoning, motor vehicle crashes and suicide. The percentage of high school students in Weld County 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 is higher than the state average (15.3% compared to 14.2%).

	Colorado	Weld County
Percentage of adults who currently have depressive symptoms	11.4%	13.0%
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	10.9%	12.6%
Percentage 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	34.7%	37.4%
Mental health-diagnosed hospitalizations (age-adjusted rate of hospitalizations per 100,000 residents)	2,947.3	3,268.3
Percentage of adults who are current smokers	15.0%	16.2%
Percentage of high school students who have ever used an electronic vapor product	45.9%	48.2%
Percentage of high school students who binge drank on one or more of the past 30 days	14.2%	15.3%

See Appendix 1 for additional supporting information and relevant data sources.

Values highlighted in red indicate measures that are less favorable when compared to the state values.

Access to 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 Weld County; however, there are still many barriers to accessing services through both Medicaid and other payer sources. For those under age 65 in Weld County, 10.9% report a lack of health insurance compared to 9.3% in Colorado overall.

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 Weld 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 Weld County is one provider for every 1,770 residents, compared to the state average of one to 1,210. The ratio of mental health providers is one provider for every 390 residents, compared to one provider for every 270 people, on average, across Colorado.

Weld County residents report difficulty accessing primary care physicians and mental health providers. In response to the provider survey, health care providers confirmed the lack of local mental health resources available to patients.

	Colorado	Weld County
Percentage of population under age 65 without health insurance	9.3%	10.9%
Ratio of population to primary care providers	1,210:1	1,770:1
Ratio of population to mental health providers	270:1	390:1

See Appendix 1 for additional supporting information and relevant data sources.

Chronic conditions.

According to the Centers for Disease Control and Prevention, chronic diseases and conditions are one of the leading causes of death and disability in the United States. Chronic conditions—including some cancers, cerebrovascular disease, heart disease, obesity, diabetes and lung disease—share risk factors such as tobacco use, unhealthy diet, physical inactivity as well as lack of access to preventive care.

As shown in the table below, public health data shows that there is a higher rate among many chronic diseases and conditions in Weld County when compared to the state of Colorado. Examples include the incidence of colorectal, lung and prostate cancer and hospitalizations for heart disease, acute myocardial infarctions and stroke (which often result from chronic uncontrolled hypertension), among others. In addition, rates of overweight and obesity in children, high school students and adults in Weld County are significantly higher than in Colorado overall.

	Colorado	Weld County
Colorectal cancer (age-adjusted incidence rate per 100,000)	30.5	35.8
Lung and bronchus cancer (age-adjusted incidence rate per 100,000)	37.2	43.8
Prostate cancer (age-adjusted incidence rate per 100,000 males)	45.1	48.9
Stroke hospitalization rate (age-adjusted per 100,000)	329.4	345.6
Alzheimer's disease (age-adjusted mortality rate per 100,000)	35.6	37.0
Heart disease hospitalization rate (age-adjusted per 100,000)	2,024.5	2,344.6
Congestive heart failure hospitalization rate (age-adjusted per 100,000)	809.7	1,059.1
Acute myocardial infarction hospitalization rate (age-adjusted per 100,000)	179.1	225.5
Diabetes (age-adjusted mortality rate per 100,000)	17.8	20.9
Percentage of children aged 1-14 years with asthma	7.3%	8.6%
Percentage of adults aged 20 and over reporting no leisure-time physical activity	16.1%	21.5%
Percentage of adults (18+) who were overweight/obese (Body Mass Index [BMI] > = 25)	58.5%	64.8%
Percentage 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)	21.6%	27.0%
Percentage of children aged 5-14 years who were overweight or obese	24.3%	35.3%

See Appendix 1 for additional supporting information and relevant data sources.

Values highlighted in red indicate measures that are less favorable when compared to the state values.

Board of Directors review and approval.

During their April 2022 meeting, the GH Board of Directors, which includes representatives from the surrounding community, reviewed, discussed and approved the information contained within this report.

Acknowledgments, recommendations and next steps.

We would like to thank Thriving Weld, 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, an implementation strategy designed to address the identified health issues will be prepared and presented to the GH Board of Directors for approval.

The GH CHNA report will be made available to the public for viewing or download on the UCHHealth website, as well as in hard copy located in the GH administrative office.

Appendices

Appendix 1—Data tables and sources

DEMOGRAPHICS	Year/Source	Colorado	Weld County
Population	2021 CHR	5,758,736	324,492
% below 18 years of age	2021 CHR	21.9%	25.9%
% 65 and older	2021 CHR	14.6%	12.4%
% Non-Hispanic Black	2021 CHR	4.1%	1.2%
% American Indian and Alaskan Native	2021 CHR	1.6%	1.7%
% Asian	2021 CHR	3.5%	1.8%
% Native Hawaiian/Other Pacific Islander	2021 CHR	0.2%	0.2%
% Hispanic	2021 CHR	21.8%	30.0%
% Non-Hispanic White	2021 CHR	67.7%	64.9%
% not proficient In English	2021 CHR	3.0%	4.0%
% females	2021 CHR	49.6%	49.4%
% rural	2021 CHR	13.8%	20.5%
HEALTH OUTCOMES			
Quality of Life			
% of adults reporting poor or fair health (age-adjusted)	2021 CHR	14.0%	15.0%
Maternal and Child Health			
% of live births with low birthweight (LBW) (<2500 grams)	2021 CHR	9.0%	8.0%
% LBW (Asian)	2021 CHR	n/a	9.0%
% LBW (Black)	2021 CHR	n/a	5.0%
% LBW (Hispanic)	2021 CHR	n/a	9.0%
% LBW (White)	2021 CHR	n/a	8.0%
Number of all infant deaths (within 1 year) per 1,000 live births	2021 CHR	5	5
Mental Health			
% of adults who currently had depressive symptoms	2016-2018 COHI	11.4%	13.0%
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2016-2018 COHI	10.9%	12.6%
% 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	34.7%	37.4%
% of high school students who seriously considered attempting suicide during the past 12 months	2019 HKCS	17.5%	16.6%

Footnotes and sources:

- n/a = no data or data suppressed due to small sample size
- CHR = County Health Rankings; 2021 report year; measures collected from various sources and years ([County Health Rankings](#))
- CHS = Child Health Survey 2015-2017 ([Child Health Survey](#))
- COHI: Colorado Health Indicators (provides access to state and local-level data compiled by Colorado Department of Public Health and Environment) ([Colorado Health Information Dataset](#))
- HKCS: Healthy Kids Colorado Survey; 2019 ([Healthy Kids Colorado Survey](#))
- 2020 CEN: United States Census Bureau; 2020 ([U.S. Census Bureau Quick Facts](#))
- Values highlighted in red indicate measures that are less favorable when compared to the Colorado average.

HEALTH FACTORS	Year/Source	Colorado	Weld County
Tobacco Use			
% of adults who are current smokers	2016-2018 COHI	15.0%	16.2%
% of high school students who have ever used an electronic vapor product	2019 HKCS	45.9%	48.2%
% of high school students who smoked cigarettes on one or more of the past 30 days	2019 HKCS	5.7%	5.6%
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	24.3%	35.3%
% 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	21.6%	27.0%
% of adults (18+) who were overweight or obese (Body Mass Index [BMI] > = 25)	2016-2018 COHI	58.5%	64.8%
% of children (ages 5-14) physically active for at least 60 minutes/day for the past 7 days	2015-2017 CHS	47.8%	52.1%
% of high school students physically active for a total of at least 60 minutes per day on five or more days in the past week	2019 HKCS	48.0%	47.7%
% of adults age 20 and over reporting no leisure-time physical activity	2016-2018 COHI	16.1%	21.5%
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	14.2%	15.3%
% of adults who report binge drinking (5+ drinks on one occasion in past month)	2021 CHR	21.0%	19.0%
% of driving deaths with alcohol involvement	2021 CHR	34.0%	29.0%
Number of drug-poisoning deaths per 100,000 population	2021 CHR	18	13
Sexual Activity			
Number of newly diagnosed chlamydia cases per 100,000 population	2021 CHR	519.4	472.7
Number of births per 1,000 female population ages 15-19	2021 CHR	18	23
Teen birth rate (Asian)	2021 CHR	n/a	25
Teen birth rate (Black)	2021 CHR	n/a	15
Teen birth rate (Hispanic)	2021 CHR	n/a	40
Teen birth rate (White)	2021 CHR	n/a	11
Clinical Care			
Access to care			
- % of population under age 65 without health insurance	2020 CEN	9.3%	10.9%
- Ratio of population to primary care physicians	2021 CHR	1,210:1	1,770:1
- Ratio of population to dentists	2021 CHR	1,220:1	2,180:1
- Ratio of population to mental health providers	2021 CHR	270:1	390:1
Quality of care			
- Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees	2021 CHR	2,617	3,042

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- 2020 CEN: United States Census Bureau; 2020 ([U.S. Census Bureau Quick Facts](#))
- Values highlighted in red indicate measures that are less favorable when compared to the Colorado average.

SOCIAL AND ECONOMIC FACTORS	Year/Source	Colorado	Weld County
Education			
High school graduation rate	2021 CHR	81.0%	83.0%
% of teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2021 CHR	6.0%	4.0%
% of adults ages 25-44 with some post-secondary education	2021 CHR	72.0%	63.0%
Employment			
Unemployment rate	2021 CHR	2.8%	2.5%
Income			
Median household income	2021 CHR	\$77,100	\$78,200
% of children under age 18 in poverty	2021 CHR	11.0%	10.0%
% of children eligible for free/reduced school lunch	2021 CHR	41.0%	42.0%
% of population who lack adequate access to food (food insecurity)	2021 CHR	10.0%	9.0%
Community Safety			
Violent crime rate per 100,000 population	2021 CHR	326	273
Number of motor vehicle crash deaths per 100,000 population	2021 CHR	11	16
Number of deaths due to injury per 100,000 population	2021 CHR	80	74
Number of deaths due to homicide per 100,000 population	2021 CHR	4	2
Number of deaths due to firearms per 100,000 population	2021 CHR	14	12
SPECIFIC HEALTH CONDITIONS—SELF-REPORTED			
% of children with asthma (ages 1-14)	2015-2017 CHS	7.3%	8.6%
% of high school students who had ever been told by a doctor or nurse that they had asthma	2019 HKCS	20.2%	19.8%
% of adults who currently had asthma	2016-2018 COHI	8.9%	8.7%
% of adults aged 65+ who reported they had a fall resulting in injury in the past 12 months	2016-2018 COHI	10.1%	10.3%
% of adults aged 20 and above with diagnosed diabetes	2021 CHR	7.0%	8.0%
Number of persons living with a diagnosis of HIV infection	2021 CHR	265	88
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000			
All cancer sites combined	2018 COHI	384.9	420.2
Lung and bronchus	2018 COHI	37.2	43.8
Breast cancer (females)	2018 COHI	67.3	65.9
Prostate cancer (males)	2018 COHI	45.1	48.9
Colorectal cancer	2018 COHI	30.5	35.8
Invasive cervical cancer (females)	2018 COHI	3.0	3.0
Melanoma of skin	2018 COHI	20.5	20.9

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- HKCS: Healthy Kids Colorado Survey; 2019 ([Healthy Kids Colorado Survey](#))
- 2020 CEN: United States Census Bureau; 2020 ([U.S. Census Bureau Quick Facts](#))
- Values highlighted in red indicate measures that are less favorable when compared to the Colorado average.

AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000	Year/Source	Colorado	Weld County
Stroke	2018-2020 COHI	329.4	345.6
Heart disease	2018-2020 COHI	2,024.5	2,344.6
Acute myocardial infarction	2018-2020 COHI	179.1	225.5
Congestive heart failure	2018-2020 COHI	809.7	1,059.1
Mental health-diagnosed hospitalizations	2018-2020 COHI	2,947.3	3,268.3
Suicide-attempt hospitalizations	2018-2020 COHI	66.9	63.0
Influenza (ages 65+)	2018-2020 COHI	194.4	228.0
AGE-ADJUSTED MORTALITY RATES PER 100,000			
All causes	2020 COHI	738.7	697.1
Malignant neoplasms (all cancers)	2020 COHI	125.1	133.2
Breast cancer	2020 COHI	124.7	115.8
Heart disease	2020 COHI	67.8	83.5
Accidents	2020 COHI	59.7	54.7
Chronic lower respiratory diseases	2020 COHI	38.5	28.7
Alzheimer's disease	2020 COHI	35.6	37.0
Cerebrovascular diseases	2020 COHI	34.9	27.5
Suicide	2020 COHI	21.4	16.9
Falls	2020 COHI	16.2	14.8
Diabetes	2020 COHI	17.8	20.9
Prescription opioid overdose	2020 COHI	13.5	9.1

Footnotes and sources:

- n/a = no data or data suppressed due to small sample size
- CHR = County Health Rankings; 2021 report year; measures collected from various sources and years ([County Health Rankings](#))
- CHS = Child Health Survey 2015-2017 ([Child Health Survey](#))
- COHI: Colorado Health Indicators (provides access to state and local-level data compiled by Colorado Department of Public Health and Environment) ([Colorado Health Information Dataset](#))
- HKCS: Healthy Kids Colorado Survey; 2019 ([Healthy Kids Colorado Survey](#))
- 2020 CEN: United States Census Bureau; 2020 ([U.S. Census Bureau Quick Facts](#))
- Values highlighted in red indicate measures that are less favorable when compared to the Colorado average.

Appendices

Appendix 2—Community organizations

- Aetna
- Aims Community College
- Banner Health
- Beacon Health Options
- Centennial Area Health Education Center
- Center for Improving Value in Health Care
- Colorado Department of Public Health and Environment
- Columbine Health Systems
- Cooking Matters Colorado
- Fellowship of Christian Athletes
- Forward Steps
- Greeley-Evans School District 6
- Health District of Northern Larimer County
- High Plains Library District
- Integrated Nutrition Education Program
- Johnstown Heights Behavioral Health
- Life Stories Child & Family Advocacy
- Lutheran Family Services Rocky Mountains
- Michael Best Strategies
- Network of the National Library of Medicine Region 4
- North Colorado Health Alliance, which includes the following member organizations:
 - Banner Health (Hospital operations)
 - Banner North Colorado Medical Center Paramedic Services
 - Centennial Mental Health Center
 - Colorado Access
 - Kaiser Permanente
 - North Range Behavioral Health
 - Northeast Behavioral Health Partnership
 - Sunrise Community Health (Federally Qualified Health Center)
 - SummitStone Health Partners
 - Weld County Department of Public Health and Environment
 - Weld County Department of Human Services
 - Northern Colorado Medical Society
 - UCHHealth
 - United Way of Weld County
 - University of Northern Colorado
- North Colorado Health Alliance Colorado Opioid Synergy-Larimer & Weld (CO-SLAW)
- North Range Behavioral Health
- Northeast Health Partners
- PlayCore
- Rocky Mountain Health Plans, A United Healthcare Company
- Roundtable Collaboration of Colorado
- Sisters of Charity Leavenworth Health
- Soccer Without Borders
- Special Supplemental Nutrition Program for Women, Infants and Children
- St. Vrain Valley School District
- Suicide Prevention: Suicide Prevention Coalition of Colorado, Imagine Zero Weld County, THIRST Living Waters Fund
- Sunrise Community Health
- The Arc of Weld County
- The Greeley Dream Team
- The Grief Center
- The Weld Trust
- UCHHealth
- UCHHealth Healthy Kids Club
- United Way of Weld County
- University of Northern Colorado
- Weld County Area Agency on Aging
- Weld County Department of Human Services
- Weld County Department of Public Health and Environment
- Weld County Government
- Weld County School District 6
- Weld Food Bank

