

2022-2024 Community Health Needs Assessment

UCHealth University of Colorado Hospital

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Introduction

The following report contains the 2022-2024 Community Health Needs Assessment (CHNA) for UCH Health University of Colorado Hospital (UCH). The UCH CHNA was conducted to identify significant community health needs and to help inform the development of an implementation strategy to address the identified needs.

In compliance with federal and state regulations, non-profit hospitals conduct CHNAs 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 UCH Health'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

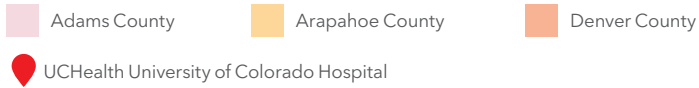
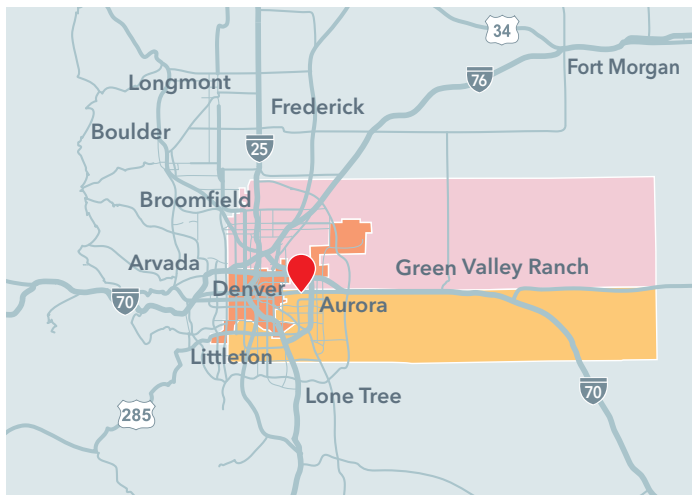
UCH Health University of Colorado Hospital overview.

UCH is a not-for-profit hospital located in Aurora, Colorado, and has served residents in the metro Denver area since 1921. As the region's only academic medical center, UCH provides the most advanced and comprehensive services and treatments and has been rated as the number one hospital in Colorado by *U.S. News & World Report* for 10 years in a row. The hospital's physicians are affiliated with the University of Colorado School of Medicine, part of the University of Colorado. UCH is committed to improving the lives of the community's most vulnerable residents and cared for more than 240,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2021.

UCH is part of UCH Health, 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, UCH Health is dedicated to improving lives and providing the highest quality medical care with an exceptional patient experience. With more than 150 locations throughout the region, UCH Health 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. UCH Health 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 UCH community is defined as Adams, Arapahoe and Denver counties. These counties represent the geographic areas most proximal to UCH and the areas in which a large portion of UCH patients reside.



Demographic characteristics of the communities served.

Demographic characteristics of the population residing within each county, in comparison with the state overall, are shown in the tables below. Values highlighted in red indicate measures that are higher than the state overall.

Population:

	Colorado	Adams	Arapahoe	Denver
Population	5,758,736	517,421	656,590	727,211

Age:

	Colorado	Adams	Arapahoe	Denver
Percentage below 18 years of age	21.9%	26.1%	23.3%	19.1%
Percentage 65 years of age and older	14.6%	10.7%	13.5%	11.9%

Race and ethnicity:

	Colorado	Adams	Arapahoe	Denver
Percentage Non-Hispanic Black	4.1%	3.3%	10.6%	8.9%
Percentage American Indian and Alaskan Native	1.6%	2.3%	1.2%	1.7%
Percentage Asian	3.5%	4.5%	6.6%	4.1%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.2%	0.3%	0.2%
Percentage Hispanic	21.8%	40.8%	19.8%	29.3%
Percentage Non-Hispanic White	67.7%	49.0%	59.4%	54.9%

Source for all tables above: 2021 County Health Rankings

Economic stability and poverty:

Values highlighted in red in the tables below indicate values that are less favorable for the indicated county than the overall state value.

	Colorado	Adams	Arapahoe	Denver
Unemployment rate ¹	2.8%	2.9%	2.7%	2.7%
Median household income ²	\$77,100	\$75,300	\$82,400	\$75,500
Percentage of children under age 18 in poverty ²	11.0%	12.0%	9.0%	16.0%
Percentage of children eligible for free or reduced school lunch ²	41.0%	51.0%	41.0%	65.0%
Percentage of population who lack adequate access to food ²	10.0%	9.0%	9.0%	11.0%

Sources:

¹ U.S. Census 2020

² 2021 County Health Rankings

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	Adams	Arapahoe	Denver
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2,617	2,997	2,913	2,777

Source: 2021 County Health Rankings

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

CHNA overview

Between November 2021 and March 2022, UCH 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.
- Solicitation of community input on local health issues through a web-based survey.
- A web-based survey distributed to health care providers at UCH to gather input on community health needs.

After collecting data and soliciting input from the community and health care providers, UCH'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 UCH's 2022-2024 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the UCH Board of Directors for 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 CHNA.

The 2019-2021 UCH CHNA and corresponding implementation-strategy reports have been available to the public on the UCHealth public website since June 30, 2019. Opportunities for the community to provide input on UCH's efforts to impact community health needs have been provided in a variety of forums, including individual discussions with community leaders and attendance at local community meetings. In addition, during 2020 and 2021, UCH conducted a community-benefit public meeting to solicit input from local public-health organizations, local community organizations, other health care providers and the general public. No comments were received specific to the CHNA, CHNA process or implementation plan.

Findings

Secondary data review and analysis.

The initial phase 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 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 the UCH community were developed to illustrate the overall health of the community (see Appendix 1 for the data tables and related sources).

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

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.
- 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.

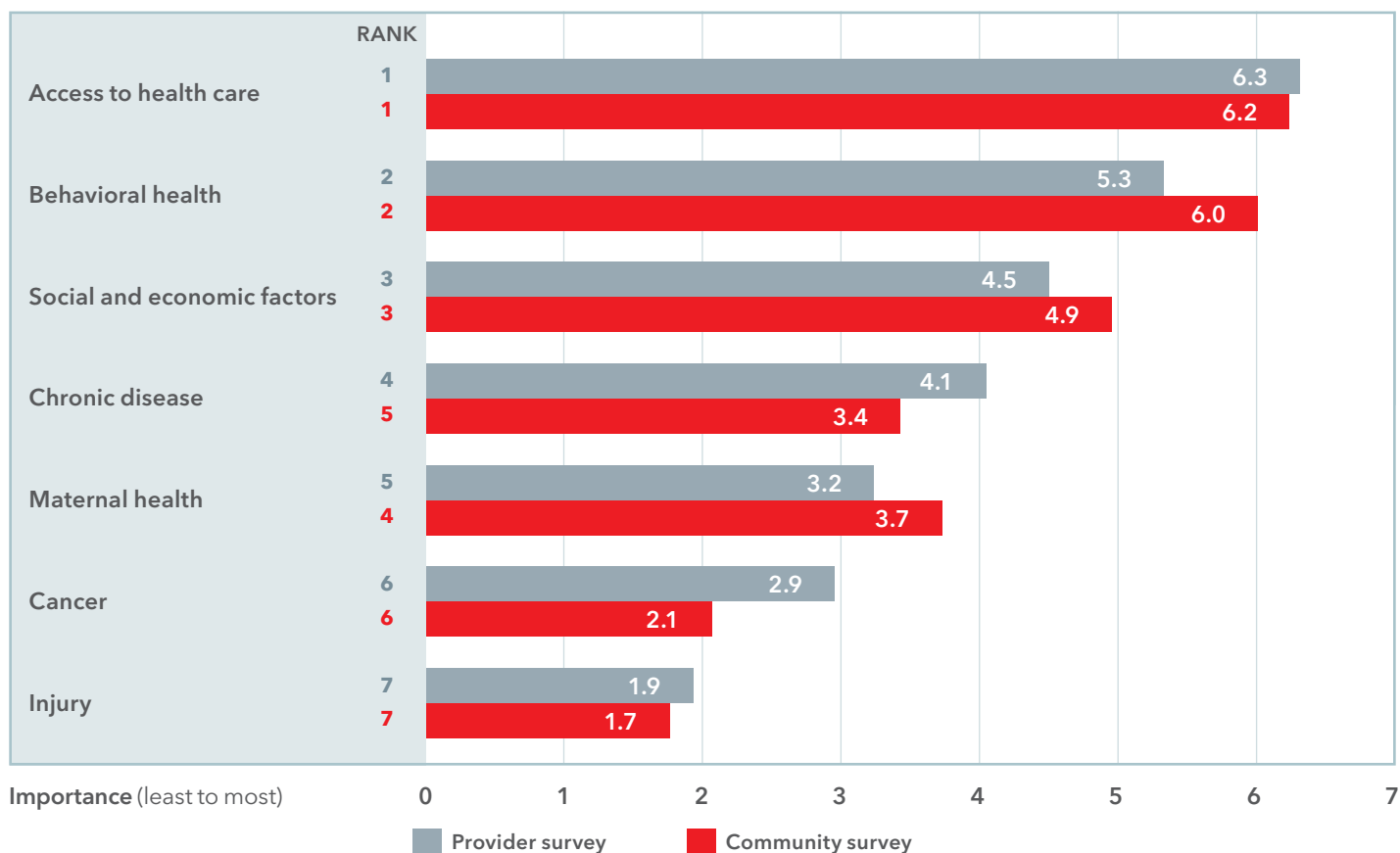
To gather additional insights, UCH regularly participates in meetings facilitated by Metro Denver Partnership for Health, Aurora Health Alliance and other local partner agencies that focus on identifying and implementing best practices for reducing these barriers.

Community-engagement synopsis.

To gather input on the most significant health issues, UCH provided a web-based survey to health care providers and key community stakeholders throughout Adams, Arapahoe and Denver counties. Respondents were asked to rank each of the significant issues identified above, as well as describe other health issues for consideration. Results from these surveys are shown below.

Provider and community survey results.

The survey asked respondents to rank a set of community health needs in order of importance to the community. 194 providers and 17 representatives from local community organizations responded to the survey. The results from both surveys are provided in the table below. The score represents the weighted average for all responses on a scale from 1-7, and 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 UCH could potentially partner or help support. This input will be used during the development of the UCH 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. The UCH community is served by several acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, UCH 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](#)

Summary of the impact of actions taken by hospital since the previous CHNA.

To understand the effectiveness and scope of actions taken by UCH since completion of the 2019-2021 CHNA, a review of community-benefit activities was completed. UCH's prior CHNA identified Mental and Behavioral Health, Access to Care, Cardiovascular Risk Factors and Social Determinants of Health as priorities. A few examples of programs and initiatives currently in process to address the 2019 findings are listed below.

Mental and Behavioral Health:

- Integrated primary care and behavioral health
- Expanded virtual-health offerings
- Opioid-awareness campaign

Access to Care:

- Support of DAWN Clinic
- Expanded telehealth and virtual-care options
- COVID-19 response

Cardiovascular Risk Factors:

- Stroke and advanced life-support training

Social Determinants of Health:

- Support for Feeding Colorado
- Support for Center for Work Education and Employment
- Support for Comitis Crisis Center

Prioritization and Board of Directors Approval

Internal Advisory Group (IAG) recommendations.

The UCH IAG reviewed all findings obtained from the activities described previously. The UGH 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
- Potential for UCH to impact the health need
- Alignment with UCH and UCH strategies, as well as local, state and national objectives
- Economic feasibility to address the health need.

The UGH IAG identified the following health needs as priorities for the 2022-2024 CHNA:

- Behavioral health
- Access to care
- Social determinants of health

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 U.S. The resulting disease burden of mental illness is among the highest of all diseases. 11.8% of adults in Adams County and 12.6% of adults in Arapahoe County reported their mental health was poor for 14 or more days within the past 30 days, which is greater in both counties when compared to the overall average in Colorado of 10.9%.

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public-health problems. Drug overdose deaths are a leading contributor to premature death and are largely preventable. The number of drug poisoning deaths in Adams and Denver counties (20 and 22 per 100,000 residents, respectively) exceeds the overall state average of 18 per 100,000 residents.

Excessive drinking is a risk factor for a variety of adverse health outcomes, such as alcohol poisoning, motor vehicle crashes and suicide. In Denver County, 25.0% of adults reported binge drinking (5+ drinks on one occasion) during the past month, higher than the state average of 21.0%. The percent of driving deaths with alcohol involvement is 37.0% in Arapahoe County, also higher than the state average of 34.0%.

Also, as shown in the table below, the rate of both suicide-related and mental health-diagnosed hospitalizations across all UCH communities is significantly higher than the state averages.

	Colorado	Adams	Arapahoe	Denver
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	10.9%	11.8%	12.6%	10.3%
Number of drug poisoning deaths per 100,000 residents	18	20	15	22
Percentage of adults who report binge drinking (5+ drinks on one occasion in the past month)	21.0%	20.0%	19.0%	25.0%
Percentage of driving deaths with alcohol involvement	34.0%	34.0%	37.0%	34.0%
Suicide hospitalizations (age-adjusted rate of hospitalizations per 100,000 residents)	66.9	71.4	75.8	76.7
Mental health-diagnosed hospitalizations (age-adjusted rate of hospitalizations per 100,000 residents)	2,947	3,520	3,305	3,608

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 Colorado residents without any health insurance. Despite this decrease, UCH communities continue to experience a relatively high rate of uninsured. The percentages of uninsured in Denver and Adams counties are significantly higher than 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 Adams and Arapahoe counties, the ratio of the population to primary care providers is unfavorable compared to the state average.

	Colorado	Adams	Arapahoe	Denver
Percentage of population under age 65 without health insurance	9.3%	12.4%	9.6%	10.1%
Ratio of population to primary care physicians	1,210:1	2,170:1	1,240:1	720:1

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

Social determinants of health.

Social determinants of health (SDOH) are conditions in the places where people live, learn, work and play and have a significant impact on health risks and outcomes. SDOH can influence the ability to access health care services and limit the opportunities to practice healthy behaviors, which ultimately impact the ability to lead a healthy life. Differences in SDOH contribute to the ongoing health disparities among racial, ethnic and socioeconomic groups.

Studies have shown also that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. Differences in health are significant within communities with poor SDOH, such as unstable housing, low income, unsafe neighborhoods or substandard education. Interventions targeting SDOH have the potential to both improve health outcomes and advance health equity.

Within the UCH community, Denver and Adams counties experienced high school graduation rates of 67% and 77%, respectively, both of which are below the statewide average of 81%. In addition, Denver and Adams counties have median income levels below the statewide average and, similarly, the percent of children below the age of 18 years of age living in poverty in these two counties are higher than in Colorado overall.

	Colorado	Adams	Arapahoe	Denver
High school-graduation rate	81%	77%	83%	67%
Median household income	\$77,100	\$75,300	\$82,400	\$75,500
Percentage of children under 18 in poverty	11%	12%	9%	16%
Percentage of population who lack adequate access to food (food insecure)	10%	9%	9%	11%

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 March 2022 meeting, the UCH Board of Directors, which includes representatives from the surrounding communities, reviewed, discussed and approved the information contained within this report.

Acknowledgments, recommendations and next steps.

We would like to thank the Aurora Health Alliance, Metro Denver Partnership for Health and other partnering agencies as well as 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 UCH Board of Directors for approval.

The UCH CHNA 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 UCH administrative office.

Appendices

Appendix 1—Data tables and sources

DEMOGRAPHICS	Year/Source	Colorado	Adams	Arapahoe	Denver
Population	2021 CHR	5,758,736	517,421	656,590	727,211
% below 18 years of age	2021 CHR	21.9%	26.1%	23.3%	19.1%
% 65 and older	2021 CHR	14.6%	10.7%	13.5%	11.9%
% Non-Hispanic Black	2021 CHR	4.1%	3.3%	10.6%	8.9%
% American Indian and Alaskan Native	2021 CHR	1.6%	2.3%	1.2%	1.7%
% Asian	2021 CHR	3.5%	4.5%	6.6%	4.1%
% Native Hawaiian/Other Pacific Islander	2021 CHR	0.2%	0.3%	0.2%	0.2%
% Hispanic	2021 CHR	21.8%	40.8%	19.8%	29.3%
% Non-Hispanic White	2021 CHR	67.7%	49.0%	59.4%	59.4%
% Not Proficient In English	2021 CHR	3.0%	6.0%	4.0%	6.0%
% females	2021 CHR	49.6%	49.4%	50.4%	49.9%
% rural	2021 CHR	13.8%	3.6%	1.6%	0.0%
HEALTH OUTCOMES					
Quality of Life					
% of adults reporting poor or fair health (age-adjusted)	2021 CHR	14.0%	18.0%	14.0%	16.0%
Maternal and Child Health					
% of live births with low birthweight (LBW) (<2500 grams)	2021 CHR	9.0%	9.0%	10.0%	9.0%
% LBW (Asian)	2021 CHR	n/a	10.0%	12.0%	12.0%
% LBW (Black)	2021 CHR	n/a	14.0%	13.0%	14.0%
% LBW (Hispanic)	2021 CHR	n/a	9.0%	9.0%	9.0%
% LBW (White)	2021 CHR	n/a	8.0%	9.0%	8.0%
Number of all infant deaths (within 1 year) per 1,000 live births	2021 CHR	5	5	5	5
Mental Health					
% of adults who currently had depressive symptoms	2016-2018 COHI	11.4%	11.1%	12.4%	8.6%
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2016-2018 COHI	10.9%	11.8%	12.6%	10.3%
% 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%	31.9%	33.5%	31.8%
% of high school students who seriously considered attempting suicide during the past 12 months	2019 HKCS	17.5%	16.7%	17.3%	14.2%

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](#))
- 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	Adams	Arapahoe	Denver
Tobacco Use					
% of adults who are current smokers	2016-2018 COHI	15.0%	18.8%	14.3%	15.4%
% of high school students who smoked cigarettes on one or more of the past 30 days	2019 HKCS	45.9%	42.8%	44.4%	39.8%
% of high school students who have ever used an electronic vapor product	2019 HKCS	5.7%	4.5%	5.0%	5.1%
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%	33.4%	18.1%	19.5%
% 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%	26.5%	22.8%	24.5%
% of adults (18+) who were overweight or obese (Body Mass Index [BMI] > = 25)	2016-2018 COHI	58.5%	67.6%	59.6%	56.5%
% of children (ages 5-14) physically active for at least 60 minutes/day for the past 7 days	2015-2017 CHS	47.8%	39.5%	44.2%	43.5%
% 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	48.0%	41.3%	45.1%	37.1%
% of adults age 20 and over reporting no leisure-time physical activity	2016-2018 COHI	16.1%	23.1%	19.3%	19.1%
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	14.2%	12.7%	13.4%	13.5%
% of adults who report binge drinking (5+ drinks on one occasion in past month)	2021 CHR	21.0%	20.0%	19.0%	25.0%
% of driving deaths with alcohol involvement	2021 CHR	34.0%	34.0%	37.0%	34.0%
Number of drug-poisoning deaths per 100,000 population	2021 CHR	18	20	15	22
Sexual Activity					
Number of newly diagnosed chlamydia cases per 100,000 population	2021 CHR	519.4	580.9	649.1	1,059.60
Number of births per 1,000 female population ages 15-19	2021 CHR	18	24	16	27
Teen birth rate (Asian)	2021 CHR	n/a	11	7	10
Teen birth rate (Black)	2021 CHR	n/a	22	19	28
Teen birth rate (Hispanic)	2021 CHR	n/a	31	32	39
Teen birth rate (White)	2021 CHR	n/a	15	9	11
Clinical Care					
Access to care					
- % of population under age 65 without health insurance	2020 CEN	9.3%	12.4%	9.6%	10.1%
- Ratio of population to primary care physicians	2021 CHR	1,210:1	2,170:1	1,240:1	720:1
- Ratio of population to dentists	2021 CHR	1,220:1	1,530:1	920:1	1,310:1
- Ratio of population to mental health providers	2021 CHR	270:1	290:1	270:1	170:1
Quality of care					
- Number of hospital stays for ambulatory-care-sensitive conditions per 1,000 Medicare enrollees	2021 CHR	2,617	2,997	2,913	2,777

Footnotes and sources:

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- HKCS: Healthy Kids Colorado Survey; 2019 ([Healthy Kids Colorado Survey](#))
- 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	Adams	Arapahoe	Denver
Education					
High school graduation rate	2021 CHR	81.0%	77.0%	83.0%	67.0%
% of teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2021 CHR	6.0%	8.0%	6.0%	9.0%
% of adults ages 25-44 with some post-secondary education	2021 CHR	72.0%	58.0%	72.0%	76.0%
Employment					
Unemployment rate	2021 CHR	2.8%	2.9%	2.7%	2.7%
Income					
Median household income	2021 CHR	\$77,100	\$75,300	\$82,400	\$75,500
% of children under age 18 in poverty	2021 CHR	11.0%	12.0%	9.0%	16.0%
% of children eligible for free/reduced school lunch	2021 CHR	41.0%	61.0%	41.0%	65.0%
% of population who lack adequate access to food (food insecurity)	2021 CHR	10.0%	9.0%	9.0%	11.0%
Community Safety					
Violent crime rate (per 100,000 population)	2021 CHR	326	372	330	631
Number of motor vehicle crash deaths per 100,000 population	2021 CHR	11	10	8	9
Number of deaths due to injury per 100,000 population	2021 CHR	80	77	69	78
Number of deaths due to homicide per 100,000 population	2021 CHR	4	5	5	6
Number of deaths due to firearms per 100,000 population	2021 CHR	14	13	12	13
SPECIFIC HEALTH CONDITIONS—SELF-REPORTED					
% of children with asthma (ages 1-14)	2015-2017 CHS	7.3%	11.3%	7.3%	6.7%
% of high school students who had ever been told by a doctor or nurse that they had asthma	2019 HKCS	20.2%	19.2%	20.7%	20.7%
% of adults who currently had asthma	2016-2018 COHI	8.9%	11.3%	8.2%	8.7%
% of adults aged 65+ who reported they had a fall—resulting in injury—in past 12 months	2016-2018 COHI	10.1%	10.0%	7.0%	8.8%
% of adults aged 20 and above with diagnosed diabetes	2021 CHR	7.0%	7.0%	7.0%	5.0%
Number of persons living with a diagnosis of HIV infection	2021 CHR	265	279	285	903
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000					
All cancer sites combined	2018 COHI	384.9	402.6	391.7	383.7
Lung and bronchus	2018 COHI	37.2	50.9	37.8	37.8
Breast cancer (females)	2018 COHI	67.3	66.8	69.1	66.4
Prostate cancer (males)	2018 COHI	45.1	39.7	38.4	44.9
Colorectal cancer	2018 COHI	30.5	31.4	31.9	29.7
Invasive cervical cancer (females)	2018 COHI	3.0	3.4	3.6	2.7
Melanoma of skin	2018 COHI	20.5	15.9	19.5	17.4

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](#))
- 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	Adams	Arapahoe	Denver
Stroke	2018-2020 COHI	329.4	380.7	362.3	358.5
Heart disease	2018-2020 COHI	2,024.5	2,572.2	2,263.4	2,294.2
Acute myocardial infarction	2018-2020 COHI	179.1	264.3	175.9	205.7
Congestive heart failure	2018-2020 COHI	809.7	1,125.2	915.7	1,033.3
Mental health diagnosed hospitalizations	2018-2020 COHI	2,947.3	3,520.1	3,305.3	3,608.2
Suicide-attempt hospitalizations	2018-2020 COHI	66.9	71.4	75.8	76.7
Influenza (ages 65+)	2018-2020 COHI	194.4	251.6	220.7	217.4
AGE-ADJUSTED MORTALITY RATES PER 100,000					
All causes	2020 COHI	738.7	925.4	756.8	806.8
Malignant neoplasms (all cancers)	2020 COHI	125.1	140.3	127.7	125.6
Breast cancer	2020 COHI	124.7	149.7	118.5	129.9
Heart disease	2020 COHI	67.8	116.4	74.9	92.1
Accidents	2020 COHI	59.7	65.6	63.1	73.0
Chronic lower respiratory diseases	2020 COHI	38.5	58.1	30.3	41.1
Cerebrovascular diseases	2020 COHI	35.6	39.2	44.8	28.8
Alzheimer's disease	2020 COHI	34.9	43.9	38.0	33.8
Suicide	2020 COHI	21.4	22.0	17.7	19.3
Falls	2020 COHI	16.2	17.6	21.0	19.8
Diabetes	2020 COHI	17.8	24.3	21.7	21.9
Prescription opioid overdose	2020 COHI	13.5	17.0	13.6	27.3

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Appendices

Appendix 2–Community organizations

- Arapahoe County Early Childhood Council
- Aurora Health Alliance:
 - 2040 Partners for health
 - Adams County Human Services
 - Accent Health
 - Advanced Healthcare
 - Alzheimer’s Association Colorado Chapter
 - Arapahoe–Douglas–Elbert Medical Society
 - Arapahoe Douglas Mental Health Network
 - Asian Pacific Development Center
 - Aurora Adams County Medical Society
 - Aurora Commission for seniors
 - Aurora Denver Cardiology
 - Aurora Fire Department
 - Aurora’s Commission on Aging
 - Boulder County Health Improvement Coalition
 - Center for Work Education Employment
 - Centura Health
 - Clinica Family Health
 - Colorado Academy of Family Physicians
 - Colorado Access
 - Colorado Consumer Health Initiative
 - Colorado Department of Public Health
 - Colorado Department of Health Care Policy and Financing
 - Colorado Language Connection
 - Colorado Medical Society
 - Colorado Primary Care Clinic
 - Colorado Refugee Wellness Center
 - CORHIO
 - DentaQuest
 - Doctors Care
 - AF Williams Family Medicine
 - Futurity First
 - HealthOne
 - Hunger Free Colorado
 - InnovAge
 - Kaiser Permanente
 - Level Chiropractic
 - Mercy Housing
 - Mile High Health Alliance
 - NAACP
 - New Horizons Primary Care Clinic
 - NextCare Urgent Care
 - Parker Adventist Hospital
 - PASCO - Peoples House
 - Porter Adventist Hospital Behavioral Health
 - Primary Care Programs, Fields Foundation
 - Rubicon MD
 - Salud Family Health Center
 - SCL Home Health
 - The Colorado Health Foundation
 - The Medical Center of Aurora
- Aurora Sister Cities International
- Broomfield County Health
- City of Aurora
- Children’s Hospital Colorado
- Colorado Access
- Colorado Health Institute
- Denver Department of Public Health and Environment
- Kaiser Permanente
- Ready to Work Aurora
- Signal
- SCL Health
- STRIDE Community Health Center
- Tri-County Health Department
- Vuela for Health

