2023–2025 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Longs Peak Hospital

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INTRODUCTION

The following report contains the 2023–2025 Community Health Needs Assessment (CHNA) for UCHealth Longs Peak Hospital (LPH). The 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 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

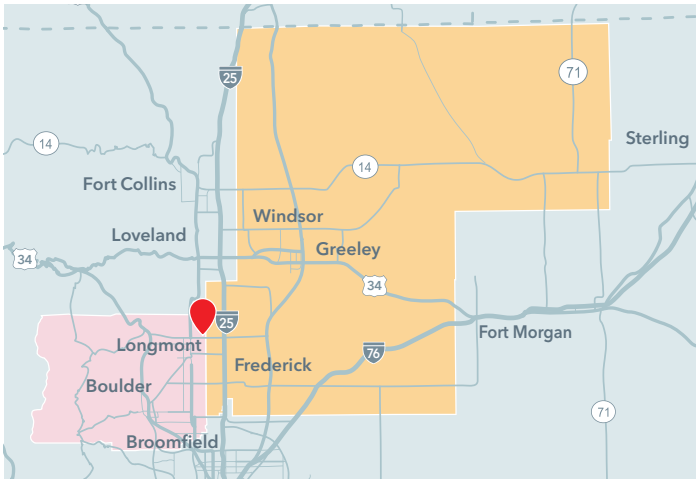
UCHealth Longs Peak Hospital overview.

LPH is in Longmont, Colorado, and has served the community since 2017. LPH is a 71-bed acute-care inpatient facility and a level III trauma center. LPH offers a wide range of clinical services, diagnostic tests, surgeries and treatments. LPH includes a birth center with a special-care nursery, an intensive care unit and other critical services such as radiology, pharmacy and a lab. LPH is committed to improving the lives of the community's most vulnerable residents and cared for more than 77,500 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2022.

LPH 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, UCHealth 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, UCHealth pushes the boundaries of medicine, providing advanced treatments and clinical trials to ensure excellent care and outcomes for 2.7 million patients each year. UCHealth is also the largest provider of Medicaid services in Colorado, with nearly 976,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2022, an increase of 378% since fiscal year 2013.

Communities served.

For the purposes of this CHNA, the community for LPH is defined as both Boulder and Weld counties in Colorado. These counties represent the geographic area most proximal to the hospital and the areas in which a large portion of LPH patients reside.



UCHealth Longs Peak Hospital

Demographic characteristics of the communities served.

Located northwest of Denver, Boulder County's landscape includes several dense urban centers surrounded by rural buffer zones. From visionary open space, land use and sustainability policies to forward-thinking and compassionate human services programs, the county government strives to foster a vibrant, healthy and active community.

Weld County, Colorado's third largest county by area, is 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 Boulder and Weld counties, in comparison with the state overall, are shown in the tables below. Values highlighted in red within the tables 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	Boulder County	Weld County
Population	5,807,719	327,171	333,983

Age:

	Colorado	Boulder County	Weld County
Percentage younger than 18 years of age	21.5%	18.3%	**25.7%**
Percentage 65 years of age and older	15.1%	**15.6%**	12.7%

Race and ethnicity:

	Colorado	Boulder County	Weld County
Percentage Non-Hispanic Black	4.1%	1.0%	1.2%
Percentage American Indian and Alaskan Native	1.7%	0.9%	1.8%
Percentage Asian	3.6%	**5.0%**	1.9%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.1%	0.2%
Percentage Hispanic	21.9%	13.8%	**30.2%**
Percentage Non-Hispanic White	67.4%	77.5%	64.6%
Percentage not proficient in English	3.0%	2.0%	**4.0%**
Percentage rural	13.8%	8.9%	**20.5%**

Economic stability and poverty:

	Colorado	Boulder County	Weld County
Median household income	$77,700	$88,300	$77,900
Unemployment rate	7.3%	6.2%	7.0%
Percentage of adults aged 25–44 with some post-secondary education	72.0%	84.0%	**62.0%**
Percentage of households with children living in poverty	11.0%	6.0%	10.0%
Percentage of children eligible for free or reduced-price school lunch	41.0%	26.0%	40.0%
Percentage of population who lack adequate access to food	10.0%	9.0%	8.0%

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	Boulder County	Weld County
Number of hospital stays for ACS conditions per 100,000 Medicare enrollees	2,337	2,011	**2,666**

Source for all values above: 2022 County Health Rankings

COMMUNITY HEALTH NEEDS ASSESSMENT

Between November 2022 and April 2023, LPH 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:
  - Engagement with the Boulder County Public Health department during the development of their Community Health Improvement Plans (CHIP).
  - Participation in and review of community input on local health issues obtained as part of the Weld County Public Health and Environment's 2022 community health assessment process.
  - Distribution of a web-based survey to local school districts, community-serving organizations and government agencies.
- A web-based survey distributed to health care providers at LPH to gather input on community health needs.

After collecting data and soliciting input from the community and health care providers, the Internal Advisory Group (IAG) for LPH, 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 the 2023–2025 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the LPH 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 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 UCHealth, local community, Colorado and the U.S. overall.

Written comments on previously conducted Community Health Needs Assessment.

The 2020–2022 LPH CHNA and corresponding implementation strategy report have been available to the public on the UCHealth public website since 2020. In 2021 and 2022, LPH conducted community-benefit public meetings to solicit input from local public health and community organizations, other health care providers and the general public. No comments requiring a response were received specific to the CHNA, CHNA process or implementation strategy.

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 (2022 report year), the Colorado Health Indicators database and the 2021 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 LPH 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 LPH.

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, suicide 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, LPH regularly participates in meetings facilitated by the county public health departments and other 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, LPH provided a web-based survey to health care providers and key community stakeholders in both Boulder and Weld counties (see Appendix 2 for a list of organizations contacted). Many of the participating agencies serve members of medically underserved, low-income and minority populations.

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.

In addition, community input has been obtained through participation in Boulder and Weld county health improvement and assessment processes, including Boulder County Public Health Department's CHIP process and Weld County Department of Public Health and Environment's 2022 community health assessment. While not published at the time of this report, based on discussions with Boulder County Public Health leadership, Boulder County has selected mental health as the continued area of focus for the next five years. For Weld County, the prioritized health issues selected for focus are mental health and housing (source: Weld County Department of Public Health and Environment's 2022-2025 Community Health Improvement Plan).

Provider and community survey results.

The survey asked respondents to rank a set of community health needs in order of importance to the community. Results are provided in the table below. The score represents the weighted average for all responses on a scale of 1–7, and higher values indicate a higher priority.

	Provider survey		Community Survey	
Health need	**Score**	**Rank**	**Score**	**Rank**
Access to health care	6.4	1	6.5	1
Behavioral health	5.5	2	5.8	2
Social and economic factors	3.6	T-3	5.0	3
Chronic disease	3.6	T-3	3.8	4
Maternal health	3.3	5	3.0	T-5
Cancer	2.8	7	3.0	T-5
Injury	2.9	6	1.0	7

Survey respondents also identified community agencies addressing these issues and with whom LPH could potentially partner or help support. This input will be used during the development of the 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 LPH communities are served by several acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, LPH 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 2030 Evidence-Based Resources

Summary of actions taken by hospital since the last Community Health Needs Assessment.

To understand the effectiveness and scope of actions taken by LPH since completion of its most recent CHNA, a review of community-benefit activities was completed. The 2020–2022 LPH CHNA identified access to primary care, behavioral health (including access to mental health-related care, suicide prevention and substance-use disorders), cardiovascular disease and cancer. A few examples of programs and initiatives currently in process to address the prior findings are listed below.

Access to primary care:

- Virtual primary care appointments.
- UCHealth Medical Group recruitment of new physicians to the community.
- Forensic nurse exam services.
- Enhanced geriatric care within the emergency department.
- Stop the Bleed program.

Behavioral health:

- Integrated primary care and behavioral health.
- Virtual behavioral health consults.
- Support for City of Longmont's Crisis Outreach Response and Engagement (CORE) initiative.
- Use of Alternatives to Opioids (ALTO) protocol.

Cardiovascular disease:

- Community-based nicotine cessation support group.
- School-based heart health education and risk-factor screening program.
- Community-based heart health and stroke prevention education events.

Cancer:

- Community-based screenings for early detection of cancer.
- Cancer prevention education series for adults aged 50+.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

The LPH Internal Advisory Group (IAG) reviewed all findings obtained from the activities described previously. The LPH 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 LPH to impact the health need.
- Alignment with UCHealth and LPH strategies, as well as local, state and national objectives.
- Economic feasibility to address the health need.

The LPH IAG identified the following health needs as priorities for the 2023–2025 CHNA:

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

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

Access to care.

Since the advent of the Affordable Care Act, there are more residents in Boulder and Weld counties with health insurance; however, there are still barriers to accessing primary and behavioral health care services.

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care physician are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. Disparities in access to primary care include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers.

In Weld County, the ratio of primary care providers to the population was one provider for every 1,750 residents, compared to the state average of one provider for every 1,200 residents.

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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 Weld County, the ratio of the population to mental health providers was 380:1 compared with the state average of 250:1. While Boulder County reported a more favorable ratio of population to mental health providers when compared to the state, in response to the survey, health care providers cited a lack of mental health resources available to their patients as an area of concern.

In addition, 13.0% of Weld County adults reported their mental health was poor for 14 or more days within the past 30 days, compared with 12.0% in Colorado overall. Weld County also recorded 3,082.3 mental health diagnosed hospitalizations per 100,000 residents compared to the state average of 2,818.7. In 2021, the percentage of Boulder County high school students who reported that they seriously considered attempting suicide within the past 12 months was 17.3% compared to the state average of 17.1%.

The effects of substance-use disorders are cumulative, significantly contributing to costly social, physical, mental and public health problems. The percentage of Boulder County high school students who reported smoking one or more cigarettes in the last 30 days was 5.7% compared to 3.3% for the state. Also, the percentage of Boulder County high school students using an electronic vape product in the past 30 days was 30.8% compared to 30.4% in Colorado overall. In Weld County, the percentage of adult smokers was 14.9% vs. 14.0% for the state.

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

Behavioral health	Colorado	Boulder County	Weld County
Ratio of population to mental health providers	250:1	130:1	**380:1**
Percentage of adults reporting that their mental health was poor for 14+ days during the past 30 days	12.0%	11.0%	**13.0%**
Mental health diagnosed hospitalizations (age-adjusted rate per 100,000 residents)	2,818.7	2,179.9	**3,082.3**
Percentage of high school students who seriously considered attempting suicide during the past 12 months	17.1%	**17.3%**	**n/a**
Percentage of high school students who smoked cigarettes on one or more of the past 30 days	3.3%	**5.7%**	**n/a**
Percentage of high school students who have ever used an electronic vapor product	30.4%	**30.8%**	**n/a**
Percentage of adults who are current smokers	14.0%	8.5%	**14.9%**

n/a: data is not available or is suppressed due to small sample size

Cardiovascular disease.

Cardiovascular disease remains a leading cause of mortality and hospitalizations despite the substantial and ongoing progress being made in cardiovascular disease prevention and treatment over the past 30 years.

While Boulder County measures are lower than state averages, Weld County measures compared unfavorably to state averages in several categories of cardiovascular disease risk factors. Obesity rates in adults aged 18 and above are higher in Weld County at 67.9%, compared to the state average of 59.1%. Consistent with the higher obesity rate, Weld County hospitalization data revealed elevated rates of hospitalizations per 100,000 as a result of stroke, heart disease, acute myocardial infarction and congestive heart failure.

These issues can be addressed through hypertension and cholesterol management, as well as obesity, smoking and diabetes prevention and management.

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

Cardiovascular disease	Colorado	Boulder County	Weld County
Percentage of adults aged 20 and above with diagnosed diabetes	7.0%	6.0%	**8.0%**
Stroke (age-adjusted rate of hospitalizations per 100,000)	328.6	252.8	**335.8**
Heart disease (age adjusted rate of hospitalizations per 100,000)	2,017.4	1,533.4	**2,283.1**
Acute myocardial infarction (age adjusted rate of hospitalizations per 100,000)	191.6	108.9	**220.7**
Congestive heart failure (age adjusted rate of hospitalizations per 100,000)	814.7	582.4	**1,023.9**
Percentage of adults aged 20 and over reporting no leisure-time physical activity	19.0%	15.0%	**21.0%**
Percentage of adults (18+) who were overweight or obese (Body Mass Index (BMI) > = 25)	59.1%	46.8%	**67.9%**

Cancer.

There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. Both Boulder and Weld counties reported incidences of cancer that are unfavorable compared to state averages.

In 2019, Weld County data revealed cancer as the leading cause of death along with high rates of lung, bronchus, colorectal and invasive cervical cancer. The overall incidence of cancer in Weld County exceeded the state average (430.8 versus 395.6 per 100,000).

In Boulder County, the incidence rate for breast cancer was ten percentage points higher than the state average. Boulder County's rates of prostate cancer, invasive cervical cancer and melanoma of the skin also exceeded the state averages.

The likelihood that an individual will develop cancer is affected by lifestyle choices. Avoiding tobacco, eating a healthy diet, maintaining a healthy weight, being physically active and avoiding sun exposure are all choices that can help prevent cancer. Adhering to recommended screening guidelines is also effective at early detection of many types of cancers.

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

Cancer (age-adjusted rate of incidence per 100,000)	Colorado	Boulder County	Weld County
All cancer sites combined	395.6	388.3	**430.8**
Malignant neoplasms	123.7	103.2	**127.8**
Lung and bronchus	37.5	36.2	**42.2**
Breast cancer (females)	67.9	**78.2**	60.9
Prostate cancer (males)	48.0	**50.7**	**56.1**
Colorectal cancer	30.9	30.5	**35.7**
Invasive cervical cancer (females)	2.8	**3.2**	**5.0**
Melanoma of skin	21.2	**26.4**	20.2

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

Board of Directors review and approval.

During the April 2023 meeting, the LPH 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 our 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 Boulder and Weld counties will be prepared and presented to the LPH Board of Directors for approval.

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

APPENDICES

Appendix 1—Data tables and sources

FY 2023-2025 LPH Community Health Needs Assessment data

Demographics	Year/Source	Colorado	Boulder County	Weld County
Population	2022 CHR	5,807,719	327,171	333,983
% below 18 years of age	2022 CHR	21.5%	18.3%	25.7%
% 65 and older	2022 CHR	15.1%	15.6%	12.7%
% Non-Hispanic Black	2022 CHR	4.1%	1.0%	1.2%
% American Indian and Alaskan Native	2022 CHR	1.7%	0.9%	1.8%
% Asian	2022 CHR	3.6%	5.0%	1.9%
% Native Hawaiian/Other Pacific Islander	2022 CHR	0.2%	0.1%	0.2%
% Hispanic	2022 CHR	21.9%	13.8%	30.2%
% Non-Hispanic White	2022 CHR	67.4%	77.5%	64.6%
% not proficient in English	2022 CHR	3.0%	2.0%	4.0%
% female	2022 CHR	49.6%	49.7%	49.4%
% rural	2022 CHR	13.8%	8.9%	20.5%

Health Outcomes	Year/Source	Colorado	Boulder County	Weld County
Quality of Life				
% of adults reporting poor or fair health (age-adjusted)	2022 CHR	14.0%	12.0%	**16.0%**
Maternal and Child Health				
% of live births with low birthweight (LBW) (<2500 grams)	2022 CHR	9.0%	8.0%	8.0%
Number of all infant deaths (within 1 year) per 1,000 live births	2022 CHR	5	4	4
Mental Health				
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2022 CHR	12.0%	11.0%	**13.0%**
% 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	2021 HKCS	39.6%	38.3%	n/a
% of high school students who seriously considered attempting suicide during the past 12 months	2021 HKCS	17.1%	17.3%	n/a

Footnotes and sources:
- N/A: Data is not available or is suppressed due to small sample size
- CHR: County Health Rankings; 2022 report year; measures collected from various sources and years (County Health Rankings)
- 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; 2021 (Healthy Kids Colorado Survey)
- 2020 CEN: United States Census Bureau; 2020 (U.S. Census Bureau Quick Facts-Boulder and Weld counties)

Health Factors	Year/Source	Colorado	Boulder County	Weld County
Tobacco Use				
% of adults who are current smokers	2018-2020 COHI	14.0%	8.5%	**14.9%**
% of high school students who have ever used an electronic vapor product	2021 HKCS	30.4%	**30.8%**	n/a
% of high school students who smoked cigarettes on one or more of the past 30 days	2021 HKCS	3.3%	**5.7%**	n/a
Weight Status and Physical Activity				
% of adults (18+) who were overweight or obese (Body Mass Index (BMI) > = 25)	2018-2020 COHI	59.1%	46.8%	**67.9%**
% of high school students physically active for a total of at least 60 minutes per day on five or more of the past 7 days	2021 HKCS	49.0%	55.4%	n/a
% of adults age 20 and over reporting no leisure-time physical activity	2022 CHR	19.0%	15.0%	**21.0%**
Alcohol and Drug Use				
% of high school students who binge drank (4+ drinks for females, 5+ drinks for males, within a couple of hours) on one or more of the past 30 days	2021 HKCS	12.5%	**16.6%**	n/a
% of adults who report binge drinking (5+ drinks on one occasion in the past month)	2022 CHR	20.0%	18.0%	19.0%
% of driving deaths with alcohol involvement	2022 CHR	34.0%	25.0%	29.0%
Number of drug poisoning deaths per 100,000 population	2022 CHR	21	14	14
Sexual Activity				
Number of newly diagnosed chlamydia cases per 100,000 population	2022 CHR	518	417	465
Number of births per 1,000 female population ages 15-19	2022 CHR	16	6	**21**
Clinical Care - Access to Care				
% of population under age 65 without health insurance	2020 CEN	9.3%	7.1%	**11.8%**
Ratio of population to primary care physicians	2022 CHR	1,200:1	820:1	**1,750:1**
Ratio of population to dentists	2022 CHR	1,210:1	940:1	**2,200:1**
Ratio of population to mental health providers	2022 CHR	250:1	130:1	**380:1**
Clinical Care - Quality of Care				
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2022 CHR	2,337	2,011	**2,666**

Footnotes and sources:
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- HKCS: Healthy Kids Colorado Survey; 2021 (Healthy Kids Colorado Survey)
- 2020 CEN: United States Census Bureau; 2020 (U.S. Census Bureau Quick Facts-Boulder and Weld counties)

Social and Economic Factors	Year/Source	Colorado	Boulder County	Weld County
Education				
High school graduation rate	2022 CHR	81.0%	89.0%	85.0%
% of teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2022 CHR	6.0%	5.0%	6.0%
% of adults ages 25-44 with some post-secondary education	2022 CHR	72.0%	84.0%	**62.0%**
Employment				
Unemployment rate	2022 CHR	7.3%	6.2%	7.0%
Income				
Median household income	2022 CHR	$77,700	$88,300	$77,900
% of children under age 18 in poverty	2022 CHR	11.0%	6.0%	10.0%
% of children eligible for free/reduced school lunch	2022 CHR	41.0%	26.0%	40.0%
% of population who lack adequate access to food (food insecure)	2022 CHR	10.0%	9.0%	8.0%
Community Safety				
Violent crime rate (per 100,000 population)	2022 CHR	326	242	273
Number of motor vehicle crash deaths per 100,000 population	2022 CHR	11	7	**16**
Number of deaths due to injury per 100,000 population	2022 CHR	83	68	75
Number of deaths due to homicide per 100,000 population	2022 CHR	4	1	3
Number of deaths due to firearms per 100,000 population	2022 CHR	15	10	13

Specific Health Conditions - Self-Reported	Year/Source	Colorado	Boulder County	Weld County
% of high school students who had ever been told by a doctor or nurse that they had asthma	2021 HKCS	18.1%	**19.3%**	n/a
% of adults who currently had asthma	2018-2020 COHI	9.5%	8.0%	9.2%
% of adults aged 20 and older with diagnosed diabetes	2022 CHR	7.0%	6.0%	**8.0%**
Number of persons living with a diagnosis of HIV infection	2022 CHR	268	166	90

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/Source	Colorado	Boulder County	Weld County
All cancer sites combined	2019 COHI	395.6	388.3	**430.8**
Lung and bronchus	2019 COHI	37.5	36.2	**42.2**
Breast cancer (females)	2019 COHI	67.9	**78.2**	60.9
Prostate cancer (males)	2019 COHI	48.0	**50.7**	**56.1**
Colorectal cancer	2019 COHI	30.9	30.5	**35.7**
Invasive cervical cancer (females)	2019 COHI	2.8	3.2	**5.0**
Melanoma of skin	2019 COHI	21.2	**26.4**	20.2

Footnotes and sources:
- N/A: Data is not available or is suppressed due to small sample size
- CHR: County Health Rankings; 2022 report year; measures collected from various sources and years (County Health Rankings)
- 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; 2021 (Healthy Kids Colorado Survey)
- 2020 CEN: United States Census Bureau; 2020 (U.S. Census Bureau Quick Facts-Boulder and Weld counties)

Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/Source	Colorado	Boulder County	Weld County
Stroke	2019-2021 COHI	328.6	252.8	**335.8**
Heart disease	2019-2021 COHI	2,017.4	1,533.4	**2,283.1**
Acute myocardial infarction	2019-2021 COHI	191.6	108.9	**220.7**
Congestive heart failure	2019-2021 COHI	814.7	582.4	**1,023.9**
Mental health diagnosed hospitalizations	2019-2021 COHI	2,818.7	2,179.9	**3,082.3**
Suicide hospitalizations	2019-2021 COHI	57.3	48.2	51.4
Influenza (ages 65+)	2019-2021 COHI	110.1	98.0	**137.1**

Age-adjusted Mortality Rates Per 100,000 Population	Year/Source	Colorado	Boulder County	Weld County
All causes	2021 COHI	784.8	627.4	**786.3**
Heart disease (all categories)	2021 COHI	132.2	120.5	**135.1**
Malignant neoplasms (all cancers)	2021 COHI	123.7	103.2	**127.8**
COVID-19	2021 COHI	82.5	34.3	**98.2**
Accidents	2021 COHI	70.8	47.4	67.1
Chronic lower respiratory diseases	2021 COHI	36.5	21.5	**37.5**
Alzheimer's disease	2021 COHI	32.0	**35.7**	**38.5**
Cerebrovascular diseases	2021 COHI	34.7	**39.3**	23.3
Suicide	2021 COHI	22.6	20.1	15.5
Falls	2021 COHI	18.4	**20.4**	16.1
Diabetes	2021 COHI	18.6	9.1	**26.4**
Prescription opioid overdose	2021 COHI	19.7	9.4	18.4

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Appendix 2—Community organizations

- Association for Community Living
- Boulder Chamber of Commerce
- Boulder County Aids Project
- Boulder County Area Agency on Aging
- Boulder County Commissioner District 2
- Boulder County Open and Affirming Sexual Orientation and gender identity Support
- Boulder County Department of Public Health
- Boulder County Community Foundation
- Boulder Older Adult Services
- Boulder Valley School District
- Boulder Youth Opportunities Board
- Carbon Valley Help Center
- CU Health Promotion
- El Centro Amistad
- El Comite de Longmont
- Hopelight Clinic
- Longmont Community Foundation
- Longmont Community Services
- Longmont Meals on Wheels
- Longmont Senior Citizens Advisory Board
- Mental Health Partners – Longmont
- Safe Shelter of St. Vrain Valley
- Salud Health Clinic – Longmont
- St. Vrain Valley School District
- Via Colorado
- Weld County Department of Public Health and Environment