2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Pikes Peak Regional Hospital

uchealth

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INTRODUCTION

The following report contains the 2023–2025 Community Health Needs Assessment (CHNA) for UCHealth Pikes Peak Regional Hospital (PPRH). 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 Pikes Peak Regional Hospital overview.

PPRH is a critical access hospital located in Woodland Park, Colorado, serving the community since 2007. From family medicine to general surgery and emergency medicine, PPRH provides high-quality care to residents and visitors alike. PPRH is committed to improving the lives of the community's most vulnerable residents and cared for more than 6,600 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2022.

PPRH 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 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 PPRH is defined as Teller County in Colorado. Teller County represents the geographic area most proximal to the hospital and the area in which a large portion of PPRH patients reside.

Demographic characteristics of the communities served.

Demographic characteristics of the population residing within the 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.

UCHealth Pikes Peak Regional Hospital

Population:

	Colorado	Teller County
Population	5,807,719	25,529

Age:

	Colorado	Teller County
Percentage younger than 18 years of age	21.5%	16.7%
Percentage 65 years of age and older	15.1%	**24.2%**

Race and ethnicity:

	Colorado	Teller County
Percentage Non-Hispanic Black	4.1%	0.9%
Percentage American Indian and Alaskan Native	1.7%	1.5%
Percentage Asian	3.6%	1.1%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.1%
Percentage Hispanic	21.9%	8.0%
Percentage Non-Hispanic White	67.4%	87.0%

Economic stability and poverty:

	Colorado	Teller County
Median household income	$77,100	**$62,800**
Percentage of population who lack adequate access to food	10.0%	10.0%
Unemployment rate	7.3%	**7.5%**

Source for all values above: 2022 County Health Rankings

COMMUNITY HEALTH NEEDS ASSESSMENT

Between November 2022 and April 2023, PPRH 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 community 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.

• Engagement with Teller County Public Health and Environment during their 2022 community health assessment process, including:
  – Review of community input on local health issues.
  – Participation in focus group discussions with other Teller County health care providers.

• A web-based survey distributed to health care providers at PPRH to gather input on community health needs.

After collecting data and reviewing input from the community and health care providers, the Internal Advisory Group (IAG) for PPRH, 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 PPRH Board of Directors for review and approval.

The following illustrates the CHNA process components and participants.

Identify community health needs.	Prioritize significant 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.	**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 PPRH CHNA and corresponding implementation strategy report have been available to the public on the UCHealth public website since 2020. No comments requiring a response have been 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 PPRH 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 department, the potential to impact the issues using evidence-based practices and alignment with the priorities of PPRH.

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, PPRH reviewed responses to a community-wide survey that solicited input on local health issues. In addition, PPRH staff participated in focus group discussions with other Teller County health care providers. Both of these activities were part of the Teller County Public Health and Environment's 2022 Community Health Assessment (CHA) process. Many of the agencies participating in the CHA serve members of medically underserved, low-income and minority populations.

Community engagement synopsis.

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

• Reviewed findings from a community survey and focus group meetings held as part of the Teller County Public Health and Environment's 2022 CHA. As described within the CHA report, the survey was distributed to community members and individuals representing business, education, health care, law enforcement and local government. Focus group participants included health care providers (including PPRH staff), local residents and youth. Meetings were held in multiple locations to gather input from residents in the various communities throughout the county.

• Administered a web-based survey to all medical staff providers at PPRH.

Community input.

Community input was obtained through activities completed as part of the Teller County Public Health and Environment's 2022 CHA. Respondents to a community survey were presented with a list of health areas and then asked to select the three that needed the most improvement in Teller County. The following reflects the top 10 health areas identified by respondents:

More general health care providers (38%)	Higher-paying employment opportunities (18%)
More affordable housing options (38%)	Safer roads and drivers (16%)
More mental health treatment options (32%)	Positive teen activities (13%)
More specialty care providers (28%)	More and improved aging-adult care options (13%)
More affordable health services (21%)	Access to healthy food choices (12%)

The Teller County Public Health and Environment's leadership and staff used the findings described above along with themes from focus group discussions to identify the following three priority areas for action over the next five years.

1. Mental health.

2. Food access.

3. Access to health care.

Source: Teller County 2022 Community Health Assessment.

Provider survey results.

The PPRH health care provider survey asked respondents to rank a set of community health needs in order of importance to the community. 28 providers responded to the survey, and the 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.

Health need	Provider survey	
	Score	Rank
Access to health care	6.5	1
Behavioral health	5.7	2
Chronic disease	3.7	3
Injury	3.3	4
Maternal health	3.2	T-5
Social and economic factors	3.2	T-5
Cancer	2.8	7

Survey respondents also identified community agencies addressing these issues and with whom PPRH 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. Teller County is served by PPRH, several resource centers and a network of medical providers. In addition, PPRH 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 PPRH since completion of the most recent CHNA, a review of community benefit activities was completed. The prior CHNA identified access to care (including primary care and behavioral health), cardiovascular disease prevention and early detection and prevention of cancer. A few examples of programs and initiatives currently in process to address the prior findings are listed below. These initiatives are monitored for quality, performance and health impact.

Access to care (including primary care and behavioral health):
• Telehealth and virtual care options.
• HealthLink, a no-cost nurse advice and triage telephone service.
• Integrated primary care and behavioral health.
• Zero Suicide program.
• Mental health assessment program.

Cardiovascular disease prevention:
• Community education events.
• Online cardiovascular disease risk-assessment tool and follow up.
• Stress-echocardiogram program.

Early detection and prevention of cancer:
• Colorectal cancer screening program.
• Online cancer-risk screening tool.
• Breast cancer screening access program.
• Oncology telehealth support services.
• Community education and outreach.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

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

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

• Access to care (including primary care and behavioral health).
• Cardiovascular disease prevention.
• Early detection and prevention of cancer.

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

Access to care (including primary care and behavioral health).

Since the advent of the Affordable Care Act, there are more residents in Teller County 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 health care include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers.

In Teller 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 Teller County is one provider for every 2,120 residents, compared to the state average of one to 1,200. The ratio of mental health providers in Teller County is one provider for every 500 residents, compared to one provider for every 250 people, on average, across Colorado.

With respect to behavioral health, according to the U.S. Department of Health and Human Services, mental health disorders are among the most common causes of disability in the U.S. The resulting disease burden of mental illness is among the highest of all diseases. In Teller County, 13.0% of adults reported their mental health was poor for 14 or more days within the past 30 days, compared with 12.0% in Colorado overall. In addition, the age-adjusted rate of deaths by suicide was 46.1 per 100,000 in Teller County, significantly higher than the state value of 22.6 per 100,000.

While the majority of Teller County residents have some form of health insurance, they report difficulty accessing primary care and mental health providers as identified within the Teller County Public Health and Environment's 2022 CHA. In response to the provider survey, health care providers confirmed the lack of local mental health resources available to their patients.

Access to care	Colorado	Teller County
Ratio of population to primary care physicians	1,200:1	**2,120:1**
Ratio of population to mental health providers	250:1	**500:1**

Mental health	Colorado	Teller County
Percentage of adults reporting that their mental health was poor for 14 or more days during the past 30 days	12.0%	**13.0%**
Suicide mortality (age-adjusted per 100,000)	22.6	**46.1**

Cardiovascular disease prevention.

Cardiovascular disease (CVD) remains one of the leading causes of mortality and hospitalizations, despite the substantial and ongoing progress being made in prevention and treatment over the past 30 years. In 2021, the mortality rate for heart disease in Teller County, while favorable related to the state average, was 106.5 per 100,000 and was one of the leading causes of mortality within the county. The mortality rate for cerebrovascular disease was 45.3 per 100,000, higher than the state average of 34.7 per 100,000. A substantial number of these events are preventable through hypertension and cholesterol management as well as obesity, smoking and diabetes prevention and management.

In addition, tobacco use is a major modifiable risk factor for many diseases, including CVD. Adult tobacco use in Teller County is 21.4% of the population, which is higher than the state average of 14.0%. The percentage of high school students who smoked cigarettes within the past 30 days is 6.3% compared to the state average of 3.3%.

Cardiovascular disease prevention	Colorado	Teller County
Cerebrovascular disease mortality (age-adjusted rate per 100,000)	34.7	**45.3**
Heart disease mortality (age-adjusted rate per 100,000)	132.2	106.5
Percentage of adults who are current smokers	14.0%	**21.4%**
Percentage of high school students who smoked cigarettes on one or more of the past 30 days	3.3%	**6.3%**

Early detection and prevention of cancer.

Cancer is one of the leading causes of death in the United States as well as in Teller County. Cancer incidence in Teller County is 361.5 per 100,000 residents, which is lower than the state average of 395.6 per 100,000 residents. There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. In Teller County, the incidence rates for cancer of the lung and bronchus and colorectal cancer were higher than the state overall.

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 cancer.

Early detection and prevention of cancer	Colorado	Teller County
All cancer sites combined (age-adjusted rate per 100,000)	395.6	361.5
Lung and bronchus (age-adjusted rate per 100,000)	37.5	**43.0**
Colorectal cancer (age-adjusted rate per 100,000)	30.9	**38.8**

See the Appendix 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 2023 meeting, the PPRH 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 Teller County will be prepared and presented to the PPRH Board of Directors for approval.

The PPRH 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 PPRH administrative offices.

APPENDIX

Demographics	Year/Source	Colorado	Teller County
Population	2022 CHR	5,807,719	25,529
% below 18 years of age	2022 CHR	21.5%	16.7%
% 65 and older	2022 CHR	15.1%	**24.2%**
% Non-Hispanic Black	2022 CHR	4.1%	0.9%
% American Indian and Alaskan Native	2022 CHR	1.7%	1.5%
% Asian	2022 CHR	3.6%	1.1%
% Native Hawaiian/Other Pacific Islander	2022 CHR	0.2%	0.1%
% Hispanic	2022 CHR	21.9%	8.0%
% Non-Hispanic White	2022 CHR	67.4%	87.0%
% not proficient in English	2022 CHR	3.0%	0.0%
% female	2022 CHR	49.6%	49.3%
% rural	2022 CHR	13.8%	**62.6%**

Health Outcomes	Year/Source	Colorado	Teller County
Quality of Life			
% of adults reporting poor or fair health (age-adjusted)	2022 CHR	14.0%	12.0%
Maternal and Child Health			
% of live births with low birthweight (LBW) (<2500 grams)	2022 CHR	9.0%	**14.0%**
Number of all infant deaths (within 1 year) per 1,000 live births	2022 CHR	5	n/a
Mental Health			
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2022 CHR	12.0%	**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%	**48.1%**
% of high school students who seriously considered attempting suicide during the past 12 months	2021 HKCS	17.1%	**24.2%**

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-Teller County)
- 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-Teller County)

Health Factors	Year/Source	Colorado	Teller County
Tobacco Use			
% of adults who are current smokers	2018-2020 COHI	14.0%	**21.4%**
% of high school students who have ever used an electronic vapor product	2021 HKCS	30.4%	**36.7%**
% of high school students who smoked cigarettes on one or more of the past 30 days	2021 HKCS	3.3%	**6.3%**
Weight Status and Physical Activity			
% of adults (18+) who were overweight or obese (Body Mass Index (BMI) > = 25)	2018-2020 COHI	59.1%	**63.8%**
% 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%	49.1%
% of adults age 20 and over reporting no leisure-time physical activity	2022 CHR	19.0%	16.0%
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%	**13.0%**
% of adults who report binge drinking (5+ drinks on one occasion in the past month)	2022 CHR	20.0%	**21.0%**
% of driving deaths with alcohol involvement	2022 CHR	34.0%	**35.0%**
Number of drug poisoning deaths per 100,000 population	2022 CHR	21	17
Sexual Activity			
Number of newly diagnosed chlamydia cases per 100,000 population	2022 CHR	518	130
Number of births per 1,000 female population ages 15-19	2022 CHR	16	13
Clinical Care - Access to Care			
% of population under age 65 without health insurance	2020 CEN	9.3%	8.4%
Ratio of population to primary care physicians	2022 CHR	1,200:1	**2,120:1**
Ratio of population to dentists	2022 CHR	1,210:1	**1,960:1**
Ratio of population to mental health providers	2022 CHR	250:1	**500:1**
Clinical Care - Quality of Care			
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2022 CHR	2,337	2,310

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Social and Economic Factors	Year/Source	Colorado	Teller County
Education			
High school graduation rate	2022 CHR	81.0%	81.0%
% of teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2022 CHR	6.0%	n/a
% of adults ages 25-44 with some post-secondary education	2022 CHR	72.0%	72.0%
Employment			
Unemployment rate	2022 CHR	7.3%	**7.5%**
Income			
Median household income	2022 CHR	$77,700	**$62,800**
% of children under age 18 in poverty	2022 CHR	11.0%	**12.0%**
% of children eligible for free/reduced school lunch	2022 CHR	41.0%	39.0%
% of population who lack adequate access to food (food insecure)	2022 CHR	10.0%	10.0%
Community Safety			
Violent crime rate (per 100,000 population)	2022 CHR	326	242
Number of motor vehicle crash deaths per 100,000 population	2022 CHR	11	9
Number of deaths due to injury per 100,000 population	2022 CHR	83	75
Number of deaths due to homicide per 100,000 population	2022 CHR	4	n/a
Number of deaths due to firearms per 100,000 population	2022 CHR	15	**26**

Specific Health Conditions - Self-Reported	Year/Source	Colorado	Teller County
% of high school students who had ever been told by a doctor or nurse that they had asthma	2021 HKCS	18.1%	12.7%
% of adults who currently had asthma	2018-2020 COHI	9.5%	7.7%
% of adults aged 20 and older with diagnosed diabetes	2022 CHR	7.0%	7.0%
Number of persons living with a diagnosis of HIV infection	2022 CHR	268	80

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/Source	Colorado	Teller County
All cancer sites combined	2019 COHI	395.6	361.5
Lung and bronchus	2019 COHI	37.5	**43.0**
Breast cancer (females)	2019 COHI	67.9	59.7
Prostate cancer (males)	2019 COHI	48	38.9
Colorectal cancer	2019 COHI	30.9	**38.8**
Invasive cervical cancer (females)	2019 COHI	2.8	n/a
Melanoma of skin	2019 COHI	21.2	11.4

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Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/Source	Colorado	Teller County
Stroke	2019-2021 COHI	328.6	281.2
Heart disease	2019-2021 COHI	2,017.4	1,784.7
Acute myocardial infarction	2019-2021 COHI	191.6	165.3
Congestive heart failure	2019-2021 COHI	814.7	661.9
Mental health diagnosed hospitalizations	2019-2021 COHI	2,818.7	2,493.8
Suicide hospitalizations	2019-2021 COHI	57.3	**60.2**
Influenza (ages 65+)	2019-2021 COHI	110.1	66.0

Age-adjusted Mortality Rates Per 100,000 Population	Year/Source	Colorado	Teller County
All causes	2021 COHI	784.8	784.0
Malignant neoplasms (all cancers)	2021 COHI	123.7	119.9
COVID-19	2021 COHI	82.5	**109.8**
Heart disease (all categories)	2021 COHI	132.2	106.5
Accidents	2021 COHI	70.8	69.4
Suicide	2021 COHI	22.6	**46.1**
Cerebrovascular diseases	2021 COHI	34.7	**45.3**
Chronic lower respiratory diseases	2021 COHI	36.5	**42.2**
Alzheimer's disease	2021 COHI	32.0	31.4
Prescription opioid overdose	2021 COHI	19.7	**20.9**
Falls	2021 COHI	18.4	18.1
Diabetes	2021 COHI	18.6	5.4

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