



2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Broomfield Hospital

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INTRODUCTION

The following report contains the 2024–2026 Community Health Needs Assessment (CHNA) for UCHealth Broomfield Hospital (BH). 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 Broomfield Hospital overview.

BH is a 40-bed, not-for-profit hospital providing a range of clinical services for residents in the local community. BH is committed to improving the lives of the community’s most vulnerable residents and cared for over 7,400 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2023.

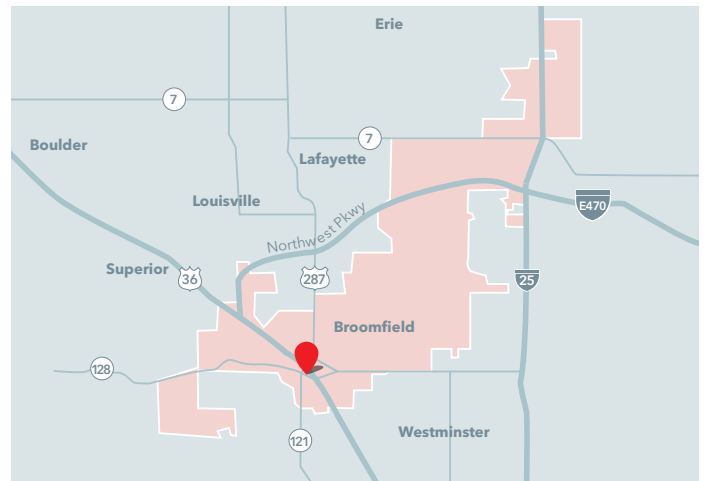
BH is part of UCHealth, a Colorado-based health system that offers the most advanced care throughout the Rocky Mountain Region, extending from Colorado to Wyoming and western Nebraska. As Colorado’s only integrated community and academic health system, UCHealth is dedicated to improving lives and providing the highest quality medical care with exceptional patient experience. With more than 200 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 more than one million inpatient admissions and outpatient visits for Medicaid during fiscal year 2023.

Communities served.

For the purposes of this CHNA, the BH community is defined as Broomfield County. Broomfield County represents the geographic area most proximal to the hospital where many BH patients live. The following map illustrates the BH community.

Demographic characteristics of the communities served.

Broomfield is a consolidated city and county in the north metro area between Denver and Boulder, Colorado. The community was planned with a balance of residential and commercial land use, with generous open space, parks and natural areas. Broomfield County is the smallest county by area in Colorado, but it is the second most densely populated county in Colorado behind Denver County. According to the 2020 U.S. Census Bureau, about 75,000 people live in Broomfield County.



UCHealth Broomfield Hospital

Demographic characteristics of the population residing within Broomfield County, in comparison with the state overall, are shown in the tables below.

Population:

	Colorado	Broomfield County
Population	5,812,069	75,325

Age:

	Colorado	Broomfield County
Percentage younger than 18 years of age	21.4%	21.1%
Percentage 65 years of age and older	15.1%	15.0%

Race and ethnicity:

	Colorado	Broomfield County
Percentage Non-Hispanic Black	4.1%	1.4%
Percentage American Indian and Alaskan Native	1.7%	0.8%
Percentage Asian	3.6%	7.2%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.2%
Percentage Hispanic	22.3%	13.5%
Percentage Non-Hispanic White	67.0%	75.1%
Percentage not proficient in English	3.0%	1.0%
Percentage rural	13.8%	0.6%

Economic stability and poverty:

	Colorado	Broomfield County
Median household income	\$82,200	\$106,400
Unemployment rate	5.4%	4.5%
Percentage of adults aged 25-44 with some post-secondary education	73.0%	87.0%
Percentage of people under age 18 living in poverty	12.0%	5.0%
Percentage of children eligible for free or reduced-price school lunch	42.0%	21.0%
Percentage of population who lack adequate access to food	8.0%	8.0%

Preventable hospitalizations:

Hospitalization data for ambulatory care sensitive (ACS) conditions can be used as an indicator of residents' ability 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	Broomfield County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,703	1,387

Source for all values above: 2023 County Health Rankings

COMMUNITY HEALTH NEEDS ASSESSMENT

Between November 2023 and April 2024, BH conducted the CHNA, which provided an opportunity for the hospitals 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 the Broomfield County Public Health department during their Community Health Assessment.
- Distribution of a web-based survey to health care providers at BH 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 BH, 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 2024-2026 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the BH 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 UCHHealth, local community, Colorado and the U.S. overall.

Written comments on previously conducted Community Health Needs Assessment.

The 2021-2023 BH CHNA and corresponding implementation strategy report have been available to the public on the UCHHealth public website since 2021. In 2022 and 2023, BH conducted community benefit public meetings to solicit input from local public health and community organizations, other health care providers and the public. No comments requiring a response were received specific to the CHNA, CHNA process or implementation plan.

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 (2023 report year), the Colorado Health Indicators database (2020–2022) and the 2021 Healthy Kids Colorado Survey. Indicator values were assessed at the county and state levels.

Summary tables of the key health indicators in the BH community were developed to illustrate the overall health of the community (see Appendix 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 BH.

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.
- Prevention and screening for cancer.
- Chronic disease.
- Injury.
- Maternal health.

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, BH 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 community input on the most significant health issues, BH carried out two main activities:

- Reviewed findings from the [Broomfield County Health Community Health Assessment \(CHA\)](#). The Broomfield County process relied on multiple data sources including population data, community organization surveys and focus groups. Many of the participating individuals and agencies represent hard-to-reach, historically underrepresented and marginalized communities.
- Administered a web-based survey to all BH medical staff providers.

Community Input.

Community input was solicited by Broomfield County during their multi-phase CHA process. The CHA survey process solicited feedback in three healthcare categories, including living conditions (social determinants of health), health behaviors and health outcomes. 32 individuals representing 26 unique organizations responded to the survey, and the top concerns identified were:

- Social Determinants - housing quality or affordability
- Health Behaviors - alcohol use and substance use and preventive care visits for non-English speaking people
- Health Outcomes - mental health or suicide

Provider survey results.

The BH medical staff provider 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 aggregate points for each health need based on the rankings and prioritization from the respondents.

Health need	Provider survey	
	Score	Rank
Access to health care	46	1
Behavioral health	41	2
Injury	34	3
Chronic disease	24	4
Maternal health	24	5
Cancer	22	6

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 a vital component of a CHNA. The BH communities are served by several acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, BH 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.

A key 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 hospitals since the last Community Health Needs Assessment.

To understand the effectiveness and scope of actions taken by BH since completion of its most recent CHNA, a review of community benefit activities was completed. The 2021–2023 CHNA identified access to primary care, behavioral health (including access to mental health-related care, suicide prevention and substance-use disorders) and cancer. A few examples of programs and initiatives currently in process to address the prior findings are listed below.

Access to care:

- Virtual primary care appointments
- CU School of Medicine and UCHMG recruitment of new physicians
- Forensic Nurse Exam services
- Stop the Bleed program

Behavioral health:

- Integrated primary care and behavioral health
- Virtual behavioral health consultation services
- Metro Denver Partnership for Health participation
- Alternatives to opioids

Early detection and prevention of cancer:

- Community-based screenings for early detection of cancer
- Cancer prevention education series for adults aged 50+
- Nicotine cessation support program

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

The BH IAG reviewed all findings obtained from the activities described previously. The BH 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 BH to impact the health need.
- Alignment with UCHHealth, local, state and national objectives.
- Economic feasibility to address the health need.

The BH IAG identified the following health needs as priorities for the 2024-2026 CHNA:

- Access to care
- Behavioral health

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

Access to care.

With the advent of the Affordable Care Act, there has been a sharp decline in the proportion of residents without any health insurance in Broomfield County; however, there are still many barriers to accessing primary and behavioral health care services through both Medicaid and other payer sources.

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care physician are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. 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. Broomfield residents also identified cost as a major factor negatively impacting access to care. Despite a favorable ratio of the population to primary care providers in Broomfield County relative to the state average, these disparities may decrease access to services and increase risk of poor health outcomes for individuals with limited resources.

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. Broomfield County considers mental health the county's top issue with teen suicide as a major contributor to the concern.

The effects of substance use disorders are cumulative, significantly contributing to costly social, physical, mental and public health problems. The Centers for Disease Control and Prevention reports that binge drinking is the most common, costly and deadly pattern of excessive alcohol use in the U.S. Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 g/dl or above. This typically happens when men consume five or more drinks or women consume four or more drinks in about two hours. In Broomfield County, 21% of adults report binge drinking, higher than the state average of 20%.

While many of the health indicators for Broomfield County are similar to the state averages, mental and behavioral health remain a top concern for the county and community overall.

Behavioral health	Colorado	Broomfield County
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	13.0%	12.0%
Mental health diagnosed hospitalizations	2,854.7	2,032.3
% of high school students who felt so 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	39.6%	38.3%
% of high school students who seriously considered attempting suicide during the past 12 months	17.1%	17.3%
% of high school students who smoked cigarettes on one or more of the past 30 days	3.3%	5.7%
% of high school students who have ever used an electronic vapor product	30.4%	30.8%
% of adults who report binge drinking (5+ drinks on one occasion in past month)	20.0%	21.0%
% of adults who are current smokers	13.0%	11.0%

Board of Directors review and approval.

During the April 2024 meeting, the BH 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 thank our partnering agencies, medical providers and community members who provided insight and expertise to this report.

In the following months, implementation strategies designed to address the identified health needs within Broomfield County will be prepared and presented to the BH Board of Directors for approval.

The BH 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 BH administrative offices.

APPENDIX

FY 2024-2026 Community Health Needs Assessment indicator values

Demographics	Year/Source	Colorado	Broomfield County
Population	2023 CHR	5,812,069	75,325
% below 18 years of age	2023 CHR	21.4%	21.1%
% 65 and older	2023 CHR	15.1%	15.0%
% Non-Hispanic Black	2023 CHR	4.1%	1.4%
% American Indian and Alaskan Native	2023 CHR	1.7%	0.8%
% Asian	2023 CHR	3.6%	7.2%
% Native Hawaiian/Other Pacific Islander	2023 CHR	0.2%	0.2%
% Hispanic	2023 CHR	22.3%	13.5%
% Non-Hispanic White	2023 CHR	67.0%	75.1%
% not proficient in English	2023 CHR	3.0%	1.0%
% female	2023 CHR	49.3%	49.7%
% rural	2023 CHR	13.8%	0.6%

Health Outcomes	Year/Source	Colorado	Broomfield County
Quality of Life			
% of adults reporting poor or fair health (age-adjusted)	2023 CHR	10.0%	8.0%
Maternal and Child Health			
% of live births with low birth weight (LBW) (<2500 grams)	2023 CHR	9.0%	8.0%
Number of all infant deaths (within 1 year) per 1,000 live births	2023 CHR	5	5
Mental Health			
% of adults reporting that their mental health was not good for 14+ days during the past 30 days	2023 CHR	13.0%	12.0%
% 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%
% of high school students who seriously considered attempting suicide during the past 12 months	2021 HKCS	17.1%	17.3%

Footnotes and sources:

- N/A: Data is not available or is suppressed due to small sample size.
- CHR: County Health Rankings; 2023 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 ([Broomfield County](#))).

Health Factors	Year/Source	Colorado	Broomfield County
Tobacco Use			
% of adults who are current smokers	2023 CHR	13.0%	11.0%
% of high school students who have ever used an electronic vapor product	2021 HKCS	30.4%	30.8%
% of high school students who smoked cigarettes on one or more of the past 30 days	2021 HKCS	3.3%	5.7%
Weight Status and Physical Activity			
% of adults (18+) who were obese (Body Mass Index > = 30)	2023 CHR	24.0%	22.0%
% 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%
% of adults age 20 and over reporting no leisure-time physical activity	2023 CHR	17.0%	14.0%
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%
% of adults who report binge drinking (5+ drinks on one occasion in the past month)	2023 CHR	20.0%	21.0%
% of driving deaths with alcohol involvement	2023 CHR	34.0%	59.0%
Number of drug poisoning deaths per 100,000 population	2023 CHR	21	15
Sexual Activity			
Number of newly diagnosed chlamydia cases per 100,000 population	2023 CHR	453.9	271.1
Number of births per 1,000 female population ages 15-19	2023 CHR	16	8
Clinical Care - Access to Care			
% of population under age 65 without health insurance	2020 CEN	9.3%	5.9%
Ratio of population to primary care physicians	2023 CHR	1,200:1	960:1
Ratio of population to dentists	2023 CHR	1,180:1	1060:1
Ratio of population to mental health providers	2023 CHR	230:1	480:1
Clinical Care - Quality of Care			
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2023 CHR	1,703	1,387

Specific Health Conditions - Self-Reported	Year/Source	Colorado	Broomfield 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%
% of adults who currently had asthma	2018-2020 COHI	9.5%	8.6%
% of adults aged 20 and older with diagnosed diabetes	2023 CHR	7.0%	6.0%
Number of persons living with a diagnosis of HIV infection	2023 CHR	269	24

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Social and Economic Factors	Year/Source	Colorado	Broomfield County
Education			
High school graduation rate	2023 CHR	82.0%	N/A
% of teens and young adults ages 16-24 who are neither working nor in school (disconnected youth)	2023 CHR	6.0%	N/A
% of adults ages 25-44 with some post-secondary education	2023 CHR	73.0%	87.0%
Employment			
Unemployment rate	2023 CHR	5.4%	4.5%
Income			
Median household income	2023 CHR	\$82,200	\$106,400
% of children under age 18 in poverty	2023 CHR	12.0%	5.0%
% of children eligible for free/reduced school lunch	2023 CHR	42.0%	21.0%
% of households that spend 50% or more of their household income on housing (severe housing cost burden)	2023 CHR	14.0%	11.0%
% of population who lack adequate access to food (food insecure)	2023 CHR	8.0%	8.0%
Community Safety			
Number of motor vehicle crash deaths per 100,000 population	2023 CHR	11	5
Number of deaths due to injury per 100,000 population	2023 CHR	83	59
Number of deaths due to homicide per 100,000 population	2023 CHR	4	3
Number of deaths due to firearms per 100,000 population	2023 CHR	15	10

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/Source	Colorado	Broomfield County
All cancer sites combined	2020 COHI	369.2	371.9
Lung and bronchus	2020 COHI	35.9	37.1
Breast cancer (females)	2020 COHI	63.2	59.5
Prostate cancer (males)	2020 COHI	47.3	47.3
Colorectal cancer	2020 COHI	28.1	22.7
Invasive cervical cancer (females)	2020 COHI	2.7	3.3
Melanoma of skin	2020 COHI	18.0	20.1

Footnotes and sources:

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Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/Source	Colorado	Broomfield County
Stroke	2020-2022 COHI	317.6	245.8
Heart disease	2020-2022 COHI	1,961.4	1,530.9
Acute myocardial infarction	2020-2022 COHI	195.3	163.2
Congestive heart failure	2020-2022 COHI	802.7	571.5
Mental health diagnosed hospitalizations	2020-2022 COHI	2,854.1	2,032.3
Suicide hospitalizations	2020-2022 COHI	61.2	57.1
Influenza (ages 65+)	2020-2022 COHI	118.1	51.7

Age-adjusted Mortality Rates Per 100,000 Population	Year/Source	Colorado	Broomfield County
All causes	2022 COHI	712.1	523.3
Malignant neoplasms (all cancers)	2022 COHI	120.5	94.5
Heart disease (all categories)	2022 COHI	125.9	82.2
Accidents	2022 COHI	68.7	42.1
Chronic lower respiratory diseases	2022 COHI	36.4	29.6
Suicide	2022 COHI	21.1	12.9
Cerebrovascular diseases	2022 COHI	32.2	22.2
COVID-19	2022 COHI	33.7	27.7
Alzheimer's disease	2022 COHI	29.7	29.6
Prescription opioid overdose	2022 COHI	19.1	13.8
Diabetes	2022 COHI	17.8	15.2
Falls	2022 COHI	17.4	12.9

Footnotes and sources:

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