

2019 Community Health Needs Assessment

Joint Report for UCHealth Poudre Valley Hospital and
UCHealth Medical Center of the Rockies



Executive Summary.

We are pleased to present this report, the 2019 Community Health Needs Assessment (CHNA) for UCHealth Poudre Valley Hospital (PVH) and UCHealth Medical Center of the Rockies (MCR). Organized as not-for-profit hospitals, PVH and MCR are part of a larger system known as UCHealth. UCHealth combines 11 hospitals, three affiliate hospitals and a medical group into an organization dedicated to health and unmatched patient care in the Rocky Mountain region.

Required of all not-for-profit hospitals as a condition of retaining tax-exempt status, a CHNA is part of a hospital's documentation of community benefit mandated by the Affordable Care Act. Conducting this CHNA assures that UCHealth hospitals will identify and respond to the most pressing health needs of area residents. For the purpose of this CHNA, the PVH/MCR community is defined as both Larimer and Weld counties in northern Colorado.

Description of PVH/MCR.

UCHealth Poudre Valley Hospital is a 290-bed hospital in Fort Collins, Colorado that specializes in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services for residents of northern Colorado, southern Wyoming and western Nebraska.

UCHealth Medical Center of the Rockies is a 187-bed regional medical center in Loveland, Colorado with a full spectrum of services and specializing in heart and trauma care.

Methods.

Between July and December 2018, PVH/MCR conducted a CHNA. A multiphased approach was used to identify top health priorities for action planning during 2019-2022. A comprehensive analysis of current, local population health indicators was initially performed. Community input was gained through collaboration with both the Larimer and Weld County Public Health Departments during their Community Health Improvement Plan (CHIP) planning processes. Lastly, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

A subset of PVH/MCR's senior management group was convened to review all information obtained from the activities described above. Participants of this internal advisory group (IAG) completed the health issue prioritization identification using an evidence-based, structured process. As a final step, the PVH/MCR board of directors will be apprised of the information contained within this report during their May 2019 meeting. Approval of the recommended priority issues will be requested at that time.

Findings.

The first step of the assessment included a review of local health indicators. Values were compared at the county and state levels and when possible, to national benchmarks. From this review, the most significant issues identified included:

- Access to care.
- Cancer.
- Cardiovascular disease.
- Unintentional injury.
- Maternal and child health.
- Mental health/suicide.
- Obesity.
- Substance use disorders.

Priority issues chosen for Larimer County's Community Health Improvement Plan included:

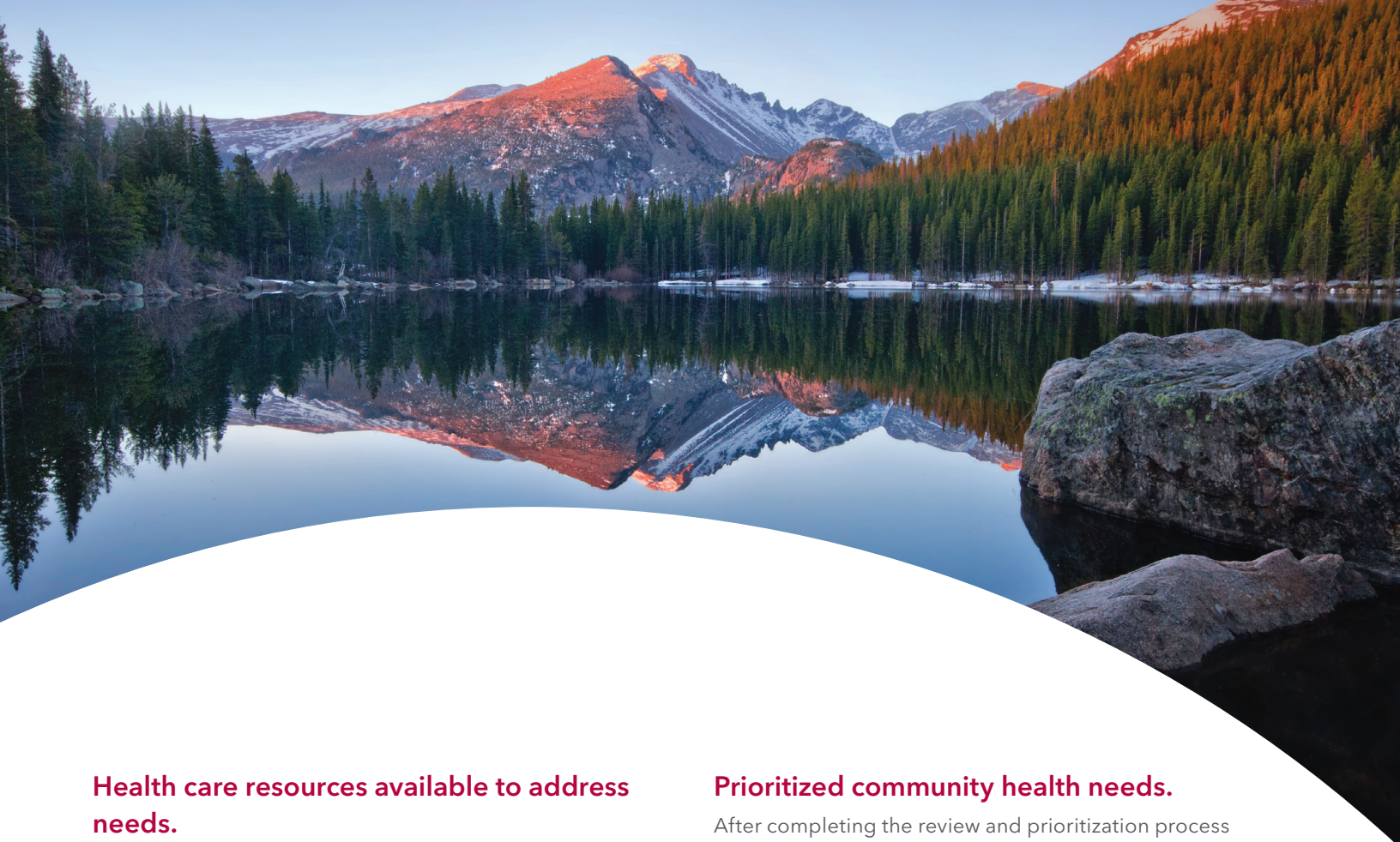
- Mental and emotional well-being.
- Improving access to quality childcare services.

Weld County's Community Health Improvement Plan will focus on:

- Healthy eating.
- Active living.
- Mental health.

The top health issues ranked by health care providers included:

- Mental health.
- Suicide.
- Substance use disorders.
- Access to care for low-income patients.



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. Both Larimer and Weld counties are served by several large health care systems—UCHealth and Banner Health, multiple community-based health centers, and a large network of medical providers. Though comprehensive services may be available, the CHNA findings reveal that the ability to receive care in a timely and cohesive manner remains a challenge for many vulnerable residents.

Summary of impact of actions taken since previous CHNA.

PVH/MCR (and partnering organizations) directed resources to address the priority health issues identified in the 2016 CHNA. The impact of these actions includes:

- Increase in mental health crisis assessment, behavioral health staff, and care coordination teams focused on high-risk families.
- 650+ employees trained in an evidence-based emergency mental health suicide intervention.
- Significant reduction of transports/admissions to the emergency room through expansion of Community Paramedic mobile services to vulnerable individuals.
- Expansion of the National Diabetes Prevention Program.
- 36 percent reduction of opioid administration in UCHealth emergency departments following participation in the Colorado Hospital Association's Alternatives to Opioids (ALTO) initiative.

Prioritized community health needs.

After completing the review and prioritization process described earlier, the PVH/MCR internal advisory group recommended that **access to care, mental health/suicide, and substance use disorders** should be the community health issues addressed within the 2019-2022 PVH/MCR Implementation Strategy.

Acknowledgements and next steps.

We would like to thank our colleagues from the Larimer and Weld County Health Departments and partnering agencies, local medical providers, and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, programs and strategies designed to impact the identified health issues will be compiled and presented to the PVH/MCR board of directors for their oversight and approval.



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Introduction

Overview of the Community Health Needs Assessment requirement.

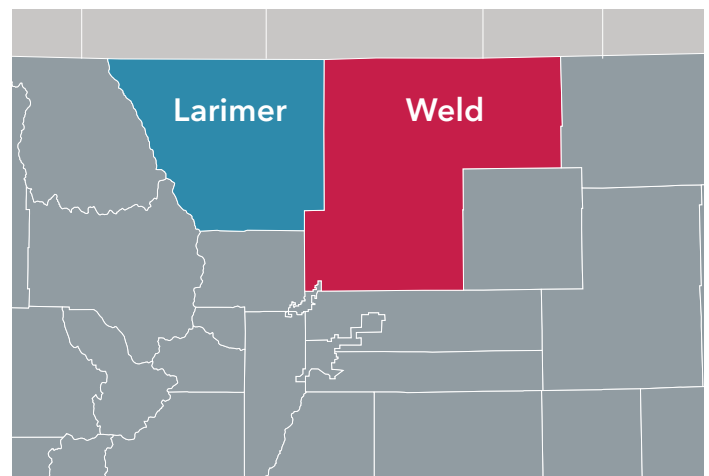
Poudre Valley Hospital and Medical Center of the Rockies (PVH/MCR) are organized as not-for-profit hospitals and operate within the purview of a larger system known as UCHealth.

The mission of UCHealth is to be an integrated, independent, nonprofit organization providing innovative, comprehensive care of the highest quality and exceeding expectations of the communities we serve. Completion of a community health needs assessment (CHNA) and development of a related implementation strategy (IS) ensures that hospitals identify and respond to the primary health needs of the residents within the communities they serve. IRS Section 501(r) requires that nonprofit community hospitals conduct a CHNA every three years to maintain tax-exempt status.

This is a joint report for both PVH/MCR. The IRS allows hospital facilities to produce a joint CHNA report as long as the facilities use the same definitions of community and conduct a joint CHNA process. We have adhered to those requirements for this report.

Communities served by PVH/MCR.

For the purpose of this CHNA, the PVH/MCR community is defined as both Larimer and Weld counties. While all of Larimer County is included in the primary service area, only the northwestern portion of Weld County is included for the purpose of this report.



Description of PVH/MCR.

UCHealth, in northern Colorado, has two acute care hospitals—Poudre Valley Hospital (PVH) and Medical Center of the Rockies (MCR)—as well as a wide network of primary care and specialty clinics.

UCHealth Poudre Valley Hospital is a 290-bed hospital that specializes in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services for residents of northern Colorado, southern Wyoming and western Nebraska. UCHealth Medical Center of the Rockies is a 187-bed regional medical center in Loveland, Colorado with a full spectrum of services and specializing in heart and trauma care.

With a world-class physician team over 850+ doctors strong, UCHealth Medical Group, the physician-led group serving UCHealth hospitals and clinics along the Front Range, provides a full continuum of medical care and the highest level of expertise. A description of clinics and specialties can be viewed through this link:

uchealth.org/about/uchealth-medical-group-providers/.

Demographic characteristics of Larimer and Weld counties.

Northern Colorado is widely recognized as one of the most vibrant growing areas of the country. Anchored by two major universities, a strong business sector, large agriculture presence and growing gas and oil exploration all contribute to a stable economy.

Age.

The median age of both Larimer and Weld County residents is increasing; with 2016 U.S. census reports indicating 14.7 percent of Larimer residents and 11.7 percent of Weld residents are aged 65 and over. Those rates are expected to grow to 19 percent and 13.2 percent, respectively, by 2030.

Race/Ethnicity.

In 2016, 83.1 percent of Larimer County residents self-identified as non-Hispanic white, while in Weld County only 66.3 percent of the population self-identified themselves in this category. 2016 census data reveals that the Hispanic white population is higher in Weld County (29.1 percent) than in either Larimer County (11.2 percent) or Colorado (21.3 percent).

Economic stability.

The number of northern Colorado residents living in poverty continues to increase. According to the 2016 census, 12.2 percent of adults in Larimer County and 11.3 percent in Weld County are living in poverty. The number of children living in poverty was 10 percent in Larimer County compared to 13 percent in Weld County. Additionally, the percent of children eligible for free and reduced school lunch during 2016 was higher in Weld County (46 percent) than in Larimer County (33 percent) and the state (42 percent).

Housing insecurity.

Though Larimer and Weld counties have low unemployment rates and a strong economy, the cost of housing has become unaffordable for many. The definition of cost-burdened for housing is spending more than 30 percent of gross household income on rent or mortgage. According to the most recent Larimer County Community Health Improvement Plan report, more than half of Larimer County residents are paying more than 30 percent of their gross income on rent, and almost a third are spending more than 30 percent of their income on their mortgage. Similar numbers are reported for Weld County.

(For detailed indicators and sources referenced above, see Appendix 1.)



Community Health Needs Assessment

Between July and December 2018, PVH/MCR conducted a CHNA. The CHNA process 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 communities they serve.

Methods used to conduct the Community Health Needs Assessment.

A multiphase approach was used to identify top health priorities for action planning during 2019-2022. A comprehensive analysis of current, local population health indicators was initially performed. Community input was gained through collaboration with both the Larimer and Weld County Public Health Departments during their Community Health Improvement Plan (CHIP) planning processes. Lastly, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

During the next phase of the assessment, a subset of PVH/MCR's senior management group was convened to conduct an interim review of all information obtained from the activities described above. Participants of this internal advisory group (IAG) completed a health-issue prioritization ranking using an evidence-based, structured process. As described later in this report, recommendations from the IAG were presented to the PVH/MCR board of directors for approval.

The following figure illustrates the CHNA process components and participants.

Identify community health needs.

Secondary data analysis:

- Population characteristics.
- Social and economic factors.
- Health data.

Community and medical provider input:

- Brainstorming and ranking.
- What are our community's biggest health problems?

Prioritize significant community health needs.

Synthesis of information:

- In-depth secondary data analysis.
- Community and provider input.
- Internal advisory group input.
- Written comment on prior CHNA.

Issue prioritization criteria:

- Scope and severity of issue.
- Hospital's ability to impact.
- Availability of evidence-based strategies to impact.
- Alignment with UCHHealth, local, state or national goals.

Written comment on previously conducted CHNA.

A review of UCHHealth's 2016 Community Health Needs Assessment for Medical Center of the Rockies and Poudre Valley Hospital was obtained from Cindy Kronauge, MPH, PhD, health data specialist at the Weld County Department of Public Health and Environment. Her comments, quoted below, will be considered carefully as PVH/MCR continues to refine its methods in conducting future CHNAs. We are grateful to Dr. Kronauge for providing a constructive and actionable review.

"The PVH/MCR 2016 CHNA was well-written and contains all the IRS-recommended components of a CHNA. A strong component of this assessment report was the use of primary data collection via a web survey of system medical providers. This stakeholder group is sometimes difficult to reach but it is important to hear from them, as well as other stakeholders and community members. An area for improvement in 2019

and beyond is to use more local, timely population data than was used in 2016, if possible. Nearly all the secondary data used was several years old. If relevant health metrics were available from the health systems clients on indicators of interest, that would potentially be useful for community stakeholders and might inform the needs assessment process as well.

All in all, the PVH/MCR 2016 CHNA was well-done and the implementation strategies were derived from a variety of data sources and input from the community. The implementation strategies align with local public health improvement plan goals and strategies, as well. UCHHealth Northern Colorado's Community Benefit staff and others are consistently engaged in community health improvement work in Larimer and Weld counties. Their work lays the foundation for being successful in implementing UCHHealth's strategies."





Findings

Secondary data review and analysis.

The first step of the assessment included a review and analysis of local population health indicators obtained through the County Health Rankings (2018 report year), Colorado Health Indicators (COHID), and the 2017 Healthy Kids Colorado Survey. Indicator values were compared at the county and state levels and when possible, to national benchmarks.

Tables were generated summarizing key health indicators for PVH/MCR to describe the community and overall health status (see Appendix 1 to review the data tables and related web sites). Key health needs were determined based on the indicator values and trends, priorities of the previous CHNA, current priorities of local county health departments, potential to impact the issues using evidence-based practices, and expert opinion.

Categories examined included:

- Demographics and socioeconomic status.
- Health care access and services.
- Health behaviors (includes unintentional injury).
- Nutrition, physical activity and body mass index.
- Maternal and child health.
- Mental health (includes suicide hospitalizations and mortality).
- Substance use disorders.
- Specific health conditions-hospitalization, morbidity and mortality rates.

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 fill these gaps, PVH/MCR participates regularly in community-based coalition meetings facilitated by county health departments and other partner agencies that focus on identifying and implementing best practices and strategies toward reduction of these barriers. A limited list of these coalitions includes Communities That Care (targeted to increasing protective factors for youth), Imagine Zero (community-based suicide prevention), the Partnership for Healthy Youth (advocacy group for youth wellness initiatives) and Thriving Weld work groups (see below for website).

Community engagement synopsis.

To gather community input, PVH/MCR carried out two main activities. The first was a collaboration with the Larimer and Weld County Health Departments in their Community Health Improvement Plan (CHIP) planning process, which also involved other agencies serving members of medically underserved, low-income and minority populations; and second, a medical provider web-based survey. Information gathered from these activities is described below.

Larimer County CHIP health summit.

In January 2018, the Larimer County Department of Health and Environment held a community-wide health summit with the goal of identifying the 2019-2024 CHIP priority areas for Larimer County. Over 180 community partners convened at the Healthy Larimer Summit, an all-day event that featured health indicator data presentations, overviews of ongoing local agency efforts (including PVH/MCR) toward impacting health issues and ending with facilitated group and individual prioritization activities. (A list of organizations represented is found in Appendix 2(a).)

During the summit, several priority issues for action were identified. These are, in an equitable and culturally responsive manner:

- Promote mental and emotional well-being across the life span, focusing on addressing gaps in the required continuum of care, substance use disorders and treatment, and primary prevention.
- Provide access to quality childcare, focusing on affordability, recruitment and retention of the childcare workforce, and infant and toddler care.

The complete Larimer County CHIP can be viewed here: drive.google.com/file/d/1h7bVmAqcFAj91J6xKaomhmTuxwKusmju/view

Weld County CHIP.

Between November 2017 and February 2018, the Weld County Department of Health and Environment, North Colorado Health Alliance and over 95 organizations, as well as community members, reviewed the most recent community health assessment data. This review also took into consideration current local capacity, national and state priorities, and the extent to which progress has been made on existing health issue priorities. Over 200 people participated in one of two community meetings looking at data, strategies, and identifying priorities and then voting electronically. (A list of organizations represented, including UCHHealth, is available in Appendix 2(b).)

The priorities chosen reflect a continuation of the 2012-2017 priorities, which included:

- Healthy eating:
 - Improving availability of affordable healthy food and beverages to lower-income residents.
- Active living:
 - Improving the built environment and accessibility for physical activity.
 - Engaging health care providers and encouraging client referrals for physical activity.
- Healthy mind and spirit:
 - Improving awareness and early detection of depression, suicide, bullying and violence.
 - Improving access to community services through programs and policies.
 - Expanding community service support systems for vulnerable populations.

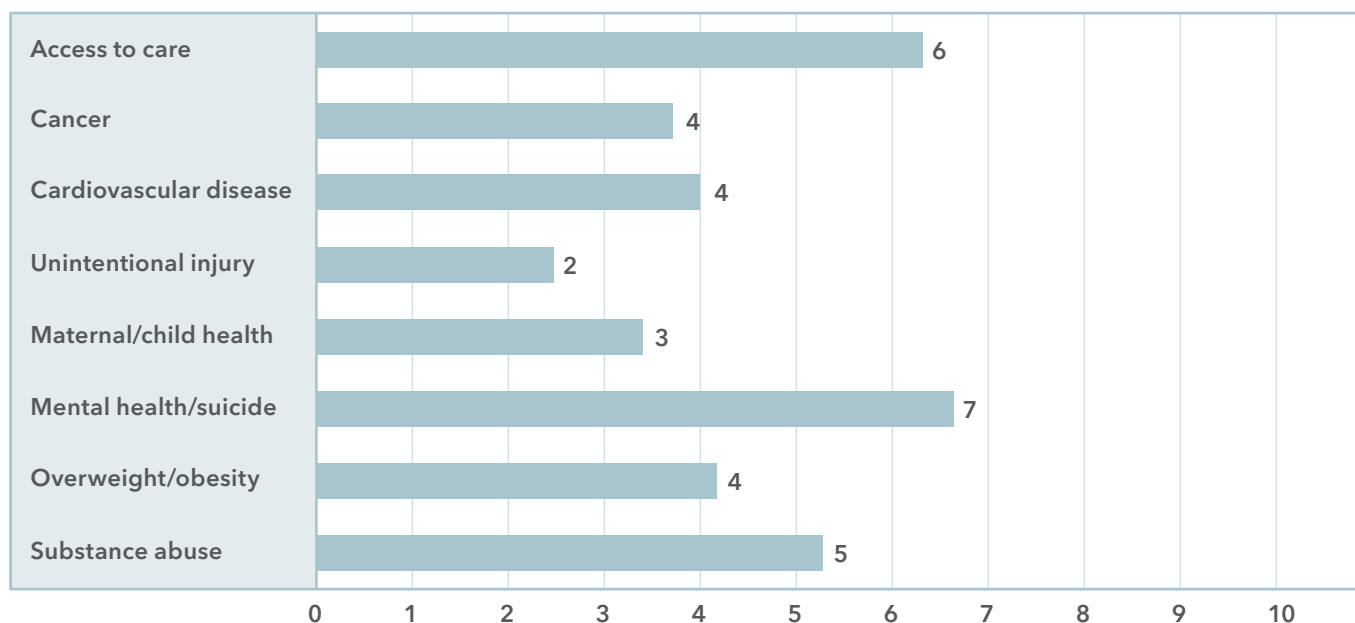
Opioid addiction was also identified as a top concern. A recently formed collaborative is working on addressing opioid addiction issues.

Additional information can be found here: thrivingweld.com/thriving-weld-meetings/

Medical provider survey results.

PVH/MCR administered a web-based survey of medical providers in their service area to rank significant health needs from the list generated in the secondary data analysis. Other health issue topics and open-ended comments were also solicited from survey respondents. Responses were received from 91 medical providers including physicians, physician assistants, nurse practitioners, nurses and community case managers. The chart below reflects their rankings.

Please rank the following health issues by relative importance to the health of our community. Issues are listed in alphabetical order.



In addition to prioritizing health needs, the survey invited responses to the following question:

UCHealth recognizes that improving population health and achieving health equity will require broad approaches that address social, economic and environmental factors that influence health. Your comments related to how these factors affect your patients are welcome.

An overarching theme throughout responses was the lack of adequate resources and strategies for addressing the needs of the increasing populations of homeless, those on Medicaid, and other underserved patients. A summary of the primary areas of concern—access to care, care coordination, mental health/substance use, and vulnerable populations—can be found in Appendix 3.

Community-wide health care resources available to address need.

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. Both Larimer and Weld counties are served by several large health care systems – UCHealth and Banner Health, multiple community-based health centers, and a large network of medical providers. Though comprehensive services may be available, the CHNA findings reveal that the ability to receive care in a timely and cohesive manner remains a challenge for many vulnerable residents. Health care facilities and resources within Larimer County can be accessed on the Health Info Resource website, a free community resource provided by the Health District of Northern Larimer County. Health care facilities and resources available to Weld County residents are listed on the Colorado 211 web page.

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

To understand the effectiveness and scope of actions taken by PVH/MCR since completion of the 2016 CHNA, a review of community benefit activities was completed. During UCHealth's 2018 fiscal year (July 1, 2017–June 30, 2018), a total of \$854 million was invested by the system toward community health programs, subsidized care, care coordination for underserved individuals and families, medical research and education of health professionals.

Locally, PVH/MCR (and partnering organizations) directed resources to address the priority health issues identified in the 2016 CHNA. The impact of these actions included:

- An increase in mental health crisis assessment staffing; in-home behavioral health services for home-bound individuals and additional care-coordination teams focused on high-risk families.
- 650+ employees trained in an evidence-based emergency mental health suicide intervention.
- Significant reduction of transports/admissions to emergency rooms through expansion of Community Paramedic mobile services to vulnerable individuals.
- Expansion of the National Diabetes Prevention Program, including Spanish-speaking classes.
- A 36 percent reduction of opioid administration in UCHealth Emergency Departments following participation in the Colorado Hospital Association's Alternatives to Opioids (ALTO) initiative.

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: thecommunityguide.org/about/whatworks.html
- County Health Rankings Guide - What Works for Health: countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
- Healthy People 2020 evidence-based resources: healthypeople.gov/2020/tools-resources/Evidence-Based-Resources





Prioritization and Board of Directors' Approval

Internal advisory group recommendations.

A subset of PVH/MCR's senior management group was convened to review all findings obtained from the activities described above. Participants of this internal advisory group (IAG) then completed a health issue prioritization identification using an evidence-based, structured process. (See prioritization matrix in Appendix 4.) The following criteria for prioritization were used:

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

The IAG identified **access to care, mental health/suicide prevention and substance use disorders** as the top health priorities to be addressed. A synopsis of key CHNA findings specific to these issues follows.

Access to health care services—importance to the community.

A sharp decline in the proportion of people without any health insurance occurred in Larimer and Weld counties with the implementation of the Affordable Care Act and expansion of Medicaid. Despite this, community members, key leaders and medical care providers in Larimer and Weld counties continue to identify significant barriers to accessing health care services for persons insured through Medicaid. Access to primary care services is especially challenging for older adult, low-income, underinsured and minority populations. Additionally, access to timely and comprehensive behavioral health services is difficult with limited appointments available and long waits for the appointment commonly occurring.

Mental and behavioral health—importance to the community.

The burden of mental illness in the United States is among the highest of all diseases and mental disorders are among the most common causes of disability. Since 2013, suicide hospitalization rates were up 85 percent in Larimer County and 211 percent in Weld County. The table below provides current indicator values related to mental and behavioral health.

Mental Health/Suicide	Larimer	Weld	Colorado
Percentage of high school students who: - Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past year. - Seriously considered attempting suicide during the past 12 months.	31.2% 15.9%	34.1% 18.6%	31.4% 17%
Age-adjusted rate of hospitalization per 100,000 per year (adults): - Mental health diagnosed hospitalizations - Suicide hospitalizations	2,838 76.9	3,254 59.8	2,834 52
Suicide (mortality rate per 100,000)	21.6	16.3	20.2

Substance use disorders—importance to the community.

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Despite reductions in opioid prescribing in recent years, opioid-involved overdose death rates continue to increase. Abuse of prescription opioids also continues to climb. Colorado has the 12th highest rate of misuse and abuse of prescription opioids in the country.

Substance Abuse	Larimer	Weld	Colorado
Percentage of adults who report binge drinking (5+ drinks on one occasion in past month).	22%	21%	21%
Number of drug poisoning deaths per 100,000 population.	15	13	17

Review and approval by board of directors.

During their May 2019 meeting, the PVH/MCR board of directors, which includes representatives from the surrounding communities, reviewed, discussed and approved the information contained within this report.

Acknowledgements, recommendations and next steps.

We would like to thank our colleagues from the Larimer and Weld County Health Departments and partnering agencies, local medical providers, and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, implementation strategies—designed to address the identified health needs within our communities—will be prepared and presented to the PVH/MCR board of directors for their oversight and approval.

The PVH/MCR CHNA report will be made available to the public for viewing by downloading the report from the hospital's website, or by requesting a hard copy in the administrative office for each hospital.

Appendices

Appendix 1—Data Tables and Sources

DEMOGRAPHICS	Year	Larimer	Trend	Weld	Trend	Colorado	Trend
Population	2018 CHR	339,993		294,932		5,540,545	
Below 18 years of age	2018 CHR	20%		26.6%		22.8%	
Age 65 and older	2018 CHR	14.7%		11.7%		13.4%	
Non-Hispanic African-American	2018 CHR	0.9%		1.1%		4%	
American Indian and Alaskan native	2018 CHR	1%		1.6%		1.6%	
Asian	2018 CHR	2.3%		1.6%		3.3%	
Native Hawaiian/other Pacific Islander	2018 CHR	0.1%		0.2%		0.2%	
Hispanic	2018 CHR	11.2%		29.1%		21.3%	
Non-Hispanic white	2018 CHR	83.1%		66.3%		68.6%	
Not proficient in English	2018 CHR	0.9%		3.8%		3%	
Males	2018 CHR	49.9%		49.6%		50.3%	
Females	2018 CHR	50.1%		50.4%		49.7%	
Rural	2018 CHR	11.7%		20.5%		13.8%	
HEALTH OUTCOMES							
Quality of Life							
Adults reporting poor or fair health (age-adjusted).	2018 CHR	10%		14%		14%	
	2013-2015						
Adults aged 65+ who had a fall in the last 12 months.	COHI	31.1%		19.9%		27.4%	
Live births with low birth weight (<2500 grams).	2018 CHR	8%		8%		9%	
Number of all infant deaths (within 1 year), per 1,000 live births.	2018 CHR	4	Worse	6	Same	5	
Adults reporting 14 or more days of poor physical health per month.	2018 CHR	9%		10%		10%	
Adults reporting 14 or more days of poor mental health per month.	2018 CHR	10%		10%		11%	
High school students who:							
- Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities.	2017 HKCS	31.2%	Worse	34.1%	Worse	31.4%	
- Seriously considered attempting suicide during the past 12 months.	2017 HKCS	15.9%		18.6%	Worse	17%	Worse
HEALTH FACTORS							
Health Behaviors							
Tobacco Use							
Adults who are current smokers.	2018 CHR	13%		16%		16%	All better
High school students who are current smokers.	2017 HKCS	6.6%		8%		7.2%	All better
Diet and Exercise							
Children ages 5-14 who are overweight or obese - (Body Mass Index (BMI) > or = 85th percentile).	2013-2015 COHI	29.3%		27%	Worse	23.5%	
High school students who are overweight or obese - (Body Mass Index (BMI) > or = 85th percentile).	2017 HKCS	16.9%		27.7%	Worse	21.9%	Worse
Adults (18+) who are overweight or obese - (Body Mass Index (BMI) >= 25).	2013-2015 COHI	51.7%		65.7%	Worse	56.8%	
Population who lack adequate access to food (food insecure).	2018 CHR	13%		9%		12%	

HEALTH FACTORS	Year	Larimer	Trend	Weld	Trend	Colorado	Trend
Diet and Exercise							
Population who are low-income and do not live close to a grocery store.	2018 CHR	5%		5%		5%	
Children (ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days.	2013-2015 COHI	45.2%	Better	37.5%	Worse	44%	Worse
High school students who were physically active for at least 60 minutes/day for 5 of the past 7 days.	2017 HKCS	50.4%		50.2%		51.6%	
Adults aged 20 and over reporting no leisure-time physical activity.	2018 CHR	13%	Same	18%	Better	15%	
Alcohol and Drug Use							
High school students who report binge drinking (5+ drinks on one occasion in past month).	2017 HKCS	15.4%	Worse	16.1%	Better	16%	Better
Adults who report binge drinking (5+ drinks on one occasion in past month).	2018 CHR	22%	Worse	21%	Worse	21%	Worse
Driving deaths with alcohol involvement.	2018 CHR	31%		36%		35%	
Number of motor vehicle crash deaths per 100,000 population.	2018 CHR	8	Same	15	Worse	10	
Number of drug poisoning deaths per 100,000 population.	2018 CHR	15		13		17	
Sexual Activity							
Number of newly diagnosed chlamydia cases per 100,000 population.	2018 CHR	340		376		445	
Number of births per 1,000 female population ages 15-19.	2018 CHR	14	NA	29		24	
- Teen birth rate (Hispanic)	2019 CHR	38		51		Unavailable	
- Teen birth rate (white)	2018 CHR	10		15		Unavailable	
CLINICAL CARE							
Access to Care							
Population under age 65 without health insurance.	2018 CHR	7%	Better	8%		9%	All better
Ratio of population to primary care physicians.	2018 CHR	1158:1		2066:1		1,240:1	
Ratio of population to dentists.	2018 CHR	1236:1		2341:1		1,290:1	
Ratio of population to mental health providers.	2018 CHR	351:1		456:1		330:1	
Quality of Care							
Number of preventable hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.	2018 CHR	30		36	Better	31	
Social and Economic Factors							
Education							
High school graduation rate.	2018 CHR	79%		80%		77%	
Teens and young adults ages 16-24 who are neither working nor in school (disconnected youth).	2018 CHR	7%		12%		12%	
Adults ages 25-44 with some postsecondary education.	2018 CHR	81%		62%		71%	
Employment							
Population ages 16 and older unemployed but seeking employment.	2018 CHR	2.8%		3.4%		3.3%	
Income							
Median household income:	2018 CHR	\$66,561		\$63,600		\$65,700	
- Household income (black).	2018 CHR	\$43,600		\$43,800		NA	
- Household income (Hispanic).	2018 CHR	\$48,400		\$45,200		NA	
- Household income (white).	2018 CHR	\$63,700		\$70,400		NA	

CLINICAL CARE	Year	Larimer	Trend	Weld	Trend	Colorado	Trend
Income							
Children under age 18 in poverty:	2018 CHR	10%	Worse	13%		13%	
- Children in poverty (Hispanic).	2018 CHR	27%		24%		NA	
- Children in poverty (white).	2018 CHR	7.0%		9%		NA	
Children eligible for free/reduced school lunch.	2018 CHR	33%	Same	46%	Better	42%	Same
Community Safety							
Violent crime rate (per 100,000 population).	2018 CHR	208	Worse	295	Worse	309	Worse
Number of deaths due to injury per 100,000 population.	2018 CHR	68		65		74	
Number of deaths due to homicide per 100,000 population.	2018 CHR	1		2		4	
Number of deaths due to firearms per 100,000 population.	2018 CHR	13		11		13	
SPECIFIC HEALTH CONDITIONS—MORBIDITY AND MORTALITY							
Children with asthma (ages 1-14).	2013-2015 COHI	11%	Worse	7.1%	Worse	7.3%	Better
Adults aged 20 and above with diagnosed diabetes.	2018 CHR	5%	Same	7%	Same	6.0%	Better
Incidence rate per 100,000 per year for:							
- AIDS	2013-2015 COHI	1.3	Worse	1.8	Worse	3.5	Better
- Chronic hepatitis B	2013-2015 COHI	6.2		5.9		10.1	
- Tuberculosis	2013-2015 COHI	0.6	Better	0.5	Better	1.3	Same
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000 POPULATION PER YEAR							
All cancer sites combined.	2011-2013 COHI	390.7	Better	388.1	Better	409.3	Better
Lung cancer	2011-2013 COHI	40.8	Worse	42.8	Better	44.1	Better
Invasive breast cancer (females)	2011-2013 COHI	128.3	Worse	119.3	Worse	122.6	Better
Prostate cancer (males)	2011-2013 COHI	99.2	Better	90	Better	110.7	Better
Colorectal cancer	2011-2013 COHI	31.5	Same	36.1	Same	34	Same
Invasive cervical cancer (females)	2011-2013 COHI	NA		5.9		5.7	Better
Melanoma	2011-2013 COHI	15	Better	16.9	Better	21.7	Better
AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000 PER YEAR							
Stroke	2013-2015 COHI	251.1	Worse	280.9	Same	248.2	Same
Heart disease	2013-2015 COHI	2038.9	Better	2578.8	Better	2156.9	Better
Acute myocardial infarction	2013-2015 COHI	157.2	Better	188.3	Better	155.3	Better
Congestive heart failure	2013-2015 COHI	677.5	Better	938.7	Better	662.6	Better
Mental health diagnosed hospitalizations	2013-2015 COHI	2838.4	Better	3254	Worse	2,834	Worse
Suicide hospitalizations	2013-2015 COHI	76.9	Worse	59.8	Worse	52	Same
Influenza (ages 65+)	2013-2015 COHI	159.3	Worse	206.7	Worse	152.6	Worse

MORTALITY RATES PER 100,000	Year	Larimer	Trend	Weld	Trend	Colorado	Trend
All causes	2017 COHI	623		679.9		654.1	
Malignant neoplasms	2018 COHI	128.3		144.9		129.5	
Heart disease	2017 COHI	109		123.2		120.5	
Unintentional injuries	2017 COHI	44.5		55.3		53.1	
Alzheimer's disease	2017 COHI	43.7		35.5		33.3	
Chronic lower respiratory diseases	2017 COHI	37.6		43.5		44.8	
Cerebrovascular diseases	2017 COHI	36.3		43.1		35.1	
Suicide	2017 COHI	21.6	Worse	16.3	Same	20.2	Worse
Diabetes	2017 COHI	12.6	Better	24.8	Worse	17.1	Worse
Prescription opioid overdose	2014-2018 CHR	15		13		17	

KEY FOR DATA SOURCES:

COHI = Colorado Health Indicators

colorado.gov/pacific/cdphe/colorado-health-indicators

CHR = County Health Rankings 2018

*2018 = Year of report (actual year of data collection varies)

countyhealthrankings.org/

HKCS = Healthy Kids Colorado Survey 2017

colorado.gov/pacific/cdphe/healthy-kids-colorado-survey-data-tables-and-reports

drive.google.com/file/d/1gJbUBR8znMEIxH_DF5s71DPveWF33u8V/view



Appendices

Appendix 2(a)–Organizations Providing Input-Larimer County

Alliance for Suicide Prevention of Larimer County	KidsPak-Loveland Rotary Club
Alternatives to Violence	Larimer County Board of Health
McKee Medical Center	Larimer County Department of Human Services
Bethesda Lutheran Communities	Larimer County Office on Aging
Larimer County Board of Health	Larimer County Planning Commission
Bohemian Foundation	Leap Coalition of Larimer County
Boys & Girls Clubs of Larimer County	Loveland Housing Authority
Catholic Charities	Loveland Public Library
Centennial AHEC	Mountain View Presbyterian Church
Center for Family Outreach	Neighbor to Neighbor
Children's Speech and Reading Center	North Colorado Health Alliance
City of Fort Collins	Partnership for Age-Friendly Communities in Larimer County
UCHealth	PFLAG
City of Loveland	Plymouth Congregational UCC
Clear View Behavioral Health	Poudre River Public Library District
Colorado School of Public Health	Poudre School District
Colorado State University	Project 31:25
Community Volunteer	RMSI Group
Colorado State University Extension	Rocky Mountain Health Plans
Early Childhood Council of Larimer County	Salud Family Health Centers
Easterseals Colorado	Sexual Assault Victim Advocate Center
Elderhaus Adult Day Program, Inc.	Simple Strategies for Family Living
Estes Park	Sunrise Loveland Community Health Center
Estes Park High School	Teaching Tree Early Childhood Learning Center
Estes Park Medical Center	TEAM Wellness & Prevention
Estes Valley Library	The Arc of Larimer County
Foothills Gateway	The Family Center/La Familia
Garcia Consulting	The Health and Wellness Center at Centennial High School- Rocky Mountain Youth Clinics
GreenPath Financial Wellness	The Matthews House
Grief Support of the Rockies	The Wellness Champions, Square ONE Health
Imagine Zero Coalition	Thompson School District
Harmony Foundation, Inc.	Thompson Valley EMS
Health District of Northern Larimer County	UCHealth Community Benefit / Aspen Club-Senior Services
Larimer County Department of Health and Environment	United Way of Larimer County
Healthy Hearts	Vida Sana-UCHealth
Healthy Kids Club	Volunteers of America
InnovAge PACE of Northern Colorado	Weld County Department of Health and Environment
Institute for the Built Environment	
Junior Achievement	
Kaiser Permanente	
Kids at Heart	

Appendix 2(b)–Organizations Providing Input-Weld County

Aetna	North Colorado Health Alliance
Almost Home Online	North Colorado Youth for Christ
Alzheimer's Association	North Range Behavioral Health
Apoyo Con Cariño	Peake Wellness Center
Bank of Colorado	Salud Family Health Centers
Boys and Girls Club of Weld County	Sava Center
City of Greeley	SCL Health (Platte Valley Medical Center)
Colorado Access	Soccer Without Borders
Colorado School of Public Health at UNC	Sunrise Community Health
Community Grief Center	Team Tom Gym
Create Your Health	The Arc of Weld County
Greeley-Evans School District 6	The Children's Health Place
Health Links	Thompson Rivers Parks and Recreation
Heart Centered Counseling	Town of Kersey
High Plains Library District	UCHealth-Community Health Improvement
Integrated Nutrition Education Program	United Way of Weld County
Kaiser Permanente	University of Northern Colorado
Larimer County Department of Health & Environment	Weld County
LPR Construction	Weld County Area Agency on Aging
Major Medical Supply	Weld County Department of Public Health and Environment



Appendices

Appendix 3—Medical Provider Comments Summary

As part of the 2019 Community Health Needs Assessment, a survey was sent to UCHHealth providers in the Northern Colorado area. In addition to prioritizing community health needs, the survey invited responses to the following open-ended question:

UCHHealth recognizes that improving population health and achieving health equity will require broad approaches that address social, economic and environmental factors that influence health. Your comments related to how these factors affect your patients are welcome.

An overarching theme throughout responses was the lack of adequate resources and strategies for addressing the needs of the increasing populations of homeless, those on Medicaid, and other underserved patients. Below is a summary of the primary areas of concern—access to care, care coordination, mental health/substance use, and vulnerable populations.

Access to care.

Existing resources are over capacity and there are an insufficient number of primary care providers (PCP) and specialists accepting Medicaid patients. Safety net clinics such as FMC, Salud, and Sunrise are overwhelmed. As a result, many patients are seeking care in the emergency department (ED) for conditions better treated by a PCP. Without the follow-up that a PCP would provide, unmanaged chronic conditions become much larger, causing preventable ED visits and hospital admissions.

Care coordination.

There is a need for more support for programs and services such as the Medicaid Accountable Care Collaborative (MACC), Community Case Management and Community Paramedics. In addition to medical needs and appropriate follow-up, these programs help their clients access nonmedical services such as housing, food resources, and transportation.

Mental health/substance use disorders.

Care is “woefully lacking” for those who need support with mental health needs and needs related to substance use. A commitment of more resources, personnel, bed space, time and attention is needed for this population. Specific to substance use is the need for aggressive intervention and education for our youth regarding drugs, alcohol and marijuana and their negative health effects, and for more logical ways to approach pain management.

Vulnerable populations.

Comments in this area related less to medical care and more to basic-level services such as affordable housing, nutritious meals, and transportation services. Partnering with other agencies to impact these services is important. Specific suggestions included providing more transportation options for patients to access medical services and the use of mobile vans for health clinics.



Appendices

Appendix 4–Prioritization Matrix

Prioritization–Ranking Matrix

Instructions: Rank each health issue against the criteria using the rating scale below:

4 = High 3 = Moderate 2 = Low 1 = None

Prioritization Criteria					
Identified health issues	Scope/severity of health issues. (How many people affected; impact of issues on mortality rates.)	Budget feasibility. (Costs of internal resources, e.g., workforce, operational budget.)	Potential for hospital to impact. (Availability of effective interventions, staffing expertise, community readiness.)	Alignment with current UCHHealth system strategies, state and/or national health objectives.	Total score.
Access to care (Primary and behavioral)					
Cancer					
Cardiovascular disease					
Injury (unintentional)					
Maternal/child health					
Mental health/suicide					
Overweight/obesity					
Substance use disorder					
Other					

