

# 2025-2027 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Greeley Hospital



uchealth

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# INTRODUCTION

The following report contains the 2025-2027 community health needs assessment (CHNA) for UCHealth Greeley Hospital (GH). 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 Greeley Hospital overview.**

Established in 2019, GH is a 92-bed hospital located in Greeley, Colorado, offering emergency services, heart and vascular care, women's services, general and robotic-assisted surgery and imaging and radiology services. GH is committed to improving the lives of the community's most vulnerable residents and cared for more than 65,000 inpatient admissions and outpatient visits for Medicaid patients in fiscal year 2024.

GH 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 200 locations throughout the region, UCHealth pushes the boundaries of medicine, providing advanced treatments and clinical trials to ensure excellent care and outcomes for 2.8 million patients each year. UCHealth is also the largest provider of Medicaid services in Colorado, with more than 1.1 million inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2024.

UCHealth’s commitment to the communities we serve.

UCHealth is committed to improving lives and is proud to serve communities throughout Colorado and beyond. In fiscal year 2024, UCHealth provided \$1.3 billion in total community benefits, more than twice the nonprofit organization’s tax benefits. UCHealth’s community benefits include \$568 million in uncompensated and charity care to support uninsured and underinsured patients. The uncompensated care provided by UCHealth is more than any other health system or provider in Colorado.

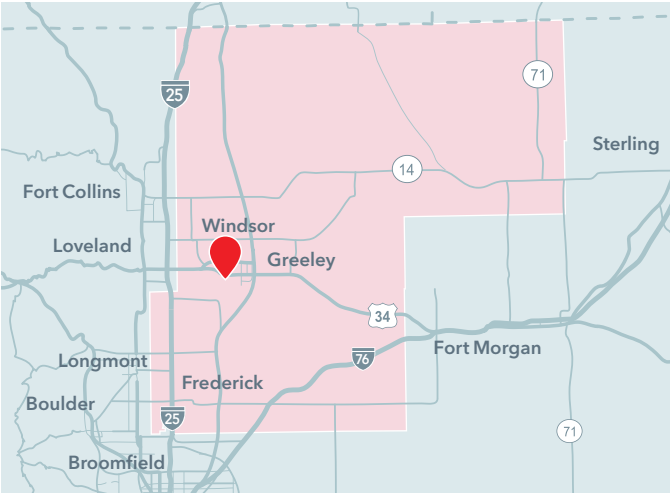
Included as part of UCHealth’s community benefit, GH provided \$47 million in community benefits during fiscal year 2024, including \$27 million in uncompensated care.

Community served.

For the purposes of this CHNA, the GH community is defined as Weld County. This county represents the geographic area most proximal to the hospital where many GH patients reside.

Demographic characteristics of the community served.<sup>1</sup>

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



UCHealth Greeley Hospital

Population:

	Colorado	Weld County
Population	5,839,926	350,176

Age:

	Colorado	Weld County
Percentage younger than 18 years of age	20.8%	25.2%
Percentage 65 years of age and older	15.7%	13.0%

Race and ethnicity:

	Colorado	Weld County
Percentage Non-Hispanic Black	4.1%	1.4%
Percentage American Indian and Alaskan Native	1.7%	1.7%
Percentage Asian	3.8%	2.1%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.2%
Percentage Hispanic	22.5%	31.0%
Percentage Non-Hispanic White	66.5%	63.4%
Percentage not proficient in English	2.5%	3.9%
Percentage female	49.2%	49.1%
Percentage rural	14.0%	20.0%

## Economic stability and poverty:

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

	Colorado	Weld County
Unemployment rate <sup>2</sup>	3.0%	<b>3.2%</b>
Median household income	\$89,096	\$90,770
Percentage of adults ages 25–44 with some post-secondary education	73.8%	<b>65.1%</b>
Percentage of people under age 18 living in poverty	11.1%	9.7%
Percentage of children eligible for free or reduced-price school lunch	38.3%	37.0%
Percentage of households that spend 50% or more of their household income on housing (severe housing cost burden)	13.3%	12.6%
Percentage of population who lack adequate access to food (food insecure)	9.2%	8.7%

## 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.

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

	Colorado	Weld County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,606	<b>1,741</b>

### Footnotes and sources:

1. Source for all values unless otherwise noted: 2024 County Health Rankings & Roadmaps.
2. Source: 2018–2023 Colorado Health Indicators.

# COMMUNITY HEALTH NEEDS ASSESSMENT

Between December 2024 and March 2025, GH 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.
- Solicitation of community input on local health issues through:
  - Distribution of a web-based survey to local community-serving organizations, school districts and government agencies.
  - A web-based survey distributed to health care providers at GH to gather input on community health needs.
- A review of the most recent community health improvement plan conducted by Weld County Department of Public Health and Environment.
- Participation in meetings with Weld County Department of Public Health and Environment and other local organizations to gain insights into community needs.

After collecting data and soliciting input from the community and health care providers, the Internal Advisory Group (IAG) for GH, a subset of the hospital's leadership team, reviewed all information obtained from the activities described above and identified recommended health need areas of focus for the 2025-2027 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the GH 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:

- Review 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 and Colorado overall.

## Written comments on previously conducted community health needs assessment.

The 2022-2024 GH CHNA and corresponding implementation strategy report have been available to the public on the UCHHealth public website since 2022. In 2023 and 2024, GH 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 CHNA 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 & Roadmaps (2024 report year) and the Colorado Health Indicators database (2018-2023). Indicator values were assessed at the county and state levels.

Summary tables of the key health indicators in the GH 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 GH.

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.
- Cancer.
- Cardiovascular risks.
- Chronic disease.
- Injury.
- Maternal health.
- Preventative care.

## 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, GH regularly participates in meetings facilitated by local community organizations and other partner agencies that focus on identifying and implementing best practices for reducing these barriers.

## Community engagement synopsis.

To gather input on the most significant health issues, during January 2025, GH provided a web-based survey to health care providers and community stakeholders throughout Weld County (see Appendix 2 for a listing of organizations that were invited to participate in the survey). Agencies serving members of medically underserved low-income and minority populations were included in the survey distribution. Respondents were asked to rank each of the significant issues identified above, as well as describe other health issues for consideration. Results from these surveys are shown below.

Findings from the 2022-2025 Weld County Department of Public Health and Environment Community Health Improvement Plan were also reviewed. The top five health issues identified by key stakeholders were<sup>1</sup>:

1. Housing.
2. Mental healthcare access.
3. Mental health indicators.
4. Healthcare access.
5. Infectious disease burden and COVID-19.

A coalition of community partners representing multiple sectors known as the Thriving Weld Coalition further narrowed these top five health issues to two priorities for Weld County, which included mental health and housing.

The above described activities were conducted in addition to participating in meetings with Weld County Department of Public Health and Environment and other local organizations to gain insight into community needs.

### Footnotes and sources:

1. Weld County Department of Public Health and Environment "Community Health Improvement Plan 2022-2025" (2022) ([Community Health Improvement Plan - Weld County](#)).

## Provider and community survey results.

The survey asked respondents to rank a set of community health needs in order of importance to the community. Results are provided in the table below. The score represents the aggregate points for each health need based on the ranking and prioritization from the respondents.

Health need	Community Survey (n=19)		Provider survey (n=60)	
	Score <sup>1</sup>	Rank	Score <sup>1</sup>	Rank
Access to care	128	1	330	2
Behavioral health <sup>2</sup>	124	2	340	1
Preventative care	119	3	—	—
Chronic disease <sup>3</sup>	97	4	273	3
Cardiovascular risks	68	5	226	4
Cancer	64	6	198	5
Maternal health	45	7	187	6
Injury	39	8	126	7

### Footnotes and sources:

1. The score represents the aggregate points for each health need based on the rankings and prioritization from the respondents.
2. Described as "behavioral health, including mental health and substance-use disorders."
3. Described as "chronic disease, such as diabetes and obesity."

Survey respondents also identified community agencies addressing these issues and with whom GH 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 a vital component of a CHNA. In addition to hospital care, the GH community is served by community-based health centers and a network of medical and mental health providers. GH also offers a wide array of virtual health options. Though services might 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.

## Summary of actions taken by hospital since the last community health needs assessment.

To understand the effectiveness and scope of actions taken by GH since completion of its most recent CHNA, a review of community-benefit activities was completed. The 2022-2024 CHNA identified behavioral health, access to care and social determinants of health. A few examples of programs and initiatives currently in process to address the prior findings are listed below.

### Access to care:

- Provide increased access to timely and convenient primary care and specialty care through the expansion of our care network and provider teams.
- Hospital-to-home transitional care-coordination services to help individuals successfully return to their normal activities and avoid hospital readmission.
- Ongoing support for the sexual assault forensic nurse examiner program (SANE/SAFE) to provide compassionate, specialized care for survivors of sexual assault.
- Medicare benefits counseling, education and enrollment assistance to ensure seniors remain covered and retain access to care.
- Provide increased access to timely and convenient care through the expansion of our telehealth and virtual care options.

### Behavioral health:

- Integration of behavioral health providers within primary care clinics to provide comprehensive primary care and behavioral health in one location.
- Implementation of Alternatives to Opioids (ALTO) program as well as opioid awareness campaign to reduce the risk and prevalence of substance dependency.
- Expansion of behavioral health care services to a virtual platform to reduce access barriers.
- Collaboration with non-profit community partners for the Acts of Connection campaign to reduce community isolation and loneliness.
- Community collaborations with North Range Behavioral Health, Weld County Let's Talk Colorado, Imagine Zero Coalition and Thriving Weld to broaden access to mental health resources for those needing support.
- Provide community-based, evidence-informed behavioral health education and programs to improve mental health and reduce the prevalence of substance dependency.
- Provide evidence-based, structured conversation program that uses unique curriculum to support meaningful connections and reduce loneliness.
- Class offerings such as Powerful Tools for Caregivers and Stress Busting Program for Family Caregivers to reduce stress and build resilience among those caring for others.
- Pain management support groups to improve coping skills and reduce the risk of substance dependency among people experiencing long-term pain.
- Medication-assisted addiction treatment services to increase the odds of success for those seeking long-term recovery from substance dependency.

### Chronic conditions:

- Provide community-based health promotion, disease prevention and self-management education and programs to reduce the prevalence and severity of chronic disease.
- Facilitate evidence-based National Diabetes Prevention Program (NDPP) to reduce the risk and prevalence of diabetes among community members.
- Provide no-cost screening and lifestyle education program to families identified with high-risk for developing heart disease for prevention and early intervention.
- Provide education to promote stroke prevention/awareness and community support groups and activities for those impacted by stroke.

# PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

## Internal Advisory Group recommendations.

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

The GH IAG identified the following health needs as priorities for the 2025-2027 CHNA:

- Access to care.
- Behavioral health.
- Chronic disease.

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

## Access to care.

Access to care was prioritized as the highest-ranking health need in the community survey and second highest in the provider survey. In Weld County, residents under 65 lack health insurance at a higher rate compared to Colorado overall. While 7.9% of Coloradans under age 65 lack health insurance, 9.6% of Weld County residents in the same age category are uninsured.

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.

The ratio of population to primary care providers is highly unfavorable in Weld County compared to the state average, as seen in the table below.

Health Factors	Colorado	Weld County
Percentage of population under age 65 without health insurance	7.9%	9.6%
Ratio of population to primary care physicians	1,210:1	1,730:1
Ratio of population to other primary care providers	700:1	1,240:1

*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.*

## Behavioral health.

According to the U.S. Centers for Disease Control and Prevention (CDC), 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.

Adults in Weld County reported that their mental health was not good during the past 30 days at a slightly higher rate than Coloradoans overall. Similarly, the rates of mental health diagnosed hospitalizations in Weld County is higher than the state average. In Weld County, there were 3,072.8 hospitalizations per 100,000 residents, far exceeding the state average of 2,854.1.

Availability of mental health providers is more limited in Weld County where the ratio of population to mental health providers is 350:1 compared to the state average of 220:1.

Health Factors	Colorado	Weld County
Ratio of population to mental health providers	220:1	<b>350:1</b>
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	14.6%	<b>15.5%</b>
Mental health-diagnosed hospitalizations	2,854.1	<b>3,072.8</b>
Suicide hospitalizations	61.2	54.1

*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.*

## Chronic disease.

According to the CDC, chronic diseases and conditions are one of the leading causes of death and disability in the United States. Chronic conditions—including some cancers, cerebrovascular disease, heart disease, obesity, diabetes and lung disease—share risk factors such as tobacco use, excessive alcohol use, unhealthy diet, physical inactivity and lack of access to preventive care.

As shown in the table below, public health data shows that there is a higher rate of many chronic diseases and conditions in Weld County compared to the state overall. Examples include the incidence rate of cancer, prevalence of diabetes among adults, heart-disease mortality rate and the prevalence of obesity among adults.

Health Factors	Colorado	Weld County
Percentage of adults (18+) who were obese (Body Mass Index $\geq$ 30)	25.1%	<b>28.7%</b>
Percentage of adults reporting poor or fair health (age-adjusted)	12.8%	<b>14.5%</b>
Percentage of adults who are current smokers	12.1%	<b>14.4%</b>
Percentage of population with adequate access to locations for physical activity	90.1%	<b>81.4%</b>
All cancer sites combined (age-adjusted incidence rate per 100,000 population)	387.5	<b>408.7</b>
Lung and bronchus (age-adjusted incidence rate per 100,000 population)	37.0	<b>41.6</b>
Breast cancer (late stage, females, age-adjusted incidence rate per 100,000 population)	41.1	<b>46.8</b>
Colorectal cancer (ages aged 50+, age-adjusted incidence rate per 100,000 population)	85.1	<b>96.5</b>
Colorectal cancer (ages aged 0–49, age-adjusted incidence rate per 100,000 population)	7.4	<b>8.4</b>
Percentage of adults aged 20 and over older reporting no leisure-time physical activity	16.5%	<b>18.4%</b>
Percentage of adults aged 20 and older with diagnosed diabetes	6.5%	<b>7.8%</b>
Heart disease mortality rate (age-adjusted, per 100,000 population)	126.6	<b>135.5</b>
Diabetes mellitus mortality rate (age-adjusted, per 100,000 population)	17.5	<b>25.2</b>

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 the April 2025 meeting, the GH 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 that helped complete this report.

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

The GH 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 GH administrative offices.

# APPENDICES

## Appendix 1–Data tables and sources

Demographics	Year/ Source	Colorado	Weld County
<b>Population</b>	2024 CHR	5,839,926	350,176
Percentage below 18 years of age	2024 CHR	20.8%	25.2%
Percentage 65 and older	2024 CHR	15.7%	13.0%
Percentage Non-Hispanic Black	2024 CHR	4.1%	1.4%
Percentage American Indian and Alaskan Native	2024 CHR	1.7%	1.7%
Percentage Asian	2024 CHR	3.8%	2.1%
Percentage Native Hawaiian/Other Pacific Islander	2024 CHR	0.2%	0.2%
Percentage Hispanic	2024 CHR	22.5%	31.0%
Percentage Non-Hispanic White	2024 CHR	66.5%	63.4%
Percentage not proficient in English	2024 CHR	2.5%	3.9%
Percentage female	2024 CHR	49.2%	49.1%
Percentage rural	2024 CHR	14.0%	20.0%

Health Outcomes	Year/ Source	Colorado	Weld County
<b>Quality of Life</b>			
Percentage of adults reporting poor or fair health (age-adjusted)	2024 CHR	12.8%	<b>14.5%</b>
<b>Maternal and Child Health</b>			
Percentage of births with low birthweight (<2,500g)	2024 CHR	9.4%	8.4%
Number of infant deaths (within 1 year) per 1,000 live births	2024 CHR	5	4
<b>Mental Health</b>			
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	2024 CHR	14.6%	<b>15.5%</b>

Health Factors	Year/ Source	Colorado	Weld County
<b>Tobacco Use</b>			
Percentage of adults who are current smokers	2024 CHR	12.1%	<b>14.4%</b>
<b>Weight Status and Physical Activity</b>			
Percentage of adults (18+) who were obese (Body Mass Index $\geq 30$ )	2024 CHR	25.1%	<b>28.7%</b>
Percentage of population with adequate access to locations for physical activity	2024 CHR	90.1%	<b>81.4%</b>
Percentage of adults age 20 and over reporting no leisure-time physical activity	2024 CHR	16.5%	<b>18.4%</b>
<b>Alcohol and Drug Use</b>			
Percentage of adults reporting binge or heaving drinking (age-adjusted)	2024 CHR	21.4%	19.1%
Percentage of driving deaths with alcohol involvement	2024 CHR	34.7%	32.0%
Number of drug poisoning deaths per 100,000 population	2024 CHR	26	20
<b>Sexual Activity</b>			
Number of newly diagnosed chlamydia cases per 100,000 population	2024 CHR	460	421
Number of births per 1,000 female population aged 15-21	2024 CHR	14	<b>18</b>
<b>Clinical Care—Access to Care</b>			
Percentage of population under age 65 without health insurance	2023 CEN	7.9%	<b>9.6%</b>
Ratio of population to primary care physicians	2024 CHR	1,210:1	<b>1,730:1</b>
Ratio of population to other primary care providers	2024 CHR	700:1	<b>1,240:1</b>
Ratio of population to dentists	2024 CHR	1,161:1	<b>2,060:1</b>
Ratio of population to mental health providers	2024 CHR	220:1	<b>350:1</b>
<b>Clinical Care—Quality of Care</b>			
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2024 CHR	1,606	<b>1,741</b>

Specific Health Conditions	Year/ Source	Colorado	Weld County
Percentage of adults aged 20 and older with diagnosed diabetes	2024 CHR	6.5%	<b>7.8%</b>
Number of people aged 13 years and older living with a diagnosis of HIV per 100,000 population	2024 CHR	272	88

Social and Economic Factors	Year/ Source	Colorado	Weld County
<b>Education</b>			
High school graduation rate	2024 CHR	81.7%	85.7%
Percentage of teens and young adults aged 16-24 who are neither working nor in school (disconnected youth)	2024 CHR	6.5%	5.9%
Percentage of adults aged 25-44 with some post-secondary education	2024 CHR	73.8%	<b>65.1%</b>
<b>Employment</b>			
Unemployment rate	2022 COHI	3.0%	<b>3.2%</b>
<b>Income</b>			
Median Household Income	2024 CHR	\$89,096	\$90,770
Percentage of children under age 18 in poverty	2024 CHR	11.1%	9.7%
Percentage of children eligible for free/reduced-cost school lunch	2024 CHR	38.3%	37.0%
Percentage of households that spend 50% or more of their household income on housing (severe housing-cost burden)	2024 CHR	13.3%	12.6%
Percentage of population who lack adequate access to food (food insecure)	2024 CHR	9.2%	8.7%
<b>Community Safety</b>			
Number of motor vehicle crash deaths per 100,000 population	2024 CHR	11	<b>16</b>
Number of deaths due to injury per 100,000 population	2024 CHR	89	78
Number of deaths due to homicide per 100,000 population	2024 CHR	5	3
Number of deaths due to firearms per 100,000 population	2024 CHR	16	12

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/ Source	Colorado	Weld County
All cancer sites combined	2018-2020 COHI	387.5	<b>408.7</b>
Lung and bronchus	2018-2020 COHI	37.0	<b>41.6</b>
Breast cancer (late-stage, females)	2018-2020 COHI	41.1	<b>46.8</b>
Colorectal cancer (aged 50+)	2018-2020 COHI	85.1	<b>96.5</b>
Colorectal cancer (aged 0-49)	2018-2020 COHI	7.4	<b>8.4</b>
Cervical cancer (late-stage, females)	2018-2020 COHI	N/A	N/A



Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/ Source	Colorado	Weld County
Heart disease	2020-2022 COHI	1,961.4	<b>2,194.5</b>
Mental health diagnosed hospitalizations	2020-2022 COHI	2,854.1	<b>3,072.8</b>
Suicide-attempt hospitalizations	2020-2022 COHI	61.2	54.1
Stroke	2020-2022 COHI	317.6	<b>319.3</b>
Acute myocardial infarction	2020-2022 COHI	195.3	<b>200.0</b>
Congestive heart failure	2020-2022 COHI	802.7	<b>986.6</b>
Influenza (aged 65+)	2020-2022 COHI	118.1	<b>141.8</b>

Age-adjusted Mortality Rates Per 100,000 Population	Year/ Source	Colorado	Weld County
All causes	2021-2023 COHI	727.1	<b>747.4</b>
Malignant neoplasms	2021-2023 COHI	122.3	<b>124.6</b>
Unintentional injuries	2021-2023 COHI	68.8	67.5
Heart disease	2021-2023 COHI	126.6	<b>135.5</b>
Alzheimer's disease	2021-2023 COHI	30.1	<b>39.7</b>
Cerebrovascular diseases	2021-2023 COHI	33.7	31.5
Chronic lower-respiratory diseases	2021-2023 COHI	36.1	<b>41.3</b>
COVID-19	2021-2023 COHI	41.4	<b>47.6</b>
Diabetes mellitus	2021-2023 COHI	17.5	<b>25.2</b>
Suicide	2021-2023 COHI	21.6	17.9
Chronic liver disease and cirrhosis	2021-2023 COHI	18.7	<b>19.3</b>

**Footnotes and sources:**

- N/A: Data is not available or is suppressed due to small sample size.
- CHR: County Health Rankings & Roadmaps; 2024 report year; measures collected from various sources and years ([County Health Rankings & Roadmaps](#)).
- COHI: Colorado Health Indicators dataset 2018-2023 (provides access to state and local-level data compiled by Colorado Department of Public Health and Environment) ([Colorado Health Information Dataset](#)).
- CEN: United States Census Bureau; 2023 ([U.S. Census Bureau Quick Facts](#)).

## Appendix 2—Community organizations invited to participate in the community survey

- 60+ Ride
- Aims Community College
- Alzheimer's Association—Weld County
- American Cancer Society
- American Lung Association
- Assistance League of Greeley
- BBB Serving Northern Colorado and Wyoming Foundation
- Berthoud Fire Protection District
- Book Trust
- Boys & Girls Clubs of Weld County
- Carepool Innovation, Inc.
- Catholic Charities
- Centennial Area Health Education Center
- Changing The Narrative
- Chilson Senior Center
- City of Evans
- City of Greeley
- Colorado Center for Nursing Excellence
- Colorado School of Public Health
- Colorado State Patrol District Three: Northeast Colorado
- Columbine Health Systems Center for Healthy Aging
- Community Foundation of Northern Colorado
- Community Grief Center
- CSU Weld County Extension
- Dementia Together
- Division of Youth Services
- Eastern Colorado Community Fund
- Friends of A Woman's Place
- Greeley Active Adult Center
- Greeley Area Habitat for Humanity
- Greeley Chamber of Commerce
- Greeley City Council
- Greeley-Evans School District 6
- Greeley Family House
- Greeley Fire Department
- Greeley Philharmonic Orchestra
- Greeley Police Services
- High Plains Honor Flight
- Immigrant and Refugee Center of Northern Colorado
- League of Women Voters of Greeley-Weld Co.
- Life Stories
- Loveland Library
- Lutheran Family Services Refugee & Asylee Program
- Meals on Wheels of Loveland and Berthoud
- Multidisciplinary Center on Aging
- National Council On Aging
- North Colorado Health Alliance
- North Front Range Metropolitan Planning Organization
- North Range Behavioral Health
- Northern Colorado Health Sector Partnership
- Partners Mentoring Youth
- PFLAG
- Project Self-Sufficiency
- Reach Out and Read Colorado
- Realities For Children
- RSVP of Weld County
- Salud Family Health Centers
- Severance Police Department
- Sunrise Community Health Administration
- Telligen
- The Greeley Dream Team, Inc.
- The Success Foundation
- The Women's Fund of Weld County, Inc.
- Town of Kersey
- Town of Windsor
- United Way of Weld County
- University of Northern Colorado
- Volunteers of America Colorado
- Weld Community Foundation
- Weld County
- Weld County Area Agency on Aging
- Weld County Commissioners
- Weld County Department of Human Services
- Weld County Department of Public Health and Environment
- Weld County Department of Public Health and Environment—Board of Health
- Weld County District Attorney
- Weld County Sheriff's Office
- Weld Food Bank
- Weld RE-4 School District
- Windsor Community Recreation Center
- Windsor Police Department
- Windsor Severance Fire Protection District
- Women 2 Women, Inc.

## Appendix 3—Resources available to address community needs

The following list was generated through survey feedback. It is not intended to be a comprehensive list of all community resources. For additional resources refer to Colorado 2-1-1 at [www.211colorado.org/](http://www.211colorado.org/).

Organization	Summary of resources	Link
<b>Access to care</b>		
Sunrise Community Health	Affordable care services offered at a sliding scale, including primary care, specialty care, dental and behavioral health services also available.	<a href="https://www.sunrisecommunityhealth.org/">https://www.sunrisecommunityhealth.org/</a>
Salud Family Center	Health care services including primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding scale fees.	<a href="https://www.saludclinic.org">https://www.saludclinic.org</a>
<b>Behavioral health</b>		
North Range Behavioral Health	Offers comprehensive mental health treatment and substance use treatment for adults, children and families. Crisis support, inpatient, outpatient and telehealth services are available. Accepts Medicaid, CHP+ and other insurance plans in addition to offering a sliding fee scale for eligible patients.	<a href="#">Home   North Range Behavioral Health</a>
Sunrise Community Health	Affordable behavioral health treatment offered at all primary care locations. Conditions treated include depression, anxiety and drinking or drug use. Services offered in partnership with North Range Behavioral Health and SummitStone Health Partners.	<a href="https://www.sunrisecommunityhealth.org/">https://www.sunrisecommunityhealth.org/</a>
Weld Aging Well (offered by Weld County)	Free workshops and classes offered through the Weld Aging Well program to adults 60+. Includes active living programs to reduce the risk of depression and obesity.	<a href="#">Weld Aging Well - Weld County</a>
<b>Chronic disease</b>		
Sunrise Community Health	Affordable care services offered at a sliding scale, including primary care, specialty care, dental and behavioral health services also available.	<a href="https://www.sunrisecommunityhealth.org/">https://www.sunrisecommunityhealth.org/</a>
Salud Family Center	Health care services including primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding scale fees.	<a href="https://www.saludclinic.org">https://www.saludclinic.org</a>