2025–2027 COMMUNITY HEALTH NEEDS ASSESSMENT

Joint Report for UCHealth Memorial Hospital and
UCHealth Grandview Hospital

uchealth

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INTRODUCTION

The following report contains the 2025–2027 community health needs assessment (CHNA) for UCHealth Memorial Hospital (MH) and UCHealth Grandview Hospital (GVH). 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.

This is a joint report for both hospitals. The IRS permits 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.

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 Memorial Hospital and UCHealth Grandview Hospital overview.

MH and GVH are located in Colorado Springs, Colorado, along with a broader network of UCHealth primary care and specialty care clinics. MH includes Memorial Hospital Central (MHC), a 424-bed hospital, and Memorial Hospital North (MHN), a 140-bed hospital. MH offers the most comprehensive array of services in southern Colorado and is the region's only Level I trauma center and comprehensive stroke center. GVH is a 22-bed hospital focused on orthopedic and sports medicine care. MH and GVH are committed to improving the lives of the community's most vulnerable residents and cared for more than 325,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2024.

MH and GVH are 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. 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.

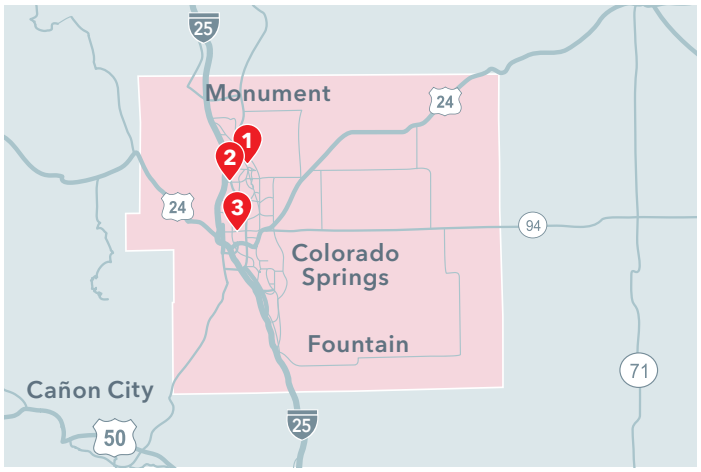
Included as part of UCHealth's community benefit, MH provided $225 million in community benefits during fiscal year 2024, including $100 million in uncompensated care. GVH provided $14 million in community benefits, including $7 million in uncompensated care during the same period.

Community served.

For the purposes of this CHNA, the MH and GVH community is defined as El Paso County. This county represents the geographic area most proximal to the hospitals where many MH and GVH patients reside.

Demographic characteristics of the community served.[1]

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



1 UCHealth Memorial Hospital North
3 UCHealth Memorial Hospital Central
2 UCHealth Grandview Hospital

Population:

	Colorado	El Paso County
Population	5,839,926	740,567
Percentage female	49.2%	49.0%
Percentage rural	14.0%	10.3%

Age:

	Colorado	El Paso County
Percentage younger than 18 years of age	20.8%	23.0%
Percentage 65 years of age and older	15.7%	14.0%

Race and ethnicity:

	Colorado	El Paso County
Percentage Non-Hispanic Black	4.1%	5.9%
Percentage American Indian and Alaskan Native	1.7%	1.4%
Percentage Asian	3.8%	3.4%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.4%
Percentage Hispanic	22.5%	18.9%
Percentage Non-Hispanic White	66.5%	67.0%
Percentage not proficient in English	2.5%	1.1%

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	El Paso County
Unemployment rate[2]	3.0%	**3.3%**
Median household income	$89,096	**$82,248**
Percentage of adults aged 25–44 with some post-secondary education	73.8%	75.9%
Percentage of people under age 18 living in poverty	11.1%	10.3%
Percentage of children eligible for free or reduced-price school lunch	38.3%	33.6%
Percentage of households that spend 50% or more of their household income on housing (severe housing cost burden)	13.3%	**13.5%**
Percentage of population who lack adequate access to food (food insecure)	9.2%	**9.6%**

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	El Paso County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,606	1,575

Footnotes and sources:
1. Source for all values unless otherwise noted: 2024 County Health Rankings
2. Source: 2018-2023 Colorado Health Indicators

COMMUNITY HEALTH NEEDS ASSESSMENT

Between December 2024 and March 2025, MH and GVH 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.
- 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 MH and GVH to gather input on community health needs.
- Review of the most recent Community Health Assessment (CHA) for El Paso County as produced by El Paso County Public Health.
- Participation in meetings with other local organizations to gain insights on community needs.

After collecting data and soliciting input from the community and health care providers, the Internal Advisory Group (IAG) for MH and GVH, a subset of the hospitals' leadership teams, reviewed all information obtained from the activities described above and identified recommended health needs areas of focus for the 2025–2027 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the MH and GVH boards of directors for review and approval.

The following illustrates the CHNA process components and participants.

Identify community health needs.

Secondary data analysis:
- Population characteristics.
- Social and economic factors.
- Health data.

Community and health care provider input:
- Brainstorming of community health issues.
- Ranking of the community's most significant issues.

Prioritize significant community health needs.

Consolidation and synthesis of information:
- In-depth secondary data analysis.
- Community and provider input.
- IAG recommendations.

Prioritization of issues:
- Scope and severity.
- Hospital's ability to impact the issue.
- Availability of evidence-based strategies to address the need.
- Alignment with goals of UCHealth, local community, Colorado and the U.S. overall.

Written comments on previously conducted community health needs assessment.

The 2022–2024 MH and GVH CHNA and corresponding implementation strategy report have been available to the public on the UCHealth public website since 2022. In 2023 and 2024, MH and GVH 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 (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 MH and GVH 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 MH and GVH.

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, MH and GVH regularly participate 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, MH and GVH provided a web-based survey to health care providers and community stakeholders in El Paso 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.

In addition, findings were reviewed from the El Paso County 2023 Community Health Assessment[1] (CHA). The El Paso County process relied on a review of secondary data from sources such as the Colorado Department of Public Health & Environment and the U.S. Census Bureau. Health factors were then ranked and prioritized by the Healthy Community Collaborative (HCC) through a data-driven process. The HCC consists of more than 60 representatives from El Paso County stakeholder groups, such as nonprofit organizations, school districts and government agencies.

The priority health areas identified for El Paso County through its CHA process are:

1. Suicide.
2. Drug overdose.
3. Housing stability.
4. Barriers to accessing health care.

These activities were conducted in addition to participating in meetings with other local organizations to gain insights on community needs.

Footnotes and sources:
1. El Paso County Health Department "Community Health Assessment" (2023) (El Paso County 2023 Community Health Assessment)

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.

	Community Survey (n=11)		Provider survey (n=81)	
Health need	**Score**	**Rank**	**Score**	**Rank**
Access to care	85	1	534	2
Behavioral health[1]	69	2	567	1
Preventative care	51	3	392	3
Chronic disease[2]	45	4	389	4
Cardiovascular risks	43	5	299	5
Maternal health	40	6	255	7
Cancer	34	7	269	6
Injury	29	8	211	8

Footnotes and sources:
1. Described as "behavioral health, including mental health and substance use disorders"
2. Described as "chronic disease, such as diabetes and obesity"

Survey respondents also identified community organizations addressing these issues and with whom MH and GVH 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. The MH and GVH community is served by several acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, MH and GVH offer 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 MH and GVH since the completion of their most recent CHNA, a review of community benefit activities was completed. The 2022–2024 CHNA identified access to care, including primary care and behavioral health, cardiovascular disease prevention and early detection and prevention of cancer. A few examples of programs and initiatives currently in process to address the prior findings are listed below.

Access to care:

- Increased access to timely and convenient primary care and specialty care through the expansion of our care network and provider teams.
- Implementation of the Next Chapter program for Veterans and their families to reduce the veteran suicide rate.
- Early identification and intervention for patients experiencing suicidal thoughts through the Zero Suicide Program implementation.
- Expanded telehealth and virtual-care options to reduce barriers to accessing care.
- Integration of behavioral health care providers within primary care clinics to provide comprehensive primary care and behavioral health in one location.
- Co-responder program in collaboration with local first responder agencies to connect individuals having a mental health crisis to the help that they need and reduce risk for arrest.

Cardiovascular disease prevention:

- Empowerment of young people and adults to live a healthy life, physically and mentally, through the Healthy Hearts and Minds screening and education program.
- Education on chronic disease self-management programs to reduce mortality and complications for individuals living with chronic illnesses.
- Community-based education on diabetes prevention to reduce the risk and prevalence of diabetes and diabetes-related complications.

Early detection and prevention of cancer:

- Early detection and treatment of breast cancer through community-based, breast health education.
- Genetic counseling education for early breast cancer detection.
- Tobacco-cessation education to reduce the risk and prevalence of tobacco-related cancers.
- Prevention or lessening of side effects caused by cancer treatment through oncology telehealth support services.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

The MH and GVH Internal Advisory Group (IAG) reviewed all findings obtained from the activities described previously. The MH and GVH IAG conducted a meeting specifically to identify health need priorities for the CHNA and considered the following criteria during the decision-making process:

- Scope and severity of the health need.
- Potential for MH and GVH to impact the health need.
- Alignment with UCHealth, local, state and national objectives.
- Economic feasibility to address the health need.

The MH and GVH IAG identified the following health needs as priorities for the 2025–2027 CHNA:

- Access to care.
- Behavioral health.
- Cardiovascular risks.

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

Access to care.

In El Paso County, residents under 65 lack health insurance at a higher rate than the overall state population. According to the U.S. Census Bureau, 7.9% of Colorado's population under age 65 is uninsured. By comparison, 8.2% of El Paso County lacks insurance.

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, the inability to take time off work to attend appointments and transportation-related barriers.

The table below shows that the ratio of population to primary care providers in El Paso County is unfavorable compared to the state average.

Health Factors	Colorado	El Paso County
Percentage of population under age 65 without health insurance	7.9%	**8.2%**
Ratio of population to primary care physicians	1,207:1	**1,583:1**

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 conditions are among the most common health conditions in the U.S. The resulting disease burden of mental illness is among the highest of all diseases.

Adults in El Paso County reported that their mental health was not good for 14 or more days over the past 30 days more frequently than adults across Colorado, at 15.6% and 14.6%, respectively. Further, the availability of mental health providers is more limited in El Paso County, where the ratio of population to mental health providers was 230:1 compared to the state average of 219:1.

In addition, the effects of substance-use disorders are cumulative, significantly contributing to costly social, physical, mental and public health problems. El Paso County has both a higher percentage of driving deaths involving alcohol and a higher rate of drug poisoning deaths than the state overall, as seen in the table below.

Health Factors	Colorado	El Paso County
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	14.6%	**15.6%**
Ratio of population to mental health providers	219:1	**230:1**
Suicide hospitalizations	61.2	56.7
Mental health-diagnosed hospitalizations	2,854.1	2,603.7
Percentage of adults reporting binge or heavy drinking (age-adjusted)	21.4%	18.0%
Percentage of driving deaths with alcohol involvement	34.7%	**39.4%**
Number of drug poisoning deaths per 100,000 population	26	**37**

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.

Cardiovascular risks.

According to the CDC, cardiovascular diseases—such as stroke, heart failure, heart attacks and coronary artery disease—are the leading cause of death in the U.S. Several lifestyle factors and medical conditions increase the risk of developing heart disease, including diabetes, smoking, obesity, physical inactivity, an unhealthy diet and excessive alcohol consumption.

As shown in the table below, the population of El Paso County experiences these risk factors at higher rates than the overall population of Colorado. In addition, the rates of hospitalization for stroke and heart disease in El Paso County are higher than those seen in the state as a whole.

Health Factors	Colorado	El Paso County
Heart disease hospitalizations (age-adjusted per 100,000)	1,961.4	**1,974.7**
Stroke hospitalizations (age-adjusted per 100,000)	317.6	**346.6**
Heart disease mortality rate (age-adjusted per 100,000)	126.6	**131.3**
Cerebrovascular diseases (age-adjusted per 100,000)	33.7	**39.5**
Percentage of adults who are current smokers	12.1%	**13.7%**
Percentage of adults (18+) who are obese (Body Mass Index ≥ 30)	25.1%	**28.1%**
Percentage of adults aged 20 and over reporting no leisure-time physical activity	16.5%	**17.2%**
Percentage of adults aged 20 and older with diagnosed diabetes	6.5%	**7.4%**

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 GVH Board of Directors, which includes representatives from the local community, reviewed, discussed and approved the information contained within this report. Similarly, the MH Board of Directors, which also includes representatives from the local community, reviewed, discussed and approved the information contained within this report during the April 2025 meeting.

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 El Paso County will be prepared and presented to the MH and GVH Boards of Directors for approval.

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

APPENDICES

Appendix 1—Data tables and sources

Demographics	Year/ Source	Colorado	El Paso County
Population	2024 CHR	5,839,926	740,567
Percentage below 18 years of age	2024 CHR	20.8%	23.0%
Percentage 65 and older	2024 CHR	15.7%	14.0%
Percentage Non-Hispanic Black	2024 CHR	4.1%	5.9%
Percentage American Indian and Alaskan Native	2024 CHR	1.7%	1.4%
Percentage Asian	2024 CHR	3.8%	3.4%
Percentage Native Hawaiian/Other Pacific Islander	2024 CHR	0.2%	0.4%
Percentage Hispanic	2024 CHR	22.5%	18.9%
Percentage Non-Hispanic White	2024 CHR	66.5%	67.0%
Percentage not proficient in English	2024 CHR	2.5%	1.1%
Percentage female	2024 CHR	49.2%	49.0%
Percentage rural	2024 CHR	14.0%	10.3%

Health Outcomes	Year/ Source	Colorado	El Paso County
Quality of Life			
Percentage of adults reporting poor or fair health (age-adjusted)	2024 CHR	12.8%	**13.5%**
Maternal and Child Health			
Percentage of births with low birthweight (<2500g)	2024 CHR	9.4%	**9.6%**
Number of infant deaths (within 1 year) per 1,000 live births	2024 CHR	5	**6**
Mental Health			
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	2024 CHR	14.6%	**15.6%**

Health Factors	Year/ Source	Colorado	El Paso County
Tobacco Use			
Percentage of adults who are current smokers	2024 CHR	12.1%	**13.7%**
Weight Status and Physical Activity			
Percentage of adults (18+) who were obese (Body Mass Index ≥ 30)	2024 CHR	25.1%	**28.1%**
Percentage of adults age 20 and over reporting no leisure-time physical activity	2024 CHR	16.5%	**17.2%**
Alcohol and Drug Use			
Percentage of adults reporting binge or heaving drinking (age-adjusted)	2024 CHR	21.4%	18.0%
Percentage of driving deaths with alcohol involvement	2024 CHR	34.7%	**39.4%**
Number of drug poisoning deaths per 100,000 population	2024 CHR	26	**37**
Sexual Activity			
Number of newly diagnosed chlamydia cases per 100,000 population	2024 CHR	460	**486**
Number of births per 1,000 female population ages 15-21	2024 CHR	14	**17**
Clinical Care - Access to Care			
Percentage of population under age 65 without health insurance	2023 CEN	7.9%	**8.2%**
Ratio of population to primary care physicians	2024 CHR	1,207:1	**1,583:1**
Ratio of population to dentists	2024 CHR	1,161:1	966:1
Ratio of population to mental health providers	2024 CHR	219:1	**230:1**
Clinical Care - Quality of Care			
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2024 CHR	1,606	1,575

Specific Health Conditions	Year/ Source	Colorado	El Paso County
Percentage of adults aged 20 and older with diagnosed diabetes	2024 CHR	6.5%	**7.4%**
Number of people aged 13 years and older living with a diagnosis of HIV per 100,000 population	2024 CHR	272	168

Social and Economic Factors	Year/ Source	Colorado	El Paso County
Education			
High school graduation rate	2024 CHR	81.7%	**74.0%**
Percentage of teens and young adults aged 16–24 who are neither working nor in school (disconnected youth)	2024 CHR	6.5%	**6.7%**
Percentage of adults aged 25–44 with some post-secondary education	2024 CHR	73.8%	75.9%
Employment			
Unemployment rate	2022 COHI	3.0%	**3.3%**
Income			
Median Household Income	2024 CHR	$89,096	**$82,248**
Percentage of children under age 18 in poverty	2024 CHR	11.1%	10.3%
Percentage of children eligible for free/reduced-cost school lunch	2024 CHR	38.3%	33.6%
Percentage of households that spend 50% or more of their household income on housing (severe housing cost burden)	2024 CHR	13.3%	**13.5%**
Percentage of population who lack adequate access to food (food insecure)	2024 CHR	9.2%	**9.6%**
Community Safety			
Number of motor vehicle crash deaths per 100,000 population	2024 CHR	11	**14**
Number of deaths due to injury per 100,000 population	2024 CHR	89	**108**
Number of deaths due to homicide per 100,000 population	2024 CHR	5	**7**
Number of deaths due to firearms per 100,000 population	2024 CHR	16	**21**

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/ Source	Colorado	El Paso County
All cancer sites combined	2018–2020 COHI	387.5	**390.5**
Lung and bronchus	2018–2020 COHI	37.0	**37.9**
Breast cancer (late-stage, females)	2018–2020 COHI	41.1	**44.3**
Colorectal cancer (aged 50+)	2018–2020 COHI	85.1	80.7
Colorectal cancer (aged 0–49)	2018–2020 COHI	7.4	7.0
Cervical cancer (late-stage, females)	2018–2020 COHI	NA	NA

Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/ Source	Colorado	El Paso County
Heart disease	2020–2022 COHI	1,961.4	**1,974.7**
Mental health diagnosed hospitalizations	2020–2022 COHI	2,854.1	2,603.7
Suicide hospitalizations	2020–2022 COHI	61.2	56.7
Stroke	2020–2022 COHI	317.6	**346.6**
Acute myocardial infarction	2020–2022 COHI	195.3	174.8
Congestive heart failure	2020–2022 COHI	802.7	777.6
Influenza (aged 65+)	2020–2022 COHI	118.1	105.6

Age-adjusted Mortality Rates Per 100,000 Population	Year/ Source	Colorado	El Paso County
All causes	2021–2023 COHI	727.1	**767.9**
Malignant neoplasms	2021–2023 COHI	122.3	**128.4**
Unintentional injuries	2021–2023 COHI	68.8	62.2
Heart disease	2021–2023 COHI	126.6	**131.3**
Alzheimer's disease	2021–2023 COHI	30.1	**31.8**
Cerebrovascular diseases	2021–2023 COHI	33.7	**39.5**
Chronic lower respiratory diseases	2021–2023 COHI	36.1	**39.7**
COVID-19	2021–2023 COHI	41.4	**50.4**
Diabetes mellitus	2021–2023 COHI	17.5	**20.7**
Suicide	2021–2023 COHI	21.6	**25.0**
Chronic liver disease and cirrhosis	2021–2023 COHI	18.7	17.0

Footnotes and sources:
- NA: Data is not available or is suppressed due to small sample size.
- CHR: County Health Rankings; 2024 report year; measures collected from various sources and years (County Health Rankings).
- 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

- Academy School District 20
- Cheyenne Mountain School District 12
- Children's Hospital Colorado
- City of Colorado Springs
- City of Cripple Creek
- City of Fountain
- City of Manitou Springs
- City of Woodland Park
- Colorado Community Health Alliance
- Colorado Military Health System
- Colorado Springs Chamber & EDC
- Colorado Springs City Council
- Colorado Springs Health Foundation
- Colorado Springs Schools District 11
- Diversus Health (formerly AspenPointe)
- Eastern Plains Medical Clinic
- El Paso County
- El Paso County Board of County Commissioners
- El Paso County Coroner's Office
- El Paso County Public Health
- El Paso County Sheriff's Office
- Falcon School District 49
- Fountain - Fort Carson School District 8
- Harrison School District 2
- Lewis Palmer School District 38
- Mt. Carmel Veterans Service Center
- Open Bible Medical Clinic
- Peak Vista Community Health Centers
- Pikes Peak Area Agency on Aging
- Pikes Peak Community Health Partnership
- Teller County Board of County Commissioners
- The ARC Pikes Peak Region
- The Resource Exchange
- Town of Monument
- Tri Lakes Chamber of Commerce
- University of Colorado - Colorado Springs
- Ute Pass Regional Health Services District
- Widefield School District 3

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/.

Access to care		
Organization	**Summary of resources**	**Link**
Peak Vista Community Health Centers	Affordable care services offered at a sliding scale, including primary care, specialty care, dental and behavioral health services also available.	https://www.peakvista.org
Open Bible Medical Clinic & Pharmacy	Free clinical and pharmaceutical services to uninsured, low-income adults.	https://openbiblemedical.org
Mission Medical Center	Free healthcare services including primary care, behavioral health, dentistry, pharmacy and more.	https://missionmedicalcenter.org
Behavioral health		
Peak Vista Community Health Centers	Behavioral health services offered at an affordable cost with sliding scale fees.	https://www.peakvista.org
Dream Centers	Long-term residential programs with supportive trauma informed services for single-mother-led families. Comprehensive health services including behavioral health.	https://dreamcenters.com/about-dream-centers/
Diversus Health	Addiction, counseling, crisis and psychiatric services with many being free for Medicaid members.	https://diversushealth.org
Mission Medical Center	Free healthcare services including primary care, behavioral health, dentistry, pharmacy and more for the underserved and uninsured.	https://missionmedicalcenter.org
Mt. Carmel Veterans' Service Center	Behavioral health and wellness assistance for veterans, military members and their families. Therapy, no-cost therapeutic retreats and more offered regardless of discharge status.	https://www.veteranscenter.org/about/
Cardiovascular risks		
Food is Medicine	Provides nutritious, customized meals to Coloradans living with severe illness.	https://www.projectangelheart.org/nutrition/food-is-medicine/
American Heart Association	Community education on healthy eating, healthy lifestyle, fitness and CPR training, among other health topics.	https://www.heart.org