



2025-2027 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth University of Colorado Hospital



uchealth

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INTRODUCTION

The following report contains the 2025–2027 community health needs assessment (CHNA) for UCH Health University of Colorado Hospital (UCH). 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 UCH Health'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

UCH Health University of Colorado Hospital overview.

UCH is a not-for-profit hospital located in Aurora, Colorado, and has served the Metro Denver community since 1921. The hospital is an 830-bed, acute-care inpatient facility and a Level I trauma center. As the region's only academic medical center, UCH provides the most advanced and comprehensive services and treatments and has been rated as the number one hospital in Colorado by *U.S. News & World Report* for 13 years in a row. The hospital's physicians are affiliated with the University of Colorado School of Medicine, part of the University of Colorado. UCH is committed to improving the lives of the community's most vulnerable residents and cared for more than 230,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2024.

UCH is part of UCH Health, 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, UCH Health 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, UCH Health pushes the boundaries of medicine, providing advanced treatments and clinical trials to ensure excellent care and outcomes for 2.8 million patients each year. UCH Health 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.

As part of its commitment to community benefit, UCHealth provided \$385 million to the University of Colorado School of Medicine, which is more than ten times the funding amount provided by the state of Colorado. UCHealth’s support for the school and its faculty members is critical to expanding access to needed services in local communities, training Colorado’s future generation of doctors and helping to support crucial research to provide better care and innovative treatments for patients.

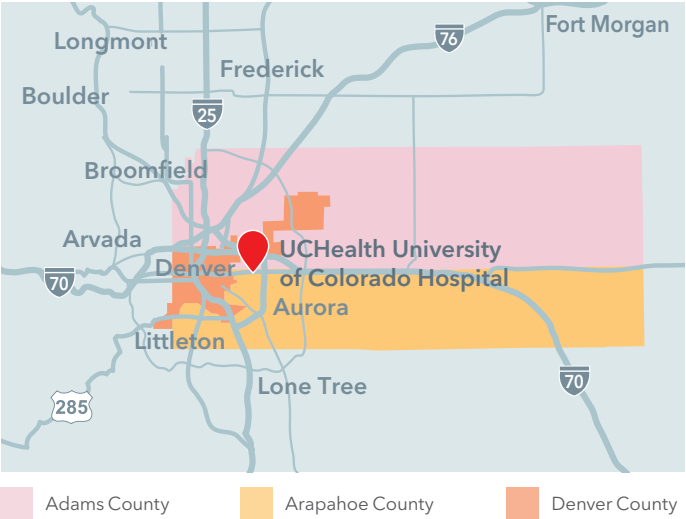
Included as part of UCHealth’s community benefit, UCH provided \$519 million in community benefits during fiscal year 2024, including \$229 million in uncompensated care.

Community served.

For the purposes of this CHNA, the UCH community is defined as Adams, Arapahoe and Denver counties. These counties represent the geographic area most proximal to the hospital where many UCH patients reside.

Demographic characteristics of the community served.¹

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



Population:

	Colorado	Adams County	Arapahoe County	Denver County
Population	5,839,926	527,575	655,808	713,252

Age:

	Colorado	Adams County	Arapahoe County	Denver County
Percentage younger than 18 years of age	20.8%	24.5%	22.2%	18.0%
Percentage 65 years of age and older	15.7%	11.3%	14.6%	12.5%

Race and ethnicity:

	Colorado	Adams County	Arapahoe County	Denver County
Percentage Non-Hispanic Black	4.1%	3.5%	10.9%	9.0%
Percentage American Indian and Alaskan Native	1.7%	2.4%	1.2%	1.8%
Percentage Asian	3.8%	4.7%	6.9%	4.2%
Percentage Native Hawaiian/Other Pacific Islander	0.2%	0.3%	0.4%	0.2%
Percentage Hispanic	22.5%	42.4%	21.0%	28.8%
Percentage Non-Hispanic White	66.5%	46.8%	57.3%	54.9%
Percentage not proficient in English	2.5%	5.5%	4.0%	4.2%
Percentage female	49.2%	49.1%	50.0%	49.4%
Percentage rural	14.0%	4.0%	2.1%	0.0%

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	Adams County	Arapahoe County	Denver County
Unemployment rate ²	3.0%	3.4%	3.1%	3.1%
Median household income	\$89,096	\$89,849	\$93,525	\$87,619
Percentage of adults aged 25–44 with some post-secondary education	73.8%	59.6%	72.8%	80.3%
Percentage of people under age 18 living in poverty	11.1%	14.2%	10.0%	16.7%
Percentage of children eligible for free or reduced-price school lunch	38.3%	50.4%	40.7%	59.5%
Percentage of households that spend 50% or more of their household income on housing (severe housing cost burden)	13.3%	13.2%	13.6%	14.9%
Percentage of population who lack adequate access to food (food insecure)	9.2%	9.0%	8.3%	10.5%

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	Adams County	Arapahoe County	Denver County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,606	2,015	1,827	1,767

Footnotes and sources:

1. Source for all values unless otherwise noted: 2023 County Health Rankings
2. Source: 2018-2022 Colorado Health Indicators

COMMUNITY HEALTH NEEDS ASSESSMENT

Between December 2024 and March 2025, UCH 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 UCH to gather input on community health needs.
- A review of the most recent community health assessments (CHAs) by local public health departments, including:
 - 2022 Community Health Assessment performed by the Tri-County Health Department.
 - 2024 Arapahoe County Community Health Assessment performed by Arapahoe County Public Health.
 - 2020 Community Health Assessment for the City and County of Denver, completed by Denver Public Health & Environment and the Public Health Institute at Denver Health.
- Participation in meetings with local health alliances and public health departments 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 UCH, a subset of the hospital's leadership team, reviewed all information obtained from the activities described above and identified recommended health needs areas of focus for the 2025-2027 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the UCH Board of Directors for review and approval.

The following illustrates the CHNA process components and participants.

Identify community health needs.

Secondary data analysis:

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

Community and health care provider input:

- Brainstorming of community health issues.
- Ranking of the community's most significant issues.

Prioritize significant community health needs.

Consolidation and synthesis of information:

- In-depth secondary data analysis.
- Community and provider input.
- IAG recommendations.

Prioritization of issues:

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

Written comments on previously conducted community health needs assessment.

The 2022-2024 UCH CHNA and corresponding implementation strategy report have been available to the public on the UCHealth public website since 2022. In 2023 and 2024, UCH 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), the Colorado Health Indicators database (2018–2023) and the 2023 Healthy Kids Colorado Survey. Indicator values were assessed at the county and state levels.

Summary tables of the key health indicators in the UCH 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 departments, the potential to impact the issues using evidence-based practices and alignment with the priorities of UCH.

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, UCH 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, UCH provided a web-based survey to health care providers and key community stakeholders throughout Adams, Arapahoe and Denver counties (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 Adams, Arapahoe and Denver counties and are outlined below:

Adams County ¹ (as part of Tri-County Department)	Arapahoe County ²	Denver County ³
<ul style="list-style-type: none"> • Social connections • Economic security • Housing • Education • Food • Safety • Environment • Health behaviors • Mental health • Substance use • Sexual health • Access to care 	<ul style="list-style-type: none"> • Social connections • Economic security • Housing • Education • Food • Safety • Environment • Health behaviors • Mental health • Substance use • Sexual health • Access to care 	<p>Priority health concerns</p> <ul style="list-style-type: none"> • Healthy environments • Housing • Behavioral health • Access to care • Community connectedness • Stress <p>Other health concerns</p> <ul style="list-style-type: none"> • Chronic disease • Communicable disease • Injury

These activities were conducted in addition to participating in meetings with local health alliances and public health departments to gain insights on community needs.

Footnotes and sources:

1. Tri-County Health Department "2022 Community Health Assessment" (2022) ([Adams County Health Department Website](#))
2. Arapahoe County Public Health "2024 Community Health Assessment" (2024) ([ACPH Community Health Assessment FNL 20240320 \(1\).pdf](#))
3. Denver Department of Public Health & Environment and Public Health Institute at Denver Health "Community Health Assessment for the City and County of Denver" (2024) ([Denver Department of Public Health & Environment](#))

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=54)		Provider survey (n=171)	
	Score ¹	Rank	Score ¹	Rank
Access to health care	372	1	1,214	1
Behavioral health ²	334	2	1,061	2
Preventative care	271	3	824	4
Chronic disease ³	232	4	833	3
Cancer	206	5	628	5
Maternal health	203	6	614	6
Cardiovascular risks	190	7	623	7
Injury	136	8	359	8

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 organizations addressing these issues and with whom UCH 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 UCH community is served by several acute-care hospitals, community-based health centers and a network of medical and mental health providers. In addition, UCH 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 UCH 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.
- Removal of cultural and language barriers for Hispanic patients in need of transplant care through the Hispanic Transplant Program.
- Reduction of falls among seniors through community-based education via the Stepping On program.
- Ongoing support for the forensic nurse examiner program (SANE/SAFE) to provide compassionate, specialized care for survivors of sexual assault.
- Expansion of EMS and trauma training in rural areas of Colorado as well as for students from underrepresented backgrounds through the mobile simulation lab.
- Completion of community-based Stop the Bleed response training to enhance survival rates for trauma victims.
- Clinical and operational support for the DAWN Clinic, a student-run clinic that offers free care for uninsured patients.

Behavioral health:

- Integration of behavioral health care providers within primary care clinics to provide comprehensive primary care and behavioral health in one location.
- Implementation of an opioid alternative program to reduce the risk and prevalence of substance dependency.
- Expansion of behavioral health care services to a virtual platform to reduce access barriers.
- Early identification and intervention for patients experiencing suicidal thoughts through the Zero Suicide Program implementation.
- Reduction of alcohol and risk-related trauma among high school students through education in the P.A.R.T.Y. program.

Social drivers of health:

- Partnership with the Center for Work, Education and Employment (CWEE) to help remove barriers for career seekers living at or below the poverty line.
- Collaboration with Aurora Public Schools to offer high school students exposure to health care professions.
- Facilitation of a transition from the hospital to stable housing for patients experiencing homelessness in partnership with Comitis Crisis Shelter and Beacon Place.
- Donations of food to We Don't Waste to increase access to nutritious, affordable food in underserved areas of the community.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

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

The UCH 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.

In all three counties comprising the communities served by UCH, residents under 65 lack health insurance at a higher rate compared to the overall state population. According to the U.S. Census Bureau, 7.9% of Colorado's population under age 65 is uninsured. By comparison, 11.4% of Adams County, 9.8% of Arapahoe County and 8.5% of Denver 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, inability to take time off work to attend appointments and transportation-related barriers.

In Adams County, the ratio of population to primary care providers is highly unfavorable compared to the state average, as seen in the table below. While the ratio of population to primary care providers in Arapahoe and Denver counties is favorable compared to the state average, access to care was prioritized as the highest ranking health need in the community and provider surveys.

Health Factors	Colorado	Adams County	Arapahoe County	Denver County
Percentage of population under age 65 without health insurance	7.9%	11.4%	9.8%	8.5%
Ratio of population to primary care physicians	1,207:1	1,927:1	1,206:1	767:1

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 Adams, Arapahoe and Denver counties reported that their mental health was not good during the past 30 days at a similar rate to Coloradans overall. However, the rates of mental health diagnosed hospitalizations in all three counties were significantly higher than the state average. In Denver County in particular, there were 3,513.1 hospitalizations per 100,000 residents, far exceeding the state average of 2,854.1.

Availability of mental health providers is more limited in Adams County, where the ratio of population to mental health providers was 250:1 compared to the state average of 219:1.

Lastly, the effects of substance-use disorders are cumulative, significantly contributing to costly social, physical, mental and public health problems. The Centers for Disease Control and Prevention reports that binge drinking is the most common, costly and deadly pattern of excessive alcohol use in the U.S. Binge drinking is defined as a pattern of drinking that brings a person's blood-alcohol concentration to 0.08 g/dl or above. This typically happens when men consume five or more drinks or women consume four or more drinks in about two hours. In Adams and Denver counties, 22.2% and 24.9% of adults report binge drinking, respectively. This is higher than the state average of 21.4%. In addition, in all three counties, the percentage of driving deaths with alcohol involvement is higher than the state overall.

Behavioral Health	Colorado	Adams County	Arapahoe County	Denver County
Ratio of population to mental health providers	219:1	250:1	217:1	135:1
Percentage of adults reporting that their mental health was not good for 14+ days during the past 30 days	14.6%	14.9%	14.2%	14.7%
Mental health diagnosed hospitalizations (age-adjusted rate per 100,000 residents)	2,854.1	3,429.4	3,328.0	3,513.1
Percentage of adults who report binge or heavy drinking (age-adjusted)	21.4%	22.2%	19.7%	24.9%
Number of drug-poisoning deaths per 100,000 population	26	28	21	39
Suicide hospitalizations	61.2	72.2	76.4	77.7
Percentage of driving deaths with alcohol involvement	34.7%	37.1%	39.4%	35.3%

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 Adams, Arapahoe and Denver counties compared to the state of Colorado. Examples include the incidence of lung and bronchus cancer, prevalence of diabetes among adults, hospitalization rates for heart disease and the hospitalization rates for congestive heart failure.

Chronic disease	Colorado	Adams County	Arapahoe County	Denver County
Percentage of adults (18+) who were obese (Body Mass Index ≥ 30)	25.1%	31.3%	25.2%	22.0%
Percentage of middle and high school students who were physically active for a total of at least 60 minutes per day on 5 or more of the past 7 days	49.9%	44.2%	43.9%	46.9%
Percentage of adults aged 20 and over reporting no leisure-time physical activity	16.5%	23.2%	17.1%	16.9%
Percentage of adults aged 20 and older with diagnosed diabetes	6.5%	8.5%	7.4%	7.5%
All cancer sites combined (age-adjusted incidence rate per 100,000)	387.5	390.7	389.1	383.3

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 March 2025 meeting, the UCH 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 Adams, Arapahoe and Denver counties will be prepared and presented to the UCH Board of Directors for approval.

The UCH 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 UCH administrative offices.

APPENDICES

Appendix 1–Data tables and sources

Demographics	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Population	2024 CHR	5,839,926	527,575	655,808	713,252
Percentage below 18 years of age	2024 CHR	20.8%	24.5%	22.2%	18.0%
Percentage 65 and older	2024 CHR	15.7%	11.3%	14.6%	12.5%
Percentage Non-Hispanic Black	2024 CHR	4.1%	3.5%	10.9%	9.0%
Percentage American Indian and Alaskan Native	2024 CHR	1.7%	2.4%	1.2%	1.8%
Percentage Asian	2024 CHR	3.8%	4.7%	6.9%	4.2%
Percentage Native Hawaiian/Other Pacific Islander	2024 CHR	0.2%	0.3%	0.4%	0.2%
Percentage Hispanic	2024 CHR	22.5%	42.4%	21.0%	28.8%
Percentage Non-Hispanic White	2024 CHR	66.5%	46.8%	57.3%	54.9%
Percentage not proficient in English	2024 CHR	2.5%	5.5%	4.0%	4.2%
Percentage female	2024 CHR	49.2%	49.1%	50.0%	49.4%
Percentage rural	2024 CHR	14.0%	4.0%	2.1%	0.0%

Health Outcomes	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Quality of Life					
Percentage of adults reporting poor or fair health (age-adjusted)	2024 CHR	12.8%	16.2%	12.3%	14.0%
Maternal and Child Health					
Percentage of births with low birthweight (<2500g)	2024 CHR	9.4%	9.2%	9.9%	9.8%
Number of infant deaths (within 1 year) per 1,000 live births	2024 CHR	5	5	5	5
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%	14.9%	14.2%	14.7%
Percentage of high school students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	2024 CHR	25.7%	23.0%	28.0%	23.6%
Percentage of high school students who seriously considered attempting suicide during the past 12 months	2024 CHR	11.1%	7.9%	10.9%	8.9%

Health Factors	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Tobacco Use					
Percentage of adults who are current smokers	2024 CHR	12.1%	15.3%	12.9%	12.6%
Percentage of high school students who have ever used an electronic vapor product	2023 HKCS	30.0%	27.5%	30.1%	25.6%
Percentage of middle and high school students who smoked cigarettes on one or more of the past 30 days	2023 HKCS	3.1%	1.8%	2.5%	1.6%
Weight Status and Physical Activity					
Percentage of adults (18+) who were obese (Body Mass Index \geq 30)	2024 CHR	25.1%	31.3%	25.2%	22.0%
Percentage of middle and high school students who were physically active for a total of at least 60 minutes per day on 5 or more of the past 7 days	2023 HKCS	49.9%	44.2%	43.9%	46.9%
Percentage of adults age 20 and over reporting no leisure-time physical activity	2024 CHR	16.5%	23.2%	17.1%	16.9%
Alcohol and Drug Use					
Percentage of middle and high school students who binge drank (4+ drinks for females, 5+ drinks for males, within a couple of hours) on one or more of the past 30 days	2023 HKCS	12.1%	10.1%	9.5%	9.8%
Percentage of adults reporting binge or heaving drinking (age-adjusted)	2024 CHR	21.4%	22.2%	19.7%	24.9%
Percentage of driving deaths with alcohol involvement	2024 CHR	34.7%	37.1%	39.4%	35.3%
Number of drug poisoning deaths per 100,000 population	2024 CHR	26	28	21	39
Sexual Activity					
Number of newly diagnosed chlamydia cases per 100,000 population	2024 CHR	460	559	563	933
Number of births per 1,000 female population ages 15-21	2024 CHR	14	19	13	21
Clinical Care - Access to Care					
Percentage of population under age 65 without health insurance	2023 CEN	7.9%	11.4%	9.8%	8.5%
Ratio of population to primary care physicians	2024 CHR	1,207:1	1,927:1	1,206:1	767:1
Ratio of population to dentists	2024 CHR	1,161:1	1,414:1	844:1	1,207:1
Ratio of population to mental health providers	2024 CHR	219:1	250:1	217:1	135:1
Clinical Care - Quality of Care					
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2024 CHR	1,606	2,015	1,827	1,767

Specific Health Conditions	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Percentage of high school students who had ever been told by a doctor or nurse that they had asthma	2023 HKCS	17.5%	17.5%	17.4%	15.4%
Percentage of adults aged 20 and older with diagnosed diabetes	2024 CHR	6.5%	8.5%	7.4%	7.5%
Number of people aged 13 years and older living with a diagnosis of HIV per 100,000 population	2024 CHR	272	290	297	871

Social and Economic Factors	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Education					
High school graduation rate	2024 CHR	81.7%	79.5%	83.9%	73.0%
Percentage of teens and young adults aged 16-24 who are neither working nor in school (disconnected youth)	2024 CHR	6.5%	8.8%	6.9%	8.5%
Percentage of adults aged 25-44 with some post-secondary education	2024 CHR	73.8%	59.6%	72.8%	80.3%
Employment					
Unemployment rate	2022 COHI	3.0%	3.4%	3.1%	3.1%
Income					
Median household income	2024 CHR	\$89,096	\$89,849	\$93,525	\$87,619
Percentage of children under age 18 in poverty	2024 CHR	11.1%	14.2%	10.0%	16.7%
Percentage of children eligible for free/reduced-cost school lunch	2024 CHR	38.3%	50.4%	40.7%	59.5%
Percentage of households that spend 50% or more of their household income on housing (severe housing cost burden)	2024 CHR	13.3%	13.2%	13.6%	14.9%
Percentage of population who lack adequate access to food (food insecure)	2024 CHR	9.2%	9.0%	8.3%	10.5%
Community Safety					
Number of motor vehicle crash deaths per 100,000 population	2024 CHR	11	11	9	10
Number of deaths due to injury per 100,000 population	2024 CHR	89	85	78	94
Number of deaths due to homicide per 100,000 population	2024 CHR	5	6	5	8
Number of deaths due to firearms per 100,000 population	2024 CHR	16	14	14	15

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
All cancer sites combined	2018-2020 COHI	387.5	390.7	389.1	383.3
Lung and bronchus	2018-2020 COHI	37.0	46.9	37.2	37.3
Breast cancer (late stage, females)	2018-2020 COHI	41.1	44.6	38.6	38.4
Colorectal cancer (ages 50+)	2018-2020 COHI	85.1	88.1	83.0	83.4
Colorectal cancer (ages 0-49)	2018-2020 COHI	7.4	6.4	7.4	7.7
Cervical cancer (late-stage, females)	2018-2020 COHI	N/A	N/A	N/A	N/A

Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
Heart disease	2020-2022 COHI	1,961.4	2,521.1	2,264.1	2,222.0
Mental health diagnosed hospitalizations	2020-2022 COHI	2,854.1	3,429.4	3,328.0	3,513.1
Suicide hospitalizations	2020-2022 COHI	61.2	72.2	76.4	77.7
Stroke	2020-2022 COHI	317.6	369.1	370.0	366.3
Acute myocardial infarction	2020-2022 COHI	195.3	299.4	217.7	229.2
Congestive heart failure	2020-2022 COHI	802.7	1,141.1	955.8	977.2
Influenza (ages 65+)	2020-2022 COHI	118.1	173.8	152.5	153.7

Age-adjusted Mortality Rates Per 100,000 Population	Year/ Source	Colorado	Adams County	Arapahoe County	Denver County
All causes	2021-2023 COHI	727.1	827.0	717.5	767.3
Malignant neoplasms	2021-2023 COHI	122.3	132.8	124.0	123.7
Unintentional injuries	2021-2023 COHI	68.8	83.5	67.9	92.5
Heart disease	2021-2023 COHI	126.6	140.6	121.6	129.9
Alzheimers disease	2021-2023 COHI	30.1	28.7	33.3	25.3
Cerebrovascular diseases	2021-2023 COHI	33.7	37.7	32.9	31.7
Chronic lower respiratory diseases	2021-2023 COHI	36.1	43.7	30.1	35.0
COVID-19	2021-2023 COHI	41.4	54.7	33.3	33.2
Diabetes mellitus	2021-2023 COHI	17.5	22.1	17.3	22.9
Suicide	2021-2023 COHI	21.6	20.2	18.9	20.8
Chronic liver disease and cirrhosis	2021-2023 COHI	18.7	25.7	16.4	25.9

Footnotes and sources:

- N/A: 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](#)).
- HKCS: Healthy Kids Colorado Survey; 2023 ([Healthy Kids Colorado Survey](#)).
- CEN: United States Census Bureau; 2023 ([U.S. Census Bureau Quick Facts](#)).

Appendix 2–Community organizations invited to participate in the community survey

- Adams County Health Department
- Arapahoe County Public Health Department
- Aurora Chamber of Commerce
- Aurora Economic Opportunity Coalition
- Aurora Health Alliance and Affiliate Organizations
- Aurora Mental Health & Recovery
- Aurora Public Schools
- Boulder County
- Center for Work, Education & Employment
- Cherry Creek Public Schools
- City of Aurora
- City and County of Denver–Denver Department of Public Health & Environment (DDPHE)
- Colorado Access
- Colorado Black Health Collaborative (CBHC)
- Colorado Health Foundation
- Colorado Health Institute Metro Denver Partnership for Health (MDPH)
- Community College of Aurora
- DAWN Clinic
- Denver Metro Chamber of Commerce
- Denver Public Schools
- Denver Regional Council of Governments (DRCOG)
- Food Bank of the Rockies
- Metro Denver Partnership for Health
- Salud Family Health Centers
- STRIDE Community Health Center
- The Gathering Place
- Village Exchange Center

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
Aurora Public Schools	School-based health clinics, including physicals, mental health screenings and dental care; Medicaid enrollment assistance.	https://www.aurorak12.org
Colorado Coalition for the Homeless	The Mission of the Colorado Coalition for the Homeless is to work collaboratively toward the prevention of homelessness and the creation of lasting solutions for families, children and individuals who are experiencing or are at-risk of homelessness throughout Colorado.	https://www.coloradocoalition.org
DAWN clinic	Primary and specialty care services for uninsured persons, social services navigation, educational initiatives and training for health care providers.	https://www.dawnhealth.org
Deserving Dental	Preventative and therapeutic dental care for underserved individuals and in temporary housing shelters, domestic violence shelters, additional recovery residences and long-term care facilities.	https://deservingdental.org
El Grupo Vida	Support for Hispanic/Latino parents with children who have special needs. Includes First Aid classes and resource navigation services.	https://elgrupovida.org/en/home/
Empowerment Program	A Denver-based nonprofit that removes barriers to health, housing, education and employment. Primary participants are cis and transgender women who have experienced homelessness and/or the criminal legal system. Includes HIV care, STI testing, PrEP/PEP referrals and acupuncture.	https://www.empowermentprogram.org
Families Forward Resource Center	A full-service community center that offers direct support to African American families for family planning, prenatal care and pediatric care.	https://familiesforwardco.com
Family Connects Colorado	Support for newborns and their parents through home visits with a registered nurse. Counseling includes newborn feeding, sleeping and child-care options.	https://familyconnectscolorado.org
Stride Community Health Center	Federally Qualified Health Center (FQHC) that offers primary care, dental, pharmacy, behavioral health, health education and outreach and enrollment services.	https://www.stridechc.org
Salud Family Health	FQHC that offers primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding scale fees.	https://www.saludclinic.org
Clinica Family Health and Wellness	FQHC that offers primary care, pharmacy services, mental health counseling and routine dental exams offered at an affordable cost with sliding-scale fees.	https://www.clinica.org
Tepeyac Community Health Center	FQHC that offers preventative care, mental health counseling and routine dental exams offered at an affordable cost with sliding-scale fees.	https://www.tepeyachealth.org

Behavioral health		
Organization	Summary of resources	Link
Aurora Mental Health	Affordable treatment for mental health conditions and addiction.	https://www.auroramhr.org
Families Forward Resource Center	A full-service community center that offers direct support to African American families for family planning, prenatal care and pediatric care.	https://familiesforwardco.com
Harm Reduction Action Center	Syringe access for people who inject drugs, safe syringe disposal, distribution of Naloxone, vein care, HIV and STI testing, fentanyl testing strips, hygiene products and food access.	https://www.harmreductionactioncenter.org
We Got This Youth Mental Health Organization	Day-long youth, peer-to-peer mental health summit sharing coping skills, therapy options and community help for suicide and violence prevention.	https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Suicide-Prevention/We-Got-This
Chronic disease		
Organization	Summary of resources	Link
Cancer League of Colorado	Aims to secure the cure or control of cancer by raising funds to support innovative cancer research and cancer-related services in the state of Colorado.	https://www.cancerleague.org
Project Angel Heart	Nutritious meals delivered at no cost for Coloradans living with cancer, HIV/AIDS and other severe illnesses.	https://www.projectangelheart.org