



2026-2028 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Longs Peak Hospital

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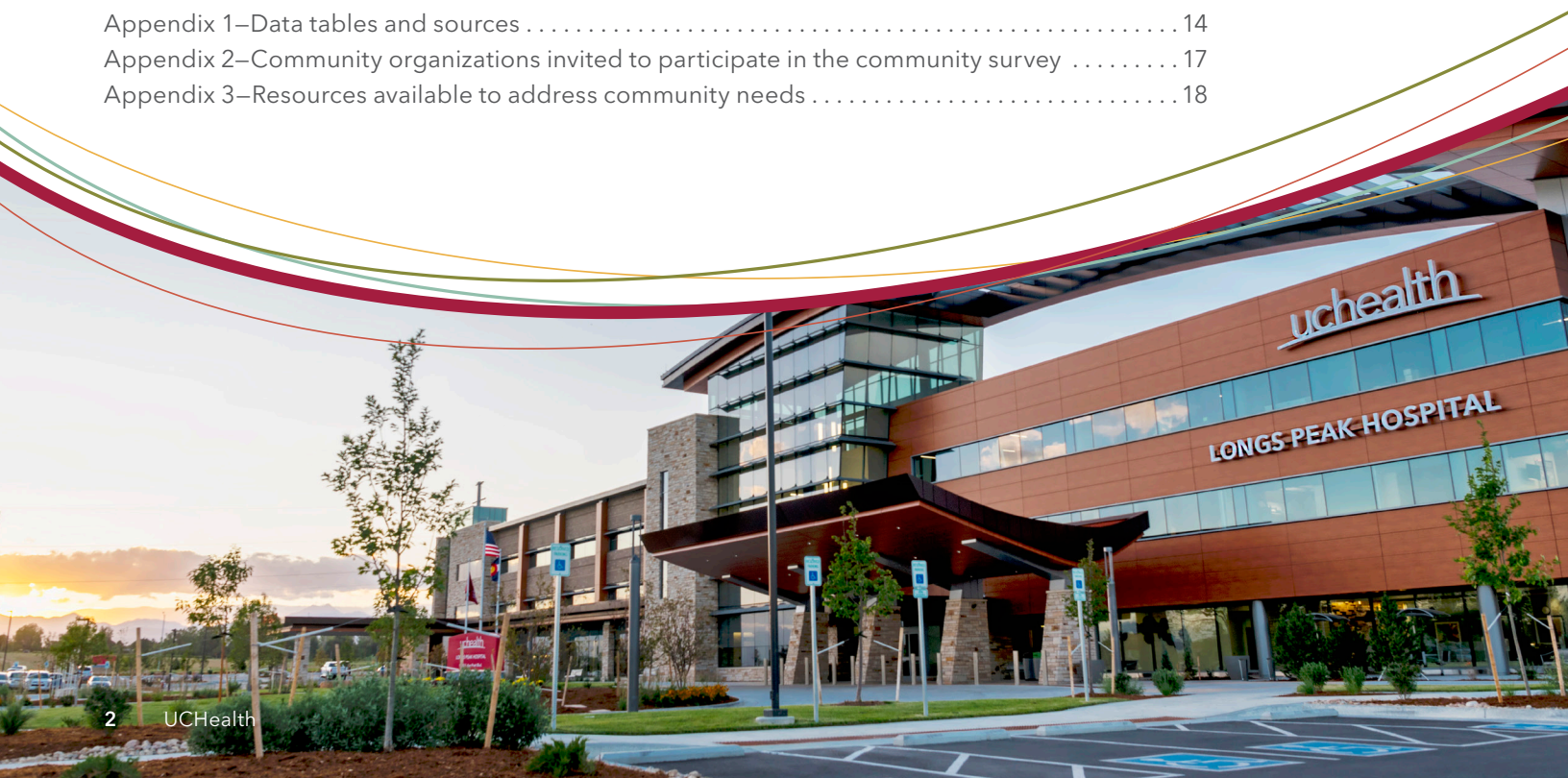
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INTRODUCTION

The following report contains the 2026–2028 community health needs assessment (CHNA) for UCHealth Longs Peak Hospital (LPH). 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 Longs Peak Hospital overview.

LPH is in Longmont, Colorado, and has served the community since 2017. LPH is an 89-bed acute care inpatient facility and a Level III trauma center. LPH offers a wide range of clinical services, diagnostic tests, surgeries and treatments. LPH includes a birth center with a special-care nursery, an intensive care unit and other critical services such as radiology, pharmacy and a lab. LPH is committed to improving the lives of the community’s most vulnerable residents and cared for 79,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2025.

LPH 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 2.9 million patients each year. UCHealth is also the largest provider of Medicaid services in Colorado, with nearly 1.4 million inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2025.

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 2025, UCHealth provided \$1.6 billion in total community benefits, more than twice the nonprofit organization’s tax benefits. UCHealth’s community benefits include \$762 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 more than \$415 million to the University of Colorado School of Medicine. 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.

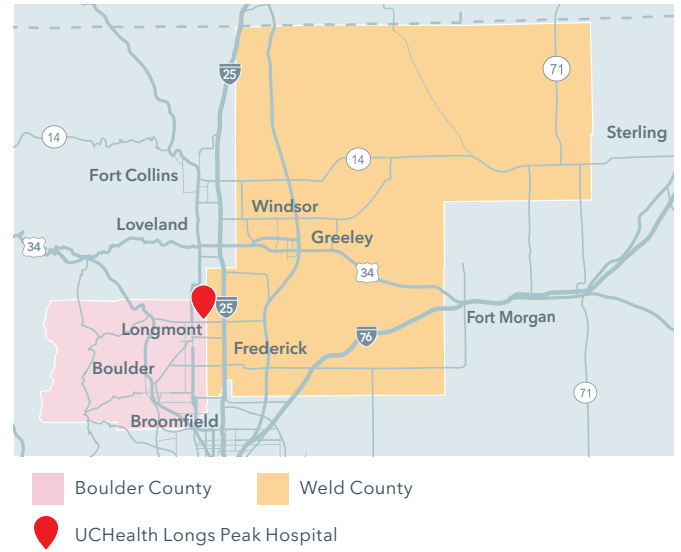
Included as part of UCHealth’s community benefit, LPH provided \$60 million in community benefits during fiscal year 2025, including \$30 million in uncompensated care.

Community served.

For the purposes of this CHNA, the LPH community is defined as Boulder and Weld counties. These counties represent the geographic area most proximal to the hospital where many LPH 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	Boulder County	Weld County
Population	5,877,610	326,831	359,442
Percentage female	49.4%	49.6%	49.2%
Percentage rural	14.0%	9.4%	20.0%

Age:

	Colorado	Boulder County	Weld County
Percentage younger than 18 years of age	20.7%	17.0%	25.2%
Percentage 65 years of age and older	16.0%	17.1%	13.2%

Race and ethnicity:

	Colorado	Boulder County	Weld County
Percentage Asian	3.8%	5.2%	2.2%
Percentage Hispanic	22.7%	14.7%	31.3%
Percentage Native Hawaiian or Other Pacific Islander	0.2%	0.1%	0.2%
Percentage Non-Hispanic Black	4.2%	1.1%	1.4%
Percentage Non-Hispanic White	66.1%	76.2%	62.8%
Percentage not proficient in English	2.6%	1.4%	3.9%

Economic stability and poverty:

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

	Colorado	Boulder County	Weld County
Unemployment rate ²	3.0%	2.5%	3.2%
Median household income	\$92,790	\$97,170	\$90,675
Percentage of children living in poverty	10.9%	7.8%	9.9%
Percentage of overall population experiencing food insecurity	11.5%	10.5%	11.2%
High school graduation rate	82.4%	92.0%	86.3%

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	Boulder County	Weld County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,695	1,596	1,894

Footnotes and sources:

1. Source for all values unless otherwise noted: County Health Rankings & Roadmaps, 2025, version 3.
2. Source: Colorado Health Indicators Dashboard 2018-2024.

COMMUNITY HEALTH NEEDS ASSESSMENT

Between December 2025 and March 2026, LPH 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 LPH to gather input on community health needs.
- A review of the most recent community health assessments (CHAs) by local public health departments, including:
 - 2023 Community Health Assessment, performed by Boulder County Public Health.
 - 2022-2025 Community Health Improvement Plan, performed by Weld County Public Health and Environment.
- 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 LPH, 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 2026-2028 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the LPH Board of Directors for review and approval.

The following illustrates the CHNA process components and participants.

Identify community health needs.

Secondary data analysis:

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

Community and health care provider input:

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

Prioritize significant community health needs.

Consolidation and synthesis of information:

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

Prioritization of issues:

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

Written comments on previously conducted community health needs assessment.

The 2023-2025 LPH CHNA and corresponding implementation strategy report have been available to the public on the UCHHealth public website since 2022. In 2024 and 2025, LPH 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 phase of the secondary data review included an assessment of local population health indicators drawn from County Health Rankings & Roadmaps (2025, version 3), the Colorado Health Indicators Dashboard (2018-2024), the Healthy Kids Colorado Survey (2023) and the U.S. Census Bureau (2024). Indicator values were assessed at the county and state levels.

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

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, LPH 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 2026, LPH provided a web-based survey to health care providers and key community stakeholders throughout Boulder and Weld 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 Boulder and Weld counties and are outlined below:

Boulder County priorities¹

- Mental and behavioral health

Weld County priorities²

- Mental health
- Housing

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. Boulder County Public Health "2023 Community Health Assessment" (2023) ([Boulder County Public Health Website](#))
2. Weld County Public Health and Environment "2022 Community Health Improvement Plan" (2022) ([Weld County Department of Public Health and Environment Website](#))

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=41)		Provider survey (n=48)	
	Score ¹	Rank	Score ¹	Rank
Access to care	273	1	320	1
Behavioral health ²	260	2	306	2
Chronic disease ²	210	3	244	3
Preventative care	180	4	239	4
Cardiovascular risks	163	5	187	5
Cancer	143	T-6	180	6
Maternal health	143	T-6	151	7
Injury	104	8	101	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 LPH 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 LPH community is served by several acute care hospitals, community-based health centers and a network of medical and mental health providers. In addition, through the UCHealth Virtual Health Center, LPH 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 LPH since completion of its most recent CHNA, a review of community benefit activities was completed. The 2023-2025 CHNA identified access to care, behavioral health, cardiovascular disease and cancer. A few examples of programs and initiatives currently in process to address the prior findings are listed below.

Access to care:

- Expansion of access to virtual primary care appointments through the UCHealth Virtual Health Center, improving access to care for individuals facing transportation, scheduling or mobility barriers.
- Evaluation and pursuit of opportunities to recruit additional primary care providers to serve the Longmont and Carbon Valley communities by UCHealth Medical Group, increasing access to primary care services.
- Enhancement of emergency department services for older adults with complex medical conditions by assessing and tracking social factors influencing health status and developing patient-specific care plans, improving access to chronic disease management resources and care coordination.
- Participation in the City of Longmont's Enabling Caring Communities initiative, collaborating with community partners to address social factors and information exchange barriers that may impede access to health care for vulnerable populations.
- Offering community-based emergency preparedness education through LPH Stop the Bleed sessions, increasing access to critical life-saving information for community members.

Behavioral health:

- Expansion of access to virtual behavioral health consultations through the UCHealth Virtual Health Center, improving timely access to behavioral health expertise for community members.
- Integration of behavioral health providers, including licensed clinical social workers and psychologists, within UCHealth Medical Group primary care clinics, increasing early identification and treatment for behavioral health conditions.
- Evaluation and strengthening of partnerships with Rise Against Suicide (formerly Second Wind Fund of Boulder) and Boulder County Public Health to expand access to pediatric mental health treatment and prevention services for high-risk youth in the community.

Cardiovascular disease:

- Increased awareness of health risks associated with nicotine use and promotion of sustained cessation behaviors through the offering of community-based nicotine cessation education and support groups.
- Advancing education on heart health through community-based virtual classes for adults aged 50 and older, with a concentration on medication adherence, cardiovascular health and emotional well-being.
- Ongoing partnerships with local school districts to educate students, families and adults on heart-healthy lifestyles to prevent cardiovascular disease.
- Increased awareness of and education about strokes and prevention through community and school-based events as well as clinical guideline training for emergency services personnel to improve recognition and response to stroke symptoms.

Cancer:

- Increased awareness of cancer risk factors and prevention strategies through the offering of community-based virtual cancer prevention education for adults aged 50 and older.
- Development of strategies to offer innovative cancer screening opportunities to community members, with a focus on increasing awareness of individual cancer risk profiles.
- Ongoing support for nicotine cessation through education and support groups, reinforcing the link between nicotine use and increased cancer risk while promoting sustained cessation behaviors.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

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

The LPH IAG identified the following health needs as priorities for the 2026–2028 CHNA:

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

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

Access to care.

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care provider are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. Disparities in access to primary care include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers.

According to County Health Rankings & Roadmaps, Weld County has just one primary care physician for every 1,735 residents—significantly higher than the Colorado average of one provider for every 1,207 residents. This shortage can make it more difficult for residents to secure timely appointments when needs arise and to establish an initial relationship with a primary care provider for preventive care.

Reliable access to high-quality primary care is especially important amid ongoing confusion and mistrust surrounding vaccinations. Vaccines play a critical role in preventing disease and reducing mortality, yet both Boulder and Weld counties have lower pneumonia vaccination rates among adults 65 and older compared to the state average. While both counties exceed the state average for measles, mumps and rubella vaccination rates, the overall picture underscores the need for strong, accessible primary care systems that can support preventive care and build trust with patients.

Health Factors	Colorado	Boulder County	Weld County
Percentage of population under age 65 without health insurance	7.9%	4.9%	7.7%
Ratio of population to primary care physicians	1,207:1	834:1	1,735:1
Percentage of adults aged 65+ years who report having had a flu shot in the past 12 months	72.2%	80.1%	66.3%
Percentage of kindergarteners protected against measles, mumps and rubella	88.3%	91.5%	93.5%
Percentage of adults aged 65+ years who report having ever had a pneumonia shot	76.2%	75.5%	71.7%

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.

Behavioral health is a critical aspect of overall health and well being. According to the U.S. Department of Health and Human Services, mental health disorders are among the most common causes of disability in the United States, and the overall disease burden associated with mental illness ranks among the highest of all health conditions.

In Boulder and Weld counties, adults reported experiencing poor mental health during the past 30 days at rates similar to those reported statewide. However, Weld County experiences a higher rate of hospitalizations related to diagnosed mental health conditions, with 3,073 hospitalizations per 100,000 residents compared to the Colorado average of 2,854. This disparity suggests a greater severity of need or reduced access to early, community-based care.

Access to behavioral health services remains a challenge, particularly in Weld County. The ratio of population to mental health providers in Weld County is 340:1, substantially higher than the Colorado average of 204:1, indicating more limited availability of care and potential barriers to timely treatment.

Lastly, the effects of substance-use disorders are cumulative, significantly contributing to long term social, physical, mental and public health consequences. The Centers for Disease Control and Prevention (CDC) 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 both Boulder and Weld counties, adult binge drinking rates are comparable to the state average. However, in Boulder County, students report that alcohol is easy to access at significantly higher rates than the state overall (61.4% versus 50.6%), underscoring heightened risk among youth and young adults.

Health Factors	Colorado	Boulder County	Weld County
Population to mental health provider ratio	204:1	106:1	340:1
Average number of days (in the past 30 days) experienced by adults (aged 18+ years) of poor physical or mental health that kept them from doing usual activities	4.8	4.7	4.4
Age-adjusted rate of mental health diagnosed hospitalizations (per 100,000 population)	2,854.1	2,315.4	3,072.8
Percentage of students who feel it would be sort of easy or very easy to get alcohol if they wanted	50.6%	61.4%	N/A
Percentage of students who smoked cigarettes on one or more of the past 30 days	3.1%	5.5%	N/A
Percentage excessive drinking (adults reporting binge or heavy drinking, age-adjusted)	21.6%	23.2%	20.8%
Drug overdose mortality rate (per 100,000 population)	29.7	16.7	21.9

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, conditions such as certain cancers, cerebrovascular disease, heart disease, obesity, diabetes and chronic lung disease account for a substantial share of preventable illness and health care costs nationwide. These conditions often share common, modifiable risk factors, including tobacco use, excessive alcohol consumption, unhealthy diet, physical inactivity and limited access to preventive care.

Chronic disease burden varies across Colorado, with notable differences between Boulder and Weld counties. As shown in the table below, public health data indicates that Weld County experiences higher rates of multiple chronic diseases and related risk factors compared to the state overall. In particular, Weld County has a higher prevalence of adults who are obese and a higher proportion of adults living with diabetes than both Boulder County and the Colorado average. These patterns highlight increased risk for downstream health complications and greater demand for ongoing medical care and disease management.

While Boulder County generally demonstrates lower prevalence of several chronic disease risk factors, both Boulder and Weld counties experience higher age adjusted mortality rates from cerebrovascular diseases than the Colorado average. Additionally, stroke hospitalization rates in Weld County exceed those of both Boulder County and the state, underscoring the continued impact of chronic cardiovascular conditions across the region.

Health Factors	Colorado	Boulder County	Weld County
Percentage of adults (aged 18+ years) who are obese (Body Mass Index (BMI) \geq 30)	25.0%	18.6%	31.2%
Percentage of adults (aged 18+ years) with diabetes	7.9%	5.0%	9.8%
Stroke (age-adjusted rate of hospitalization per 100,000 population)	317.6	258.9	319.3
Cerebrovascular diseases (age-adjusted mortality rates per 100,000 population)	32.4	35.5	45.0

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.

Cardiovascular disease—including stroke, heart failure, heart attack, and coronary artery disease—is the leading cause of death in the United States, according to the CDC. Similar to chronic diseases, a range of modifiable lifestyle factors and underlying medical conditions increase the risk of developing cardiovascular disease, including diabetes, tobacco use, obesity, physical inactivity, unhealthy diet and excessive alcohol consumption.

As shown in the table below, both Boulder and Weld counties experience elevated prevalence of certain cardiovascular risk factors, with notable differences between the two communities. Weld County demonstrates a higher overall burden, including significantly higher rates of cardiovascular-related hospitalizations. In particular, hospitalizations for congestive heart failure in Weld County occur at a rate of 987 per 100,000 residents, compared with 803 per 100,000 statewide. Weld County also has higher rates of adults who are obese and a higher diabetes prevalence than both Boulder County and the Colorado average—two key contributors to cardiovascular disease risk.

While Boulder County generally shows lower rates of several chronic cardiovascular risk factors, some behaviors associated with cardiovascular risk remain prevalent. Rates of excessive alcohol consumption among adults exceed the state average and student cigarette use is higher than reported statewide.

Health Factors	Colorado	Boulder County	Weld County
Percentage of adults (aged 18+ years) who are obese (Body Mass Index (BMI)>= 30)	25.0%	18.6%	31.2%
Percentage of students who smoked cigarettes on one or more of the past 30 days	3.1%	5.5%	N/A
Percentage excessive drinking (adults reporting binge or heavy drinking, age-adjusted)	21.6%	23.2%	20.8%
Percentage of adults (aged 18+ years) with diabetes	7.9%	5.0%	9.8%
Heart disease hospitalizations (per 100,000 population)	1,961.4	1,532.6	2,194.5
Congestive heart failure hospitalizations (per 100,000 population)	802.7	594.1	986.6
Stroke hospitalizations (per 100,000 population)	317.6	258.9	319.3
Acute myocardial infarction hospitalizations (per 100,000 population)	195.3	118.6	200.0

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 2026 meeting, the LPH 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 Boulder and Weld counties will be prepared and presented to the LPB Board of Directors for approval.

The LPH 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 LPH administrative offices.

APPENDICES

Appendix 1–Data tables and sources

Demographics	Year/ Source	Colorado	Boulder County	Weld County
Population	2025 CHR&R	5,877,610	326,831	359,442
Percentage younger than 18 years of age	2025 CHR&R	20.7%	17.0%	25.2%
Percentage 65 and older	2025 CHR&R	16.0%	17.1%	13.2%
Percentage Asian	2025 CHR&R	3.8%	5.2%	2.2%
Percentage Hispanic	2025 CHR&R	22.7%	14.7%	31.3%
Percentage Native Hawaiian or Other Pacific Islander	2025 CHR&R	0.2%	0.1%	0.2%
Percentage Non-Hispanic Black	2025 CHR&R	4.2%	1.1%	1.4%
Percentage Non-Hispanic White	2025 CHR&R	66.1%	76.2%	62.8%
Percentage not proficient in English	2025 CHR&R	2.6%	1.4%	3.9%
Percentage female	2025 CHR&R	49.4%	49.6%	49.2%
Percentage rural	2025 CHR&R	14.0%	9.4%	20.0%

Health Outcomes	Year/ Source	Colorado	Boulder County	Weld County
Quality of Life				
Percentage fair or poor health	2025 CHR&R	13.7%	11.4%	15.3%
Maternal and Child Health				
Percentage low birth weight	2025 CHR&R	9.5%	8.0%	8.6%
Mental Health				
Age-adjusted rate of suicide deaths (per 100,000 population)	2024 CHI	21.6	19.0	17.9
Age-adjusted rate of mental health diagnosed hospitalizations (per 100,000 population)	2024 CHI	2,854.1	2,315.4	3,072.8
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities	2023 HKCS	25.7%	22.4%	N/A
Percentage of students who seriously considered attempting suicide during the past 12 months	2023 HKCS	11.1%	10.9%	N/A
Average number of days (in the past 30 days) experienced by adults (aged 18+ years) of poor physical or mental health that kept them from doing usual activities	2024 CHI	4.8	4.7	4.4
Percentage of students who would be able to get a loaded gun without adult permission in or around their home	2023 HKCS	16.1%	10.7%	N/A
Among students who dated or went out with someone during the past 12 months, the percentage who had been controlled or emotionally hurt by someone they were dating or going out with	2023 HKCS	20.6%	18.8%	N/A

Health Outcomes	Year/Source	Colorado	Boulder County	Weld County
Weight Status and Physical Activity				
Percentage of adults (aged 18+ years) who are obese (Body Mass Index (BMI) >= 30)	2025 CHR&R	25.0%	18.6%	31.2%
Percentage of 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%	57.2%	N/A
Average number of physically unhealthy days	2025 CHR&R	3.7	3.7	4.0
Alcohol, Tobacco and Drug Use				
Percentage of students who feel it would be sort of easy or very easy to get alcohol if they wanted	2023 HKCS	50.6%	61.4%	N/A
Percentage of students who smoked cigarettes on one or more of the past 30 days	2023 HKCS	3.1%	5.5%	N/A
Percentage of excessive drinking (adults reporting binge or heavy drinking, age-adjusted)	2025 CHR&R	21.6%	23.2%	20.8%
Age-adjusted rate for leading causes of Years of Potential Life Lost (YPLL): Chronic liver disease and cirrhosis (per 100,000 population)	2024 CHI	262.1	194.4	240.9
Drug overdose mortality rate (per 100,000 population)	2025 CHR&R	29.7	16.7	21.9
Sexual Activity				
Teen birth rate (per 1,000 female population, ages 15-19)	2025 CHR&R	12.9	5.0	17.1
Rate of new gonorrhea cases (15-29 year olds, per 100,000 population)	2024 CHI	241.2	181.7	326.4
Clinical Care—Access to Care				
Percentage of population under age 65 without health insurance	2024 CEN	7.9%	4.9%	7.7%
Ratio of population to primary care physicians	2025 CHR&R	1,207:1	834:1	1,735:1
Ration of population to mental health provider	2025 CHR&R	204:1	106:1	340:1
Preventative Care				
Percentage of adults aged 65+ years who report having had a flu shot in the past 12 months	2024 CHI	72.2%	80.1%	66.3%
Percentage of kindergartners protected against measles, mumps and rubella	2024 CHI	88.3%	91.5%	93.5%
Percentage of adults aged 65+ years who report having ever had a pneumonia shot	2024 CHI	76.2%	75.5%	71.7%
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2025 CHR&R	1,695	1,596	1,894
Specific Health Conditions - Self-Reported				
Percentage of adults (aged 18+ years) with diabetes	2024 CHI	7.9%	5.0%	9.8%

Social and Economic Factors	Year/ Source	Colorado	Boulder County	Weld County
Education				
High school graduation rate	2025 CHR&R	82.4%	92.0%	86.3%
Employment				
Unemployment rate	2024 CHI	3.0%	2.5%	3.2%
Income				
Median household income	2025 CHR&R	\$92,790	\$97,170	\$90,675
Percentage food insecure	2025 CHR&R	11.5%	10.5%	11.2%
Percentage of children living in poverty	2025 CHR&R	10.9%	7.8%	9.9%
Community Safety				
Firearm fatalities rate (per 100,000 population)	2025 CHR&R	16.5	11.0	13.4

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/ Source	Colorado	Boulder County	Weld County
All cancer sites combined	2024 CHI	387.5	383.5	408.7
Breast cancer (late stage, females)	2024 CHI	41.1	46.8	46.8
Colorectal cancer (aged 50+)	2024 CHI	85.1	81.0	96.5
Colorectal cancer (aged 0-49 yrs)	2024 CHI	7.4	7.5	8.4
Lung and bronchus cancer	2024 CHI	37.0	32.3	41.6

Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/ Source	Colorado	Boulder County	Weld County
Heart disease	2024 CHI	1,961.4	1,532.6	2,194.5
Congestive heart failure	2024 CHI	802.7	594.1	986.6
Stroke	2024 CHI	317.6	258.9	319.3
Acute myocardial infarction	2024 CHI	195.3	118.6	200.0
Influenza hospitalizations (aged 65+)	2024 CHI	118.1	78.5	141.8
Suicide	2024 CHI	61.2	54.1	54.1
Work-related (aged 16+)	2024 CHI	19.7	9.0	33.0

Age-adjusted Mortality Rates Per 100,000 Population	Year/ Source	Colorado	Boulder County	Weld County
All causes	2024 CDPHE	678.3	568.3	688.3
Malignant neoplasms	2024 CDPHE	123.6	106.6	130.9
Heart disease	2024 CDPHE	118.9	101.3	118.7
Unintentional injuries	2024 CDPHE	61.1	51.3	57.3
Chronic lower respiratory diseases	2024 CDPHE	34.6	27.6	42.5
Cerebrovascular diseases	2024 CDPHE	32.4	35.5	45.0
Suicide	2024 CDPHE	21.1	15.6	18.3
Diabetes mellitus	2024 CDPHE	17.4	10.4	20.0

Footnotes and sources:

- N/A: Data is not available or is suppressed due to small sample size.
- CHR&R: 2025 County Health Rankings & Roadmaps, version 3; measures collected from various sources and years ([County Health Rankings](#)).
- CHI: Colorado Health Indicators Dashboard 2018-2024 (provides access to state and local-level data compiled by Colorado Department of Public Health and Environment) ([Colorado Health Information Dataset](#)).
- HCKS: Healthy Kids Colorado Survey Dashboard 2023 ([Healthy Kids Colorado Survey](#)); data for Teller County is jointly reported with Clear Creek, Gilpin and Park Counties to HKCS as 'Region 18'.
- CEN: United States Census Bureau 2024 ([U.S. Census Bureau Quick Facts](#)).

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

- A Way Forward
- Association for Community Living
- Boulder County–Healthy Kids & Adults
- Boulder County Aids Project
- Boulder County Area Agency on Aging
- Boulder County Commissioner District 2
- Boulder County Department Public Health
- Boulder Valley Health Center
- Boulder Valley School District
- Carbon Valley Chamber of Commerce
- Carbon Valley Parks & Recreation District
- City of Dacono
- City of Longmont
- City of Longmont Housing and Community Investment
- City of Longmont Human Services
- Clinica Family Health & Wellness
- Cultivate
- El Comité de Longmont
- Hope House of Colorado
- Hopelight Medical Clinic
- Longmont Chamber of Commerce
- Longmont Community Foundation
- Longmont Economic Development Partnership
- Longmont Housing & Human Services
- Longmont Supporting Action for Mental Health (SAM)
- Meals on Wheels
- North Colorado Health Alliance
- North Range Behavioral Health–Counseling Center at Carbon Valley
- Public Health Nursing Administration
- Rise Against Suicide
- Rocky Mountain Equality
- Safe Shelter of St Vrain Valley
- Salud Family Health Center– Frederick
- Salud Family Health Center–Longmont
- St. Vrain Valley School District
- SYNERGY HomeCare
- The Refuge
- Town of Frederick
- Upstate Colorado
- Veterans Community Project–Longmont
- Via Colorado Mobility Services
- Weld County Area on Aging
- Weld County Commissioner–District 2 (Frederick, Firestone, Dacono)
- Weld County Department of Public Health and Environment

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/.

Organization	Summary of resources	Link
Access to care		
60+ Ride	Provides free, volunteer-driven transportation for adults aged 60+ in Weld County, helping seniors access essential services.	https://www.60plusride.org
A Way Forward	Removes barriers to recovery by offering no-cost services for substance use and mild-to-moderate mental health needs, including recovery groups, peer support, counseling and an intensive outpatient program. Insurance is not required.	https://awfnobarriers.org
Boulder County Public Health	Works to prevent disease, promote healthy behaviors and ensure environmental and community health through services like immunizations, emergency preparedness, disease control, family health programs and environmental health monitoring.	https://bouldercounty.gov/departments/public-health
Boulder Valley Health Center	Provides reproductive and sexual health care, including birth control, STI testing and treatment, gynecology, abortion care, gender-affirming hormone therapy and sex education.	https://bouldervalleyhealth.org
Cultivate	Supports seniors aging in place by providing volunteer-powered services such as grocery delivery, simple home repairs, yard work, snow shoveling and transportation for veterans to and from appointments.	https://cultivate.ngo
Hopelight Medical Clinic	Provides low-cost or free primary care services for the uninsured, Medicaid and Medicare patients, and others without access to care. Provides family medicine, chronic disease support and whole-person care.	https://www.hopelightclinic.org/the-clinic
Meals on Wheels	Delivers hot, nutritious meals and daily wellness checks to older adults and people with disabilities in Longmont and Niwot, supporting independence, health and reduced isolation. Offers in-person community meals as well.	https://www.longmontmeals.org
Moms Demand Action—Longmont Chapter	Advocates for gun violence prevention, community safety and evidence-based gun laws through local action, education and volunteer engagement.	https://www.everytown.org/state/colorado
North Colorado Health Alliance	Supports community well-being through integrated health services, care coordination, behavioral health support and public health initiatives across northern Colorado.	https://northcoloradohealthalliance.org
OUR Center	Provides food assistance, hot meals, rental and utility help, financial and employment support and referrals for health care services.	https://www.ourcenter.org
Qualified Listeners	Provides emotional support, resource navigation, advocacy and connection services to improve quality of life for veterans and their families.	https://www.qualifiedlisteners.org
Regional Accountability Entities (RAEs) for Colorado Medicaid	Coordinates care for Colorado Medicaid members by connecting them to primary care and behavioral health providers, developing regional provider networks and advancing integrated, value-based healthcare delivery.	Health First Colorado Regional Organizations - Health First Colorado

Organization	Summary of resources	Link
Access to care		
Salud Family Health Centers	Provides health care services including primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding scale fees.	https://www.saludclinic.org
Signal (Boulder County and Weld County's Behavioral Health Administrative Service Organizations [BHASOs])	Coordinates and administers behavioral health services, including crisis response, care navigation and support for uninsured or underinsured individuals. Serves as regional hubs for mental health and substance-use care.	Signal is Connecting Colorado to Behavioral Health
TRU Hospice Care Center	Provides compassionate hospice and palliative care, offering medical, emotional and spiritual support for individuals and families facing advanced illness, including in-home and inpatient services.	https://www.trucare.org/our-services/tru-hospice-services
Via Mobility Services	Offers free, accessible, paratransit and door-to-door transportation, mobility training and emergency response support for older adults and people with disabilities across multiple Colorado counties.	https://viacolorado.org
Weld County Public Health	Provides services protecting community health, including disease control, environmental health, immunizations, emergency preparedness and public health programs for Weld County residents.	https://www.weld.gov/Government/Departments/Health-and-Environment
Behavioral health		
Crisis Outreach Response and Engagement (CORE/ Co-Responder)	Pairs mental health clinicians with police to respond to crises involving behavioral health, providing de-escalation, assessment, connection to services and avoiding unnecessary arrests or hospitalizations.	https://longmontcolorado.gov/public-safety/community-programs/substance-use-and-mental-health-resources/crisis-outreach-and-response
Hopelight Medical Clinic	Provides low-cost or free primary care services for the uninsured, Medicaid and Medicare patients and others without access to care. Provides family medicine, chronic disease support and whole-person care.	https://www.hopelightclinic.org/the-clinic
Meals on Wheels	Delivers hot, nutritious meals and daily wellness checks to older adults and people with disabilities in Longmont and Niwot, supporting independence, health and reduced isolation. Offers in-person community meals as well.	https://www.longmontmeals.org
North Colorado Health Alliance	Supports community well-being through integrated health services, care coordination, behavioral health support and public health initiatives across northern Colorado.	https://northcoloradohealthalliance.org
North Range Behavioral Health	Provides crisis support, mental-health therapy, substance-use treatment, early childhood and family services, integrated care and telehealth, supporting people of all ages with behavioral health needs.	https://northrange.org
Qualified Listeners	Provides emotional support, resource navigation, advocacy and connection services to improve quality of life for veterans and their families.	https://www.qualifiedlisteners.org
Regional Accountability Entities (RAEs) for Colorado Medicaid	Coordinates care for Colorado Medicaid members by connecting them to primary care and behavioral health providers, developing regional provider networks and advancing integrated, value-based healthcare delivery.	https://www.healthfirstcolorado.com

Organization	Summary of resources	Link
Behavioral health		
Safe Shelter of St. Vrain	Provides 24/7 crisis support, emergency shelter, counseling and other services for individuals and families affected by domestic violence, elder abuse, human trafficking and teen dating violence.	https://www.safeshelterofstvrain.org/
Salud Family Health Centers	Provides health care services including primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding-scale fees.	https://www.saludclinic.org
Signal (Boulder County and Weld County's Behavioral Health Administrative Service Organizations [BHASOs])	Coordinates and administers behavioral health services, including crisis response, care navigation and support for uninsured or under-insured individuals. Serves as regional hubs for mental health and substance-use care.	https://signalbhn.org
Chronic disease		
Benefits in Action	Helps people navigate and apply for healthcare and food-related benefits (like Medicare, Medicaid, SNAP, LEAP and disability programs) and provides food delivery and benefit literacy support to improve access to essential services.	https://www.benefitsinaction.org/
Boulder County Public Health	Works to prevent disease, promote healthy behaviors and ensure environmental and community health through services like immunizations, emergency preparedness, disease control, family health programs and environmental health monitoring.	https://bouldercounty.gov/departments/public-health/
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
Hopelight Medical Clinic	Provides low-cost or free primary care services for the uninsured, Medicaid and Medicare patients and others without access to care. Provides family medicine, chronic disease support and whole-person care.	https://www.hopelightclinic.org/the-clinic
North Colorado Health Alliance	Supports community well-being through integrated health services, care coordination, behavioral health support and public health initiatives across northern Colorado.	https://northcoloradohealthalliance.org/
Project Angel Heart	Delivers nutritious meals at no cost for Coloradoans living with cancer, HIV/AIDS and other severe illnesses.	https://www.projectangelheart.org
Salud Family Health Centers	Provides health care services including primary care, pediatric care, pharmacy services, behavioral health and dental care offered at an affordable cost with sliding-scale fees.	https://www.saludclinic.org
Weld County Public Health	Provides services protecting community health, including disease control, environmental health, immunizations, emergency preparedness and public health programs for Weld County residents.	https://www.weld.gov/Government/Departments/Health-and-Environment

Organization	Summary of resources	Link
Cardiovascular risks		
HEARTSafe Community Initiative	Helps communities improve survival from sudden cardiac arrest by expanding CPR training, increasing access to public AEDs and implementing best practice emergency response protocols to earn national HEARTSafe designation.	https://citizencpr.org/heartsafe-community/
Hopelight Medical Clinic	Provides low-cost or free primary care services for the uninsured, Medicaid and Medicare patients, and others without access to care. Provides family medicine, chronic-disease support and whole-person care.	https://www.hopelightclinic.org/the-clinic
Meals on Wheels	Delivers hot, nutritious meals and daily wellness checks to older adults and people with disabilities in Longmont and Niwot, supporting independence, health and reduced isolation. Offers in-person community meals as well.	https://www.longmontmeals.org/
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Weld County Public Health	Provides services protecting community health, including disease control, environmental health, immunizations, emergency preparedness and public health programs for Weld County residents.	https://www.weld.gov/Government/Departments/Health-and-Environment