



2026-2028 COMMUNITY HEALTH NEEDS ASSESSMENT

UCHealth Pikes Peak Regional Hospital

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INTRODUCTION

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

PPRH is a critical access hospital located in Woodland Park, Colorado, serving the community since 2007. From family medicine to general surgery and emergency medicine, PPRH provides high-quality care to residents and visitors alike. PPRH is committed to improving the lives of the community’s most vulnerable residents and cared for more than 7,700 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2025.

PPRH 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 three times 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 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, PPRH provided \$753,000 in community benefits during fiscal year 2025, including \$535,000 in uncompensated care.

Community served.

For the purposes of this CHNA, the community of PPRH is defined as Teller County in Colorado. Teller County represents the geographic area most proximal to the hospital where many PPRH patients reside.

Demographic characteristics of the community served.¹

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



 UCHealth Pikes Peak Regional Hospital

Population:

	Colorado	Teller County
Population	5,877,610	24,617
Percentage female	49.4%	48.9%
Percentage rural	14.0%	60.1%

Age:

	Colorado	Teller County
Percentage younger than 18 years of age	20.7%	15.9%
Percentage 65 years of age and older	16.0%	26.7%

Race and ethnicity:

	Colorado	Teller County
Percentage Asian	3.8%	1.2%
Percentage Hispanic	22.7%	7.9%
Percentage Native Hawaiian or Other Pacific Islander	0.2%	0.2%
Percentage Non-Hispanic Black	4.2%	1.0%
Percentage Non-Hispanic White	66.1%	86.6%
Percentage not proficient in English	2.6%	0.1%

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	Teller County
Unemployment rate ²	3.0%	2.9%
Median household income	\$92,790	\$88,089
Percentage of children living in poverty	10.9%	12.0%
Percentage of overall population experiencing food insecurity	11.5%	10.7%
High school graduation rate	82.4%	72.1%

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	Teller County
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	1,695	1,171

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, PPRH 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 PPRH to gather input on community health needs.
- A review of the most recent community health assessment by Teller County Public Health and Environment performed in 2022.
- Participation in meetings with local community 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 PPRH, 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 PPRH 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 PPRH CHNA and corresponding implementation strategy reports have been available to the public on the UCHHealth public website since 2023. 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 PPRH 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 PPRH.

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, PPRH 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, PPRH provided a web-based survey to health care providers and key community stakeholders throughout Teller County (see Appendix 2 for a list 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 Teller County and are outlined below:

1. Mental health
2. Substance use
3. Food access
4. Provider availability

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. Teller County 2022 Community Health Assessment [2023-to-2027-Community-Health-Assessment-Report-PDF](#)

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=17)		Provider survey (n=28)	
	Score ¹	Rank	Score ¹	Rank
Access to care	126	1	209	1
Behavioral health ²	95	2	148	2
Cancer	75	3	79	8
Chronic disease ³	72	4	142	3
Preventative care	71	5	133	4
Cardiovascular risks	68	6	90	7
Injury	54	7	116	5
Maternal health	51	8	91	6

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 PPRH 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 PPRH 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, PPRH offers a wide array of virtual health options. Though services may 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 PPRH since completion of the most recent CHNA, a review of community benefit activities was completed. The 2023-2025 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 (including primary care and behavioral health):

- Continued access to telehealth and virtual care options, improving access for the rural population of Teller County by mitigating transportation, scheduling and/or mobility barriers.
- Ongoing no-cost nurse advice and triage phone services through HealthLink, connecting patients with resources and care that meets their level of need.
- Integration of licensed behavioral health clinicians and virtual psychiatry directly into the Woodland Park Family Medicine practice, allowing patients to receive mental health support during their regular primary care appointments.
- Ongoing execution of the multifaceted Zero Suicide Program, including the Suicide Symposium, the Mental Health Alliance (MHFA) training and QPR (Question, Persuade, Refer) to enhance early identification of and response to mental health crises.
- Expansion of the Mental Health Assessment Program, improving continuity of care through primary care collaboration, increasing access to timely evaluations and facilitating earlier intervention for mental health crises.

Cardiovascular disease:

- Ongoing offering of community-based education events focused on cardiovascular risk factors, prevention behaviors, symptom recognition, screenings and resource education, reducing disparities in health education and encouraging early care for prevention and intervention.
- Offering of an online risk assessment tool for an easily accessible method of understanding personal cardiovascular risk and connecting users to resources for follow-up care, as needed.
- Continued provision of the stress-echocardiogram program, providing timely diagnostic evaluation for individuals at elevated cardiovascular risk and supporting increased favorable outcomes through earlier detection and coordinated follow-up.

Cancer:

- Offering of the colorectal cancer screening program, expanding access to evidence-based screening options, addressing gaps in early detection and reducing late-stage diagnoses within the community.
- An online cancer-risk screening tool that provides residents with an accessible way to understand risk factors, supporting earlier engagement in preventive care and guiding individuals toward appropriate clinical services.
- Expansion of local access to advanced 3D mammography, improving early detection of breast cancer and increasing the likelihood of favorable outcomes through early treatment.
- Expanded access for oncology services through the offering of virtual navigation by NCI-designated experts through the Virtual Health Center, coordinating local care and allowing Teller County residents to receive care close to home.

PRIORITIZATION AND BOARD OF DIRECTORS APPROVAL

Internal Advisory Group recommendations.

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

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

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

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 health care include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers.

Teller County’s uninsured population aged 65 and older is lower than that of Colorado overall. Despite this, residents may still experience limited access to care because the county has relatively few primary care providers for the size of its population. According to County Health Rankings & Roadmaps, Teller County has one primary care physician for every 2,770 residents, compared with a statewide average of one primary care physician for every 1,207 residents.

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 Teller County has lower pneumonia vaccination rates among adults ages 65 and older than the state average, as well as lower rates for measles, mumps and rubella among kindergarteners. These factors underscore the need for strong, accessible primary care systems that can support preventive care and build trust with patients.

Health Factors	Colorado	Teller County
Percentage of population under age 65 without health insurance	7.9%	7.0%
Ratio of population to primary care physicians	1,207:1	2,770:1
Percentage of adults aged 65+ years who report having had a flu shot in the past 12 months	72.2%	46.1%
Percentage of kindergarteners protected against measles, mumps and rubella	88.3%	78.3%
Percentage of adults aged 65+ years who report having ever had a pneumonia shot	76.2%	58.5%

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.

Teller County residents face several behavioral health challenges compared with residents across Colorado, including a higher prevalence of mental health symptoms, greater substance use and increased barriers to accessing care. According to the 2023 Healthy Kids Colorado Survey, 33.4% of students in Teller County reported that they felt so sad or hopeless almost every day for two weeks or more in a row during the past year that they stopped doing some usual activities, significantly higher than the statewide rate of 25.7%. Teller County also reported higher rates of student suicidality, suicide-related hospitalizations and suicide deaths than Colorado overall. Despite a greater demonstrated need for behavioral health services, the county has far fewer mental health providers available, with one provider for every 397 residents compared with one provider for every 204 residents statewide.

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 (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 Teller County, 23.6% of adults report binge drinking, exceeding the Colorado average of 21.6%. The county also experiences a higher drug overdose mortality rate than the state overall, with 33.2 deaths per 100,000 residents compared with 29.7 per 100,000 statewide. Chronic liver disease and cirrhosis—both commonly linked to excessive alcohol use—are also far more prevalent in Teller County, resulting in 481.2 years of potential life lost per 100,000 residents, compared with 262.1 years per 100,000 Coloradans (age-adjusted). Similarly, Teller County's drug overdose rate continues to surpass the state average.

Health Factors	Colorado	Teller County
Ratio of population to mental health providers	204:1	397:1
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	25.7%	33.4%
Percentage of students who seriously considered attempting suicide during the past 12 months	11.1%	16.4%
Age-adjusted rate of suicide hospitalizations (per 100,000 population)	61.2	67.7
Age-adjusted rate of suicide deaths (per 100,000 population)	21.1	55.6
Percentage of students who smoked cigarettes on one or more of the past 30 days	3.1%	5.3%
Percentage of adults who self-reported excessive drinking in the last 30 days (adults reporting binge or heavy drinking, age-adjusted)	21.6%	23.6%
Rate for leading causes of Years of Potential Life Lost (YPLL): chronic liver disease and cirrhosis (age-adjusted per 100,000 population)	262.1	481.2
Drug overdose mortality rate (per 100,000 population)	29.7	33.2

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.

While Teller County reports a lower rate of heart disease related hospitalizations, the county faces a higher prevalence of behaviors that contribute to cardiovascular risk. In Teller County, 26.9% of adults are obese, compared with 25.0% of adults statewide. Students in the county also report smoking cigarettes at higher rates than their peers across Colorado, and—as noted above—binge drinking is more common among Teller County adults. In addition, the county experiences higher rates of diabetes-related mortality.

Together, these indicators highlight a clear opportunity for early intervention aimed at reducing cardiovascular risk and preventing the development of cardiovascular disease, heart attacks and stroke.

Health Factors	Colorado	Teller County
Percentage of adults (aged 18+ years) who are obese (Body Mass Index (BMI) \geq 30))	25.0%	26.9%
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	49.9%	55.0%
Percentage excessive drinking (adults reporting binge or heavy drinking, age-adjusted)	21.6%	23.6%
Percentage of students who smoked cigarettes on one or more of the past 30 days	3.1%	5.3%
Heart disease hospitalizations (per 100,000 population)	1,961.4	1,643.5
Diabetes mellitus mortality (per 100,000 population)	17.4	19.8

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.

Cancer.

Cancer is one of the leading causes of death in the U.S., and the likelihood that an individual will develop cancer is affected by lifestyle choices. Avoiding tobacco, eating a healthy diet, maintaining a healthy weight, being physically active and managing sun exposure are all choices that help reduce cancer risk. Adhering to recommended screening guidelines is also effective at early detection of many types of cancers.

Public health data show that Teller County does not have a higher overall cancer incidence rate (all cancer sites combined) compared with Colorado. However, the county does experience higher rates of colorectal cancer among adults aged 50 and older, late-stage breast cancer among women, and lung and bronchus cancer. As noted in earlier sections, Teller County residents also report higher rates of certain health behaviors and conditions - such as tobacco use and overweight/obesity- that contribute to increased cancer risk.

Health Factors	Colorado	Teller County
Percentage of adults (aged 18+ years) who are obese (Body Mass Index (BMI) \geq 30))	25.0%	26.9%
Percentage of students who smoked cigarettes on one or more of the past 30 days	3.1%	5.3%
Incidence rate of invasive cancer (all sites combined) (age-adjusted per 100,000 population)	387.5	377.7
Incidence rate among people 50+ years old for colorectal cancer (per 100,000 population)	85.1	92.7
Incidence rate among females for late-stage breast cancer diagnosis (age-adjusted per 100,000 females)	41.1	52.9
Incidence rate of lung and bronchus cancer (age-adjusted per 100,000 population)	37.0	38.8

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 PPRH 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 Teller County will be prepared and presented to the PPRH Board of Directors for approval.

The PPRH 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 PPRH administrative offices.

APPENDICES

Appendix 1–Data tables and sources

Demographics	Year/ Source	Colorado	Teller County
Population	2025 CHR&R	5,877,610	24,617
Percentage younger than 18 years of age	2025 CHR&R	20.7%	15.9%
Percentage 65 and older	2025 CHR&R	16.0%	26.7%
Percentage female	2025 CHR&R	49.4%	48.9%
Percentage Asian	2025 CHR&R	3.8%	1.2%
Percentage Hispanic	2025 CHR&R	22.7%	7.9%
Percentage Native Hawaiian or Other Pacific Islander	2025 CHR&R	0.2%	0.2%
Percentage Non-Hispanic Black	2025 CHR&R	4.2%	1.0%
Percentage Non-Hispanic White	2025 CHR&R	66.1%	86.6%
Percentage not proficient in English	2025 CHR&R	2.6%	0.1%
Percentage rural	2025 CHR&R	14.0%	60.1%

Health Outcomes	Year/ Source	Colorado	Teller County
Quality of Life			
Percentage fair or poor health	2025 CHR&R	13.7%	12.8%
Maternal and Child Health			
Percentage low birth weight	2025 CHR&R	9.5%	13.7%
Mental Health			
Age-adjusted rate of suicide deaths (per 100,000 population)	2024 CHI	21.6	30.1
Age-adjusted rate of mental health diagnosed hospitalizations (per 100,000 population)	2024 CHI	2,854.1	2,537.1
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%	33.4%
Percentage of students who seriously considered attempting suicide during the past 12 months	2023 HKCS	11.1%	16.4%
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	5.5
Percentage of students who would be able to get a loaded gun without adult permission in or around their home	2023 HKCS	16.1%	34.0%
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%	30.3%

Health Factors	Year/ Source	Colorado	Teller 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%	26.9%
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%	55.0%
Average number of physically unhealthy days	2025 CHR&R	3.7	3.8
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%	58.3%
Percentage of students who smoked cigarettes on one or more of the past 30 days	2023 HKCS	3.1%	5.3%
Percentage of excessive drinking (adults reporting binge or heavy drinking, age-adjusted)	2025 CHR&R	21.6%	23.6%
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	481.2
Drug overdose mortality rate (per 100,000 population)	2025 CHR&R	29.7	33.2
Sexual Activity			
Teen birth rate (per 1,000 female population, ages 15-19)	2025 CHR&R	12.9	9.0
Rate of new gonorrhea cases (15-29 year olds, per 100,000 population)	2024 CHI	241.2	159.9
Clinical Care—Access to Care			
Percentage of population under age 65 without health insurance	2024 CEN	7.9%	7.0%
Ratio of population to primary care physicians	2025 CHR&R	1,207:1	2,770:1
Ration of population to mental health provider	2025 CHR&R	204:1	397:1
Ratio of population to dentists	2025 CHR&R	1,161:1	2,071:1
Preventative Care			
Percentage of adults aged 65+ years who report having had a flu shot in the past 12 months	2024 CHI	72.2%	46.1%
Percentage of kindergartners protected against measles, mumps and rubella	2024 CHI	88.3%	78.3%
Percentage of adults aged 65+ years who report having ever had a pneumonia shot	2024 CHI	76.2%	58.5%
Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees	2025 CHR&R	1,695	1,171

Specific Health Conditions - Self-Reported	Year/Source	Colorado	Teller County
Percentage of adults (aged 18+ years) with diabetes	2024 CHI	7.9%	5.8%

Social and Economic Factors	Year/ Source	Colorado	Teller County
Education			
High school graduation rate	2025 CHR&R	82.4%	72.1%
Employment			
Unemployment rate	2024 CHI	3.0%	2.9%
Income			
Median household income	2025 CHR&R	\$92,790	\$88,089
Percentage of overall population experiencing food insecurity	2025 CHR&R	11.5%	10.7%
Percentage of children living in poverty	2025 CHR&R	10.9%	12.0%
Community Safety			
Firearm fatalities rate (per 100,000 population)	2025 CHR&R	16.5	36.6

Age-adjusted Incidence Rates of Cancer Per 100,000 Population	Year/ Source	Colorado	Teller County
All cancer sites combined	2024 CHI	387.5	377.7
Breast cancer (late stage, females)	2024 CHI	41.1	52.9
Colorectal cancer (aged 50+)	2024 CHI	85.1	92.7
Lung and bronchus cancer	2024 CHI	37.0	38.8

Age-adjusted Rate of Hospitalization Per 100,000 Population	Year/ Source	Colorado	Teller County
Heart disease	2024 CHI	1,961.4	1,643.5
Congestive heart failure	2024 CHI	802.7	589.7
Stroke	2024 CHI	317.6	267.1
Acute myocardial infarction	2024 CHI	195.3	164.3
Influenza hospitalizations (aged 65+)	2024 CHI	118.1	111.4
Suicide	2024 CHI	61.2	67.7
Work-related (aged 16+)	2024 CHI	19.7	16.3

Age-adjusted Mortality Rates Per 100,000 Population	Year/ Source	Colorado	Teller County
All causes	2024 CDPHE	678.3	633.6
Malignant neoplasms	2024 CDPHE	123.6	95.1
Heart disease	2024 CDPHE	118.9	108.8
Unintentional injuries	2024 CDPHE	61.1	52.2
Chronic lower respiratory diseases	2024 CDPHE	34.6	39.2
Cerebrovascular diseases	2024 CDPHE	32.4	25.1
Suicide	2024 CDPHE	21.1	55.6
Diabetes mellitus	2024 CDPHE	17.4	19.8

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](#)).
- HKCS: 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

- Alzheimer’s Association–Colorado Chapter
- CASA of the Pikes Peak Region
- Center for Independent Living (CIL) of Teller County
- Colorado Springs Health Foundation (CSHF)
- Community of Caring
- Cripple Creek Parks & Recreation
- Cripple Creek-Victor School District
- Florissant Family Medicine
- Gorman Medical, PC
- Joint Initiatives for Youth & Families
- Mountain View Medical Group–Pikes Peak
- Optum Primary Care–Woodland Park
- Peak Vista Community Health Center–Health Center at Divide
- Penrose Mountain Primary Care–Woodland Park
- Pikes Peak Orthopedics
- Pikes Peak Workforce Center
- Salvation Army
- State of Colorado Department of Labor & Employment–Division of Vocational Rehabilitation
- Teller County Alzheimer’s Association
- Teller County Community of Caring
- Teller County Court Appointed Special Advocates (CASA) of the Pikes Peak Region, 4th Judicial District
- Teller County Farmers Market Association
- Teller County Public Health & Environment
- Teller Mosaic Center for Children and Youth
- Teller Park Early Childhood Council (TPECC)
- Teller Senior Coalition
- The Independence Center
- Thrive Primary Care at Woodland Park
- True Life Medicine
- Trust, Education, Safety, Support, and Action (TESSA)–Pikes Peak Region
- Vanguard Skin Specialists
- Voices of Grief
- Woodland Park Community Church (WPCC) Storehouse Ministries

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		
Community of Caring's Aspen Mine Center	A one-stop community resource center that offers assistance such as food, clothing, case management, Medicaid enrollment navigation, employment support and other social services for residents of southern Teller County.	https://cocamc.org/
Community Paramedics Program (Ute Pass Regional Health Service District [UPRAD])	A Mobile Integrated Healthcare program in which trained paramedics deliver in-home assessments, telehealth-supported care and alternative responses to reduce emergency transports and improve rural health outcomes.	https://www.uprhd.org/
Cripple Creek/Victor Mountain School-Based Health Center	A school-based clinic providing medical and healthcare services to students within the Cripple Creek–Victor School District.	https://ccvschools.com/medicaid-healthcare-services/
Peak Vista Community Health Centers	A nonprofit Federally Qualified Health Center offering comprehensive medical, dental and behavioral health services to individuals facing access barriers across numerous regional clinic sites.	https://www.peakvista.org/
Teller County Mental Health Alliance	A collaborative organization supporting behavioral health needs in Teller County through stigma-free resources, suicide-prevention efforts and coordinated community care.	https://tcmha.org/
Teller County Public Health Department, including Women's Wellness Connection Program	A department of Teller County that provides free breast and cervical cancer screenings and related diagnostic services to eligible women through the statewide Women's Wellness Connection program.	https://www.tellercounty.gov/391/Reproductive-Health
Teller Senior Coalition (TSC) and the TSC Transit program	A community organization that provides transportation, food assistance, case management, homemaker support and other services enabling older adults to remain independent, including a door-to-door transit program.	https://www.tellerseniorcoalition.org/transportation
Behavioral health		
Community of Caring's Aspen Mine Center	A one-stop community resource center that offers assistance such as food, clothing, case management, Medicaid enrollment navigation, employment support and other social services for residents of southern Teller County.	https://cocamc.org/
Community Paramedics Program (Ute Pass Regional Health Service District [UPRAD])	A Mobile Integrated Healthcare program in which trained paramedics deliver in-home assessments, telehealth-supported care and alternative responses to reduce emergency transports and improve rural health outcomes.	https://www.uprhd.org/
Cripple Creek/Victor Mountain School-Based Health Center	A school-based clinic providing medical and healthcare services to students within the Cripple Creek–Victor School District.	https://ccvschools.com/medicaid-healthcare-services/
Peak Vista Community Health Centers	A nonprofit Federally Qualified Health Center offering comprehensive medical, dental and behavioral health services to individuals facing access barriers across numerous regional clinic sites.	https://www.peakvista.org/

Organization	Summary of resources	Link
Behavioral health		
Substance Abuse and Mental Health Services Administration (SAMSHA)	The national agency providing resources, prevention programs and treatment support for mental health and substance-use disorders.	https://www.samhsa.gov/
Teller County Mental Health Alliance	A collaborative organization supporting behavioral health needs in Teller County through stigma-free resources, suicide-prevention efforts and coordinated community care.	https://tcmha.org/
Teller County Public Health Department	A department of Teller County that provides resources for mental health care and substance use, including education to prevent overdose and access to Naxolone for overdose reversal.	Mental Health & Substance Abuse Teller County, CO
Teller Senior Coalition (TSC) and the TSC Transit program	A community organization that provides transportation, food assistance, case management, homemaker support and other services enabling older adults to remain independent, including a door-to-door transit program.	https://www.tellerseniorcoalition.org/transportation
Cardiovascular risks		
Cripple Creek/Victor Mountain School-Based Health Center	A school-based clinic providing medical and healthcare services to students within the Cripple Creek-Victor School District.	https://ccvschools.com/medicaid-healthcare-services/
Peak Vista Community Health Centers	A nonprofit Federally Qualified Health Center offering comprehensive medical, dental and behavioral health services to individuals facing access barriers across numerous regional clinic sites.	https://www.peakvista.org/
Community Paramedics Program (Ute Pass Regional Health Service District [UPRAD])	A Mobile Integrated Healthcare program in which trained paramedics deliver in-home assessments, telehealth-supported care and alternative responses to reduce emergency transports and improve rural health outcomes.	https://www.uprhd.org/
Cancer		
Peak Vista Community Health Centers	A nonprofit Federally Qualified Health Center offering comprehensive medical, dental and behavioral health services to individuals facing access barriers across numerous regional clinic sites.	https://www.peakvista.org/
Teller County Public Health Department–Women’s Wellness Connection Program	A department of Teller County that provides free breast and cervical cancer screenings and related diagnostic services to eligible women through the statewide Women’s Wellness Connection program.	https://www.tellercounty.gov/391/Reproductive-Health