2013

University of Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

Community Health Needs Assessment

Executive Summary
Prioritization Guide

OVERVIEW

The Executive Summary and Prioritization Guide is the result of a joint effort by University of Colorado Hospital (UCH) and Center for Health Administration (CHA) at the University of Colorado Denver (retained by UCH) in collecting and prioritizing the health issues in UCH's primary market as part of the hospital's Community Health Needs Assessment (CHNA).

The CHA was retained to complete the 2013 CHNA on behalf of UCH per Internal Revenue Code requirements. As part of the Affordable Care Act of 2010, each freestanding non-profit, 501(c)(3) hospital is required to conduct a CHNA every three years. The CHNA describes the health status of the hospital's community and is to be used by the hospital and other collaborators when it develops an implementation plan that addresses the identified community needs.

UCH used interview tools supplied by the CHA to interview key community stakeholders to determine their opinions on the most predominant health issues in their communities, as well as suggestions on how to work together to address these health issues. UCH also used a University of Colorado-developed Ranking Tool that physicians completed to identify their opinions as front-line providers on the predominant health issues in their communities. All surveys are described in more depth below.

METHODOLOGY

The CHNA Prioritization Guide summarizes information from three separate surveys/ documents: 1) the CHNA, 2) Summary of Physician Ranking Tools, and 3) Summary of Key Stakeholder Interviews.

1) **CHNA**: Data for the Community Health Needs Assessment (CHNA) was predominantly collected from the Colorado Department of Public Health and Environment (CDPHE). The CDPHE's Colorado Behavioral Risk Factor Surveillance System Survey was used to determine information about adult behaviors that impact health, such as substance abuse, eating and exercise habits, and smoking. The national Youth Risk Behavior Survey was consulted to determine behaviors that impact the health of students in 9th through 12th grades. The CDPHE's data base was also probed for information on mortality rates for a variety of health indicators. Many other sources were also used to provide information relevant to each topic area.

   This report mirrors applicable parts of the CDPHE's Colorado's 10 Winnable Battles which identifies key health issues where progress can be made in the next five years. By aligning with the CDPHE, UCH joins forces with an ally in efforts to make an impact on improving the health of its communities. Through this process, the hospital also meets stipulations set by the Affordable Care Act (ACA) that requires

hospitals to collaborate with their Public Health Departments to improve their communities' health.

2) **Summary of Physician Ranking Tools:** All members of the Medical Staff of UCH were given a chance to participate in a survey that ranked health issues in the community. One hundred and thirty providers responded to the survey. Participants ranked health issues using a scale of 1-5, with 5 being the most important health issue, and 1 being the least important health issue to address in the community. The average was computed for all responses and is included in the table below. The top three health issues – **access to care, mental health and obesity** – are indicated in red.

3) **Summary of Key Stakeholder Interviews**: Community perspectives were gathered through telephone interviews with key health and public health agencies and departments; organizations representing the medically underserved; and civic leaders in the Hospital's primary market area who represent a wide variety of a very diverse community. The purpose of the interviews was to learn about the health needs of the hospital's primary service area and opportunities for hospital collaboration from leaders who are knowledgeable about specific segments of the community. The top three health issues that they identified – **the same as above** – are indicated in red.

HOSPITAL PRIMARY SERVICE AREAS

To ensure alignment with publically available CDPHE data, UCH leaders identified Colorado counties in which at least 10% of their patient population resided as their primary service area. The following is a list of counties within the Primary Service Area selected by UCH: Adams, Arapahoe, Denver and Douglas Counties.

HEALTH INDICATORS

The health indicators that were chosen for this report were selected based on publically available CDPHE data, and many were also identified as part of Colorado's 10 Winnable Battles. The predominant health indicators are as follows:

- Access
- Mental Health
- Obesity, Nutrition and Physical Activity
- Cancer
- Overall Health Status
- Diabetes
- Heart Disease and Cerebrovascular Disease
- HIV/AIDS
- Communicable Disease
- Injury
- Oral Health
- Sexual Health
- Substance Abuse
- Tobacco

Additional health indicators listed at the end of the table were included from the physician ranking tool.

COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIZATION GUIDE/TABLE

The following **CHNA Prioritization Guide/Table** shows, at a glance, the health status of the counties in the hospital's primary service area. Each health indicator has several measurements that are rated in comparison to the state average. Indicator rates that are worse than the state average are provided in a red square, indicator rates that are better than the state average are provided in a green square, and indicator measurements that are within +/- 1.0% of the state average are provided in a yellow square. The average numerical rate is included in each square. Small counties may have rates significantly higher or lower than the average, reflecting their smaller sample size. The detailed CHNAs provide more information in these particular cases.

Better	
Average	Within +/- 1.0% of state rate.
Worse	

If county data is not available, then state rates are compared to national rates, but only if the two are comparable. The same colored legend is used for comparing state and national rates. Not Available (N/A) is typically due to absent data or a small sample size that cannot demonstrate statistical significance.

The table also includes a column which ranks **Physician Priorities** that were inserted from the Physician Ranking Tools of health issues. The top three health issues – **access to care, mental health, and obesity** – are indicated in **red**.

The last column identifies the predominant health issues that were *anecdotally* identified by telephone interviews with **Key Stakeholders in the community**. Their top three health issues – **the same as above** – are also identified in **red**.

Prioritization Guide Table

NOTE: Physician Survey column scores are based on a ranking from 1-5, 1 indicating least importance to community health and 5 indicating highest importance to community health. Roughly 900 physicians were asked to respond to the Physician Survey, and 130 responses were collected.

This table is sorted by the "Physician Survey" from highest noted importance to lowest.

Health Issue	Measurement	City to State Comparison					Physician Survey Avg. 1-5 *N=130*	Stakeholder Interviews *N=15*
		Adams	Arapahoe	Denver	Douglas	State		
Access							4.4	Qualitative
	Health care coverage	81.6	87.9	80.4	94.1	84.3		
	Eligible adults not enrolled in Medicaid	34	27.1	25.6	13.5	24.8		
	Eligible children not enrolled in Medicaid	13	10.4	11.9	7.2	12.8		
	Eligible children not enrolled in CHP+	31.4	38.5	34.9	19.6	37.2		
	Shortage of health care providers						3.4	
	Educational and community-based programs						3.1	
Mental Health							3.9	Qualitative
	Mental Health not good for 1-7 days in the last month	23.5	23.0	22.5	23.8	22.4		
	Mental Health not good for 8 or more days in the last month	13.6	12.8	12.9	9.2	12.0		
	Suicide mortality rates	15.9	14.8	14.6	17.8	17.4		
Obesity, Nutrition, and Physical Activity							3.8	Qualitative
	Overweight and obese adults	64.6	55.8	55.5	50.2	56.2		
	Overweight and obese children	28.5	24.3	33.8	18.5	25.8		
	Adults fruit and vegetable consumption 5 or more a day	21.7	24.8	24.1	25.5	24.8	3.5	
	Children who ate fruit 2 or more times and vegetables 3 or more times in a day	9	9.5	10.7	7.5	10.1		
	Children who drank sweetened beverages one or more times per day	27	18.5	30.7	20.2	23.4		
	Adults-Any physical activity in the past 30 days	77.1	83.4	79.6	90.6	82.7	3.5	
	Children who were physically active at least 60 minutes/day for the past 7 days	34.4	32.6	31.2	26.7	33.8		
	Children who watched TV, played videogames or on computer at least 2 hours a day or less	77	70.9	79.1	73.6	73.5		
Diabetes							3.6	

Health Issue	Measurement	City to State Comparison					Physician Survey Avg. 1-5 *N=130*	Stakeholder Interviews *N=15*
		Adams	Arapahoe	Denver	Douglas	State		
	Adults told by doctors that they have diabetes (excludes gestational diabetes)	6.5	5.5	5.7	3.4	6.5		
	Diabetes death rates	27.6	15.8	19.0	9.2	27.6		
Heart Disease And Cerebrovascular Disease							3.5	
	Ever been told by a doctor, nurse, or other health professional that you have high blood pressure	21.0	21.8	21.8	15.5	20.4		
	Checked cholesterol in the past 5 years	68.9	78.4	72.4	81.8	73.4		
	High cholesterol rates	34.0	34.3	31.2	32.1	33.1		
	Heart disease deaths	161.0	130.7	155.9	109.4	144.5		
	Cerebrovascular disease deaths	38.3	35.2	37.1	35.3	37.9		
Tobacco							3.4	
	Smoking rates	21.9	17.6	20.0	9.1	18.1		
	Smoking trends					16.5		
	Tobacco use among high school students					-26		
Overall Health Status	Child health						3.4	
	Maternal and infant health						3.4	
	General health is fair or poor	16.2	10.7	16.1	5.2	12.0		
	Physical health not good for 1-7 days in the past 30 days	20.8	22.7	20.5	23.5	22.2		
	Physical health not good for 8 or more days in the past 30 days	12.8	9.8	11.9	6.9	11.0		
	Infant mortality rates/1000 live births	6.9	7.4	7.0	4.0	6.2		
	Birth Rates	81.6	68.8	72.9	66.7	68.2		
Substance Abuse							3.3	
	Binge drinking rates	17.4	15.8	21.2	15.2	16.6		
	High risk drinking at least once in the past month	4.8	5.1	6.9	4.3	5.4		
	Drunk driving	2.8	3.3	5.9	3.4	3.6		
	Motor vehicle deaths due to alcohol	44.8	42.1	37.5	30.8	33.5		
	Chronic liver disease and cirrhosis death rates	14.7	7.7	17.9	6.4	12.2		
Cancer							3.2	
	Clinical breast exam and mammogram	65.0	75.4	61.4	72.2	69.6		

Health Issue	Measurement	City to State Comparison					Physician Survey Avg. 1-5 *N=130*	Stakeholder Interviews *N=15*
		Adams	Arapahoe	Denver	Douglas	State		
	Had PAP smear in last 3 years	83.8	87.3	87.2	92.3	85.4		
	Colonoscopy (within 10 years)/ Sigmoidoscopy (within 5 years)/ FOBT (Within 1 year)	58.7	69.4	58.3	66.7	62.4		
	Use method of sun protection - adult	33.6	36.9	33.9	42.7	37.4		
	Use method of sun protection - children	62.4	71.9	64.4	85.3	68.2		
	Mortality rate breast cancer	10.0	10.8	11.5	10.2	11.3		
	Mortality rate cancer cervix uteri	1.4	0.8	1.1	1.5	0.9		
	Mortality rate cancer colon & rectum	19.5	13.9	15.8	11.3	12.4		
	Mortality rate cancer melanoma skin	3.5	3.2	2.3	3.4	3.3		
	Mortality rate cancer prostrate	N/A	10.4	25.7	9.9	9.5		
	Mortality rate trachea, bronchus, lungs	42.6	35.6	24.5	34.6	37.1		
Injury							3.2	
	Seat belt use	84.6	83.7	86.8	88.9	83.3		
	Motor vehicle deaths	10.9	8.1	9.8	7.1	11.3		
	Fall related hospitalizations among older adults (age 65+)	1389	1452	1622	1588	1567		
	Disability						3.0	
Other	Public health capabilities						3.0	
	Respiratory disease (including asthma)						3.0	
	Health communication (language, literacy)						2.9	
	Environmental health (air and water)						2.7	
Communicable Diseases							3.0	
	Had a flu shot in past 12 months	40.9	46.3	45.4	42.7	40.9		
	Ever had pneumonia vaccination	24.6	27.9	27.5	22.5	24.6		
	Hepatitis A incidence	0.3	0.5	0.7	0.0	0.3		
	Chronic Hepatitis B incidence	13.7	17.7	20.8	8.6	13.7		
	New pertussis cases	2.6	5.5	5.4	2.8	2.6		
	Tuberculosis incidence	1.5	1.9	4.2	0.8	1.5		
	Immunization						3.3	
Oral Health							2.8	
	Condition of teeth (children)							
	Third grade children with untreated tooth decay	26.3	23.5	32.9	16.6	24.5		

Health Issue	Measurement	City to State Comparison					Physician Survey Avg. 1-5 *N=130*	Stakeholder Interviews *N=15*
		Adams	Arapahoe	Denver	Douglas	State		
	Third grade children with sealants	37.2	38.5	31.5	47.2	35.0		
	Infants who get a checkup by age 1 year	2.9	3.9	1.5	1.1	3.5		
	Adults with tooth loss due to tooth decay and gum disease	37.9	33.3	38.0	21.4	35.6		
Sexual Health and HIV/AIDS							2.7	
	Unintended pregnancy	43.3	41.1	40.1	26.6	37.4	2.9	
	Teen fertility rate	28.9	14.7	33.2	2.4	17.2		
	Sexually active adults using birth control	67.2	74.1	77.2	77.8	75.7	2.9	
	Chlamydia incidence	1468.0	1892.3	4220.6	656.4	1643.7		
	Gonorrhea incidence	131.1	297.1	681.4	43.5	196.9		
	Tested for HIV	31.4	34.3	38.3	33.6	32.2		
	New cases of AIDS	8.2	7.9	22.5	0.7	6.0		
	New cases of HIV	8.0	6.4	18.3	1.4	5.2	2.7	

ADDITIONAL COMMENTS FROM STAKEHOLDERS

Summary of Common Themes amongst Persons Interviewed by Top Three Health Issues

Access:

Interview Excepts	Barriers to Improvement
"Quick access to appropriate care"	Cost
"Lack of insurance coverage, cost and affordability, unemployment, poor economic conditions – all manifest in decreased access and poor health"	Cost
"It feels like we are not serving as many indigent patients as we should be…"	Undocumented immigrants having few available options
"Lack of access to appropriate care, mental/behavioral healthcare, and oral health care"	Difficulty of coordination

Mental Health:

Interview Excepts	Barriers to Improvement
“Improve reimbursement for primary care, mental health and oral health”	Insurance providers – not enough resources or incentive to change the payment system
“Mental health compounds with chronic medical and behavioral diseases”	Insurance providers – not enough resources or incentive to change the payment system

Obesity:

Interview Excepts	Barriers to Improvement
“Result of poor nutrition and economic poverty”	Public policy and lobbying groups
“Make investments social normalization of food choices – they have already proven effective in normalizing tobacco choices.”	Poverty/limited income, lack of transportation

PRIORTIZATION GUIDE CONCLUSION AND NEXT STEPS

Based on the information collected from the three sources, it would be logical to conclude that **access to care, mental health, and obesity** are the community health issues that achieved the highest priority and therefore should be the focus of the CHNA Implementation Plan. Implementation activities will emphasize partnering with community providers that are already actively addressing the health issues rather than inventing programs from scratch. Enhancing existing services is the preferred approach as it takes advantage of proven expertise and can be used to expand or refine successful programs. However, developing pilot programs is definitely an option, if that is determined to be the most effective way to improve community health. The next phase of this process will be to identify community resources with which to partner, and then to evaluate the most effective way to work together in order to improve access to health services, improve the mental health status of community members, and reduce obesity rates in the population.

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