Overview/Methodology

University of Colorado Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

Introduction 3
Definition of the Community Served By Hospital Facility 4
Demographics of the Community 4
Existing Resources Within the Community 5
How Data Was Obtained 5
Identifying Health Needs of the Community 5
Colorado Health Indicators Database 5
Health Indicators Selected 7
Health Needs of Uninsured Persons, Low-Income Persons, and Minority Groups 7
Benchmarking 7
Data Sources 8
Health Indicators Warehouse – Department of Health and Human Services 8
Behavioral Risk Factor Surveillance System 8
Pregnancy Risk Assessment Monitoring System 8
Child Health Survey 8
Youth Risk Behavior Survey 9
Sexually Transmitted Infection / HIV Surveillance Program 9
Birth Certificate Data 9
Death Certificate Data 10
Information Gaps 10
Strength of Data 10
Guide to Charts 11

INTRODUCTION

The Center for Health Administration (CHA) at the University of Colorado Denver was retained to conduct data collection for the 2013 Community Health Needs Assessments (CHNA) for the University of Colorado Hospital per Internal Revenue Code ("Code) requirements.

Per Internal Revenue Service Notice 2011-52:[1]

- *The CHNA requirements are among several new requirements that apply to section 501(c)(3) hospital organizations under section 501(r), which was added to the Code by section 9007(a) of the Patient Protection and Affordable Care Act ("Affordable Care Act"), Pub. L. No. 111-148, 124 Stat. 119, enacted March 23, 2010.*

- *Section 9007 of the Affordable Care Act added sections 501(r) and 4959 to the Code and amended section 6033(b). These provisions are applicable to "hospital organizations" described in new section 501(r)(2). Section 501(r)(1) provides that hospital organizations described in section 501(r)(2) will not be treated as described in section 501(c)(3) unless they satisfy the requirements specified in section 501(r), including the CHNA requirements described in section 501(r)(3).*

- *Section 501(r)(2)(A) defines a "hospital organization" as (i) an organization that operates a facility required by a State to be licensed, registered, or similarly recognized as a hospital ("State-licensed hospital facility"), and (ii) any other organization that the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).*

- *If a hospital organization operates more than one hospital facility, section 501(r)(2)(B)(i) requires the organization to meet all of the section 501(r)(1)requirements, including the CHNA requirements, separately with respect to each hospital facility. Section 501(r)(2)(B)(ii) provides that the organization will not be treated as described in section 501(c)(3) with respect to any hospital facility for which such requirements are not separately met.*

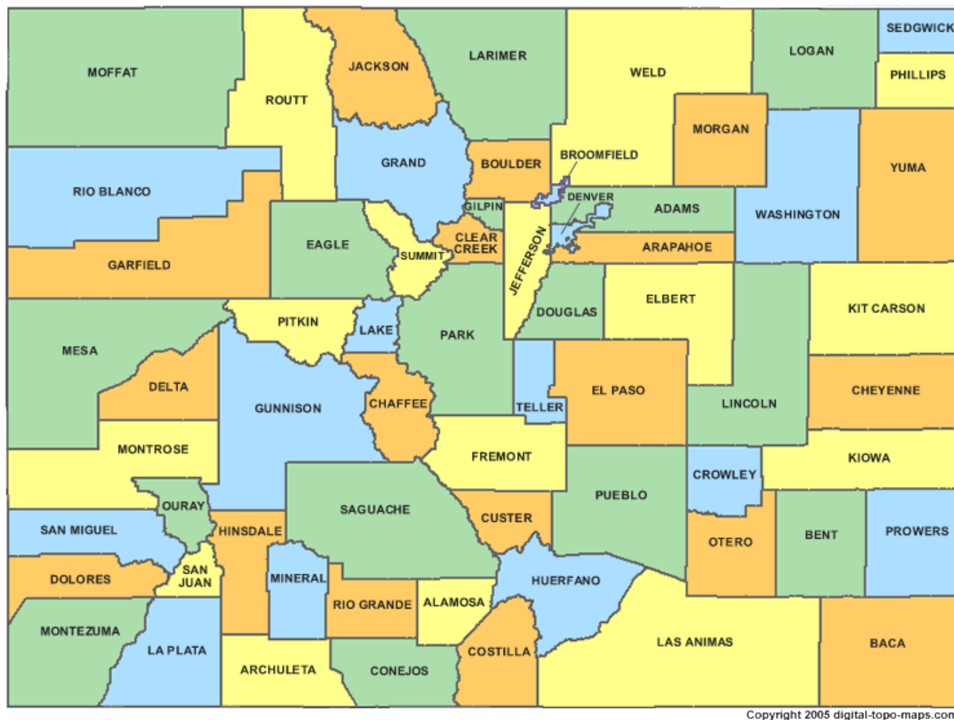
Data reports supplied by CHA constitute one phase of a multi-phase Community Health Needs Assessment process being conducted by the University of Colorado Hospital. The data reports describe the health needs of the hospital's community based on the criteria described in this overview. In accordance with Affordable Care Act, the data will be used by the University of Colorado Hospital as a foundation to engage stakeholders within the community, prioritize issues, create a local health plan, and implement and monitor that plan.

[1] http://www.irs.gov/pub/irs-drop/n-11-52.pdf

DEFINITION OF THE COMMUNITY SERVED BY HOSPITAL FACILITY

To ensure alignment with publically available CDPHE data, University of Colorado Hospital 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 the University of Colorado Hospital: Adams, Arapahoe, Denver and Douglas Counties.

The following map shows the geographic location of these counties within Colorado. [2]



DEMOGRAPHICS OF THE COMMUNITY

Demographic descriptions for the primary services area of the hospital are described in the Demographic Report. Demographic information was gathered primarily from the U.S. Census 2010 and is grouped by county. The Demographics Report describes

[2] https://www.google.com/search?gs_rn=15&gs_ri=psy-ab&tok=Zvx_w5g2X6gG8hoymJkCFQ&cp=15&gs_id=1n&xhr=t&q=colorado+county+map&bav=on.2,or.r_cp.r_qf.&bvm=bv.47244034,d.aWc&biw=1680&bih=900&um=1&ie=UTF-8&hl=en&tbm=isch&source=og&sa=N&tab=wi&ei=G86nUbPdO9POyAGBxYCIAw#facrc=_&imgrc=qu__ixH65TigpM%3A%3BpwiEggkwkhi50M%3Bhttp%253A%252F%252Fwww.digital-topo-maps.com%252Fcounty-map%252Fcolorado-county-map.gif%3Bhttp%253A%252F%252Fwww.digital-topo-maps.com%252Fcounty-map%252Fcolorado.shtml%3B750%3B559

information regarding:

- Population: current and percent change over the past decade
- Age: counties that are older and younger
- Race and ethnicity; language other than English spoken at home
- Gender
- Education
- Income; poverty levels; causes of poverty
- Marital status
- Housing
- Unemployment

EXISTING RESOURCES WITHIN THE COMMUNITY

After the University of Colorado Hospital prioritizes the health needs in its community, it can then partner with community organizations that are dedicated to improving a particular area of health. The hospital can quickly learn about potential community partners by consulting the Resource Inventory at the end of each health indicator section. The Resource Inventory lists the community organizations that are currently involved in the prevention or treatment of specific health indicators. Community resource information generally includes the name of the resource; the city and county where it resides and/or serves; its email, website, address, and phone number; and program description.

HOW DATA WAS OBTAINED

IDENTIFYING HEALTH NEEDS OF THE COMMUNITY

COLORADO HEALTH INDICATORS DATABASE

CDPHE publishes data on selected health indicators that includes county, regional and state level data on a variety of health, environmental and social topics. These data are used in Colorado's Health Assessment and Planning System (CHAPS).[3] CHAPS is a standard process created to help local public health agencies meet assessment and planning requirements. According to CDPHE, these indicators are useful for anyone who needs Colorado health data for a community health assessment or for other research purposes. CHAPS focuses on the indicators selected specifically to facilitate standardized health assessment across all jurisdictions in Colorado. The indicators are organized

[3] http://www.chd.dphe.state.co.us/HealthIndicators/Default.aspx

according to a **Health Equity Model** which takes into account a wide range of factors that influence health. This model groups the social determinants of health into:

- **Life course perspective:** how populations are impacted differently during the various stages of life
- **Social determinants of health:** societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life
- **Health factors:** components of health behaviors and conditions, mental health and access, utilization and quality of health care
- **Population health outcomes:** measures of quality of life, morbidity, mortality and life expectancy

In 2012, CDPHE implemented the "Winnable Battles" model identified as a best practice by the Centers for Disease Control. To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort to achieve measurable impact quickly in a few targeted areas.[4] CDC's Winnable Battles are public health priorities with large-scale impact on health and with known, effective strategies to address them.

Colorado's Winnable Battles are key public health and environmental issues where progress can be made in the next three years. These ten Winnable Battles were selected because they provide Colorado's greatest opportunities for ensuring the health of citizens and visitors and the improvement and protection of the environment. Many of Colorado's Winnable Battles align with the Centers for Disease Control and Prevention's (CDC) Winnable Battles or are consistent with the Seven Priorities for EPA's Future, while others reflect Colorado's own unique priorities.

According to CDPHE, these broad topic areas can be customized by counties and cities based on local priorities and authorities, or by agencies and other organizations whose missions overlap.

The ten Colorado Winnable Battles included environmental issues -- clean air, clean water, and safe food--which were considered beyond the purview of the CHNA. The remaining issues, Infectious Disease Prevention, Injury Prevention, Mental Health and Substance Abuse, Obesity, Oral Health, Tobacco, and Unintended Pregnancy, are included in the 2013 CHNA.

[4] http://www.cdc.gov/winnablebattles/

HEALTH INDICATORS SELECTED

The health indicators selected are as follows:

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

HEALTH NEEDS OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS

When available, demographic information for uninsured persons, low-income persons, and minority groups was collected by CHA and included with data for each health indicator.

BENCHMARKING

Each report includes health indicators from the Primary Service Area. When available, state and national data were reported for comparison as well as Colorado 2016 Winnable Battle goals. In addition, Healthy People 2020 objectives were reviewed for applicability to Colorado Health Indicators. Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.[5]

[5] http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure_with_LHI_508.pdf

DATA SOURCES

HEALTH INDICATORS WAREHOUSE – DEPARTMENT OF HEALTH AND HUMAN SERVICES

National benchmarking data was obtained from the Health Indicator Warehouse (HIW). The HIW is a collaboration of many Agencies and Offices within the Department of Health and Human Services.[6] The HIW is maintained by the CDC's National Center for Health Statistics.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is housed within the Health Statistics Section at CDPHE. Colorado participated in BRFSS with point-in-time surveys in 1982 and 1987. Since 1990, the department has entered into a yearly cooperative agreement with the Centers for Disease Control and Prevention (CDC) to develop and implement the BRFSS survey in Colorado. Data are collected through telephone interviews on a random sample of non-institutionalized adults. The Survey Research Unit now completes more than 1,000 BRFSS surveys a month with adult residents of Colorado. Additional information on the BRFSS is available at http://www.cdphe.state.co.us/hs/brfss/

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system designed to monitor selected self-reported maternal behaviors and experiences that occur before, during and after pregnancy among women who deliver a live-born infant. Colorado PRAMS is housed within the Health Statistics Section at CDPHE. The PRAMS questionnaire is revised periodically to reflect changing priorities and emerging issues. PRAMS uses a combination of two data collection approaches: statewide mailings of the surveys and telephone follow-up with women who do not return the survey by mail. Approximately 240 women in Colorado will receive the survey each month, with an expected response rate of at least 70%. Additional information on PRAMS is available at http://www.cdphe.state.co.us/hs/prams/

CHILD HEALTH SURVEY

The Colorado Child Health Survey (CHS) was designed to fill the health data gap in Colorado that exists for children ages 1-14 and was initiated in 2004. Participants who complete the BRFSS are asked if they have a child in the target age range and about their

[6] http://healthindicators.gov/About/AboutTheHIW

willingness to complete the child health survey. Approximately 10 days later, the parent is called to complete the survey on a variety of topics including their child's physical activity, nutrition, access to health and dental care, behavioral health, school health, sun safety, injury and many others. Data are collected over the calendar year. At the end of the year, data are cleaned and weighted to reflect the general population of children 1-14 years old. Approximately 1,000 surveys are completed each year. Additional information is available at http://www.cdphe.state.co.us/hs/yrbs/ChildHealth.html

YOUTH RISK BEHAVIOR SURVEY

The Colorado Youth Risk Behavior Survey (YRBS) is one component of the Youth Risk Behavior Surveillance System (YRBSS) developed by the Centers for Disease Control and Prevention. The YRBS monitors six categories of priority health-risk behaviors among youth and young adults including behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancies and sexually transmitted diseases, unhealthy dietary behaviors and physical inactivity. In addition, the YRBS monitors the prevalence of obesity and asthma among youth and young adults. The YRBS is a school-based state survey that is administered to students in grades 9-12 in Colorado. This self-administered survey is anonymous and completed voluntarily by students. Additional information is available at http://www.cdphe.state.co.us/hs/yrbs/yrbs.html

SEXUALLY TRANSMITTED INFECTION / HIV SURVEILLANCE PROGRAM

The STI/HIV Surveillance Program conducts surveillance and research to characterize and track STI/HIV infections in Colorado. There are three units within this program: 1) STI/HIV Surveillance, 2) HIV Incidence, 3) STI/HIV Registry. The program ensures compliance with and completeness of STI/HIV reporting, investigates HIV cases with no identified risk, provides blood borne pathogen information to first responders, health care workers, law enforcement and corrections personnel, and conducts HIV incidence and prevalence studies. The Registry Unit collects, compiles and disseminates information on gonorrhea, syphilis, chlamydia, and HIV infection, and contacts health care providers to ensure that clients receive adequate treatment. Staff identifies disease outbreaks and coordinates the response by CDPHE, collaborating agencies, and health care providers. The program synthesizes data from multiple sources to develop annual Colorado STI/HIV epidemiological profiles. These reports are used to inform and guide the state STI/HIV programs, and are disseminated to care providers, local health departments, community planning groups, researchers and the public.

BIRTH CERTIFICATE DATA

Information on Colorado births is collected from the Certificate of Live Birth. Data items are presented as reported on the certificate. Completeness and accuracy of items on

the birth certificate may vary by facility and year. Data for all births that occurred within the state of Colorado, resident and nonresident, are collected; however, at this time, the Colorado Health

Information Dataset (CoHID) reports data only for Colorado resident births. Resident births are births to those individuals who reported being residents of Colorado, even if the birth occurred to residents while outside of Colorado. Interstate agreements allow for the exchange of vital information about births to Colorado residents that occurred in other states. Additional information is available at http://www.cdphe.state.co.us/hs/vs/

DEATH CERTIFICATE DATA

Death data are compiled from information reported on the Certificate of Death, collected by the Vital Statistics Unit at the Department of Public Health. Data items are presented as reported. Information on the certificate concerning time, place and cause of death is typically supplied by medical personnel or coroners. Demographic information, such as age, race/ethnicity or occupation, is generally reported on the certificate by funeral directors from information supplied by the available next of kin. Training of physicians, coroners, other medical personnel and funeral directors is conducted on an ongoing basis to maintain and improve the quality of data supplied on death certificates. Resident deaths are deaths to those individuals who reported being residents of Colorado, even if the death occurred to residents while outside of Colorado. Interstate agreements allow for the exchange of vital information about deaths to Colorado residents that occurred in other states.

All causes of death listed on a death certificate must be coded. The underlying cause of death is defined by World Health Organization as the disease or injury that initiated the sequence of events leading directly to the death, or the circumstance of the accident or violence that caused the injury. When more than one death cause is listed on the death certificate, the underlying cause is determined by rules that take into account the sequence of conditions on the certificate and provisions of the ICD-10. Additional information is available at http://www.cdphe.state.co.us/hs/vs/

INFORMATION GAPS

STRENGTH OF DATA

To compensate for the occasional small sample size or missing data, we have combined multiple years and averaged the results to provide a more accurate comparison with other counties. Even with this approach (which is also used by the CDHE), the data is sometimes weak, so we have indicated those times in the footnotes. In these cases, the weak data is typically due to 1) a sample size of three to four people per reporting year, or 2) only one to two years of reported data out of a potential sample size of four to five

years. Strong data typically encompasses 1) five or more people per reporting year, and in most cases "n" is in the double digits, or 2) three or more years of data reported in the average.

GUIDE TO CHARTS

The charts can have a variety of characteristics that serve as guidelines for interpretation. These markings typically consist of colored lines, flags or bars.

- Red vertical lines represent state averages.
- Green lines and/or flags represent Healthy People 2020 goals and are included when available. (In most cases, Healthy People 2020 goals use different measurement parameters and cannot be compared to state data.)
- Red flags indicate a Colorado Winnable Battle Goal for 2016.