



Community Health



UNIVERSITY
of COLORADO HEALTH

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I. Introduction

We are proud to present you with this report, The 2013 Community Health Needs Assessment for University of Colorado Health (UCHealth) in northern Colorado – a comprehensive collection and analysis of data related to the health issues and needs of the communities we serve.

As part of UCHealth (formerly known as Poudre Valley Health system), Poudre Valley Hospital and Medical Center of the Rockies are organized as not-for-profit hospitals. A “Community Health Needs Assessment” (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act, required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures that UCHealth hospitals identify and respond to the primary health needs of their residents.

This report summarizes the processes and data sources utilized to assess the current health status of residents living in the communities we serve (within Larimer and Weld counties). The information in this report will enable us to more strategically:

- Establish priorities.
- Implement strategies.
- Commit resources to improve the health of our communities.

Health is an issue of concern and action for all of us. The critical health issues identified by the CHNA process have been shared with local leaders and organizations, including government agencies, social service agencies, businesses, educational institutions, consumers and other groups that collaborate to make an impact on the health of our community.

During their May 2013 meeting, the UCHealth board of directors, which includes representatives from the surrounding communities, was apprised of and approved the information contained within this report.

In the following months, implementation strategies designed to address the identified health needs within our communities and specifically aligned with each hospital facility’s specialty areas – will be prepared and presented to the UCHealth board of directors for their oversight and approval. A process to receive and incorporate comments from community members in relation to these strategies will also be established.

II. Brief overview of Community Health Needs Assessment legislation

Nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term “Charitable Organization” is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay.

With the introduction of Medicare and Medicaid, the government now met the burden of providing compensation for care. In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the *Community Benefit Standard* as the basis for tax-exemption.

Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Improved access to health services.
- Enhanced population health.
- Relieving or reducing government burden to improve health.
- Advancing medical/healthcare knowledge.

Specifically, the current IRS requirements include:

Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;

- The assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available, and ideally downloadable from the hospital website;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of \$50,000.
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

III. Organization overview-University of Colorado Health

The mission of University of Colorado Health is to be an integrated, independent, nonprofit organization providing innovative, comprehensive care of the highest quality and exceeding expectations of the communities we serve.

We treat all patients with dignity and respect. Our belief in stewardship is reflected in the charity care application process, financial need determination and granting of charity.

Financial assistance (including charity care and unreimbursed Medicaid charges) provided to our clients during the calendar year ending December 31, 2011 totaled \$52,869,208.

UCHealth, in northern Colorado, has two acute care hospitals - Poudre Valley Hospital (PVH) and Medical Center of the Rockies (MCR) - as well as a wide network of primary care and specialty clinics. According to the Colorado Hospital Association's 3rd quarter 2012 data, both hospitals serve 45.5 percent of local residents within Larimer and Weld counties. The 28 clinics of our affiliated Colorado Health Medical Group represent approximately 24 specialties in physician practices located throughout northern Colorado, eastern Wyoming and western Nebraska. A description of the clinics and specialties can be viewed online through the link <http://pvhs.org/body.cfm?id=872>

PVH is a 270-bed regional medical center in Fort Collins, Colo., that specializes in orthopedic, neuroscience, cancer, bariatric weight-loss surgery, and women and family services for residents of northern Colorado, southern Wyoming and western Nebraska.

MCR is a 166-bed regional medical center in Loveland, Colo. with a full spectrum of services and specializing in heart and trauma care. MCR also operates the Greeley Emergency Department and Surgery Center located in Greeley, Colo. which includes medical examination rooms, a same-day surgery center and a diagnostic imaging center and full service laboratory.

In 2010, clinical outpatient services as well as community health prevention initiatives began expanding into the Weld County service area. Further expansion of services continued with the opening of the Greeley Emergency Department and Surgery Center in late 2012. UCHealth, as an organization, is relatively new to Weld County, though many existing providers have joined our system in the past few years.

At UCHealth, we share a commitment to optimize the health of the communities we are privileged to serve. Vital to this effort are the strong collaborations we enjoy with our community partners. Our contribution to the quality of life and the environment in our communities has always been a key measure of our success. Our Community Health Improvement Department's 2012 Annual Report of Programs exemplifies some of these efforts and can be viewed online through the link <http://www.pvhs.org/body.cfm?id=721>.

The following pages describe the community health assessment processes and findings for both Larimer and Weld counties. Comprehensive implementation strategies, based on these findings, and developed separately for PVH and MCR are currently in development.

Section IV

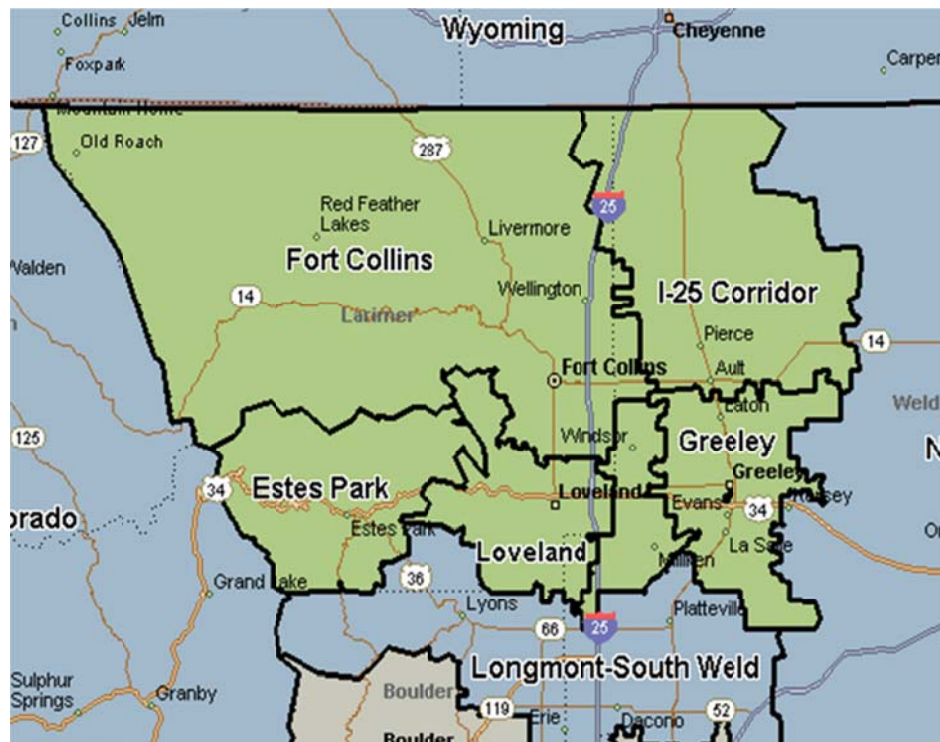
Poudre Valley Hospital

2012/2013 Community Health Needs Assessment

Process and Results

Description of target geographic areas / populations served by the hospital facility:

The target geographic areas include both Larimer and Weld Counties of northern Colorado. The primary service area for Poudre Valley Hospital encompasses the geographies shown in the map below. Whereas all of Larimer County is within the primary service area, only the northwestern portion of Weld County is included for the purposes of this report.



Demographic description of Larimer County

Larimer County is located in north central Colorado, bordering Weld County to the east, Boulder County to the south, Grand and Jackson counties to the west, and extending north to the Wyoming state line. With an estimated 2012 population of 308,439, Larimer is the sixth most populous county in the state. According to the Colorado State Demography Office, the county's population grew faster than the state overall between 2000 and 2010 (19.1 percent vs. 16.9 percent), and it is projected to reach close to half a million (n=487,000) by the year 2040.

The median age of Larimer County residents in 2010 was 35.5 years, with 21.4 percent under the age of 18 and 11.9 percent aged 65 and over. The median age of the county is increasing, and the population aged 65 and over is growing at a rate faster than the state overall.

In 2010, 84.5 percent of Larimer County residents self-identified as non-Hispanic white, and 10.6 percent self-identified as Hispanic of any race. The Hispanic population is increasing more than other ethnic groups. Between 1990 and 2010, the overall population of the county increased 61 percent, the White population increased 54 percent, and the Hispanic population increased 159 percent.

The number of Larimer County residents living in poverty increased nearly five percent between 2000 and 2010, from 9.2 to 14.0 percent. For children and the elderly, percent increases are much higher: the number of children under 18 living in poverty increased 94.6 percent during this time period, and the number of persons age 65 and older living in poverty increased 151.9 percent.

In all age groups, Larimer County has a lower percentage of residents without health insurance than the average for the state of Colorado. In 2010, 12.4 percent of Larimer County adults did not have health insurance compared to 15.9 percent statewide.

Larimer County is a mix of urban, suburban, and rural communities, with about 70 percent of the population residing within Fort Collins and Loveland. The county is served by several health care systems (Banner and UCHealth) and a large network of medical providers.

Available healthcare facilities and resources within the community can be reviewed through a free community resource accessed through the following link: <http://healthinfosource.com/>

The separately documented, but associated implementation strategy report will also list specific healthcare facilities and /or resources available in Larimer County to address each identified community health need.

Larimer county information source: United Way of Larimer County and Larimer County Department of Human Services. "2012 Community Indicators Report" available at: http://larimer.org/compass/community_indicators_report_2012.pdf

Weld County demographic description:

Weld County incorporates 4,021 square miles within the relatively flat eastern portion of Colorado. While traditionally rural in nature, due to its proximity to major transit routes and the Denver metro area, many communities in the county have seen rapid population growth and are becoming more urban and suburban in character. The overall population density in the county is 63 persons per square mile which is still quite a bit lower than its neighboring western border county of Larimer which is 115 persons per square mile. Weld County has 26 incorporated and 21 unincorporated towns and municipalities. Greeley is the largest city with 92,889 people or 37 percent of the population.

In 2010, according to the US Decennial Census, the population of Weld County totaled 252,825 -with most residents being White (69 percent), followed by Latino (27 percent), Asian (1 percent), and African American (1 percent). Fourteen percent live in poverty and 11 percent of children and 22 percent of adults (18-64 years) are un-insured.

In 2010, the median age in Weld County was 33.1 years, which is younger than the overall Colorado median age of 36.1 years. The age structure of Weld County's population continues to shift similar to the national pattern, which has shown growth in older age ranges due to aging baby boomers. The most notable increase was found among 55 to 64 year old residents which increased from 7.2 percent in 1990 to 10.6 percent in 2010.

In 2010, 81.4 percent of Weld County residents 5 years and older reported speaking only English at home. The remaining 18.6 percent of residents spoke a language other than English at home. Of these residents, 89.8 percent spoke Spanish, 4.4 percent spoke a language related to their Asian or Pacific Islander heritage, and the remaining 5.8 percent spoke other languages at home. In 2010, 9.5 percent of Weld County residents were born outside the United States, which is similar to the percentage of foreign born residents living in Colorado overall (9.8 percent).

The county is served by several health care systems (Banner and UCHealth) including two community-based health centers, and a large network of medical providers. A list of healthcare facilities and other resources available to the community is found through the link: <http://www.unitedway-weld.org/component/content/article/15-unitedway/contact-us/28-united-way-211>

Weld County information source: "The 2012 Health Status Report and Community Health Improvement Plan, A Roadmap for Improving Weld County's Health". Available at: <http://www.co.weld.co.us/assets/6d0C336318dB2BB6acac.pdf>

Target populations

Poudre Valley Hospital (PVH) serves residents living mainly in northern Colorado, with a smaller percentage from southern Wyoming and western Nebraska. The lone Fort Collins hospital, PVH specializes in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services. The hospital also offers a wide range of primary and specialized health services, from birthing and neonatal intensive care to hyperbaric oxygen and wound care. Detailed information can be found on the website: <http://www.pvhs.org/>

Focus on serving vulnerable populations

Poudre Valley Hospital's outpatient clinical services and prevention programming initiatives actively seek to increase the percentage of clients served who are considered vulnerable and/or medically underserved. Examples include:

- Clinical services provided at the Fort Collins Family Medicine Center (a service of Poudre Valley Hospital) include adult, pediatric, geriatric and obstetric care. The Family Medicine Center team provides medical care for everyone, including community members who might otherwise go without health care. More information can be found on the website: <http://www.pvhs.org/body.cfm?id=989andfr=true>
- The **Medicaid Accountable Care Collaborative** program provides intensive community care-coordination services to Medicaid patients with complex needs, generally with chronic medical conditions or mental illness. Another component of this program is the **Healthy Harbors** initiative, which provides medical navigation services and care coordination to underserved, high-risk children with special healthcare needs.
- Health equity programming provides neighborhood-based community health workers to assist **limited-resource Latino families living in northern Fort Collins** neighborhoods adopt healthy eating and exercise habits as well as improve their connection to community resources.
- The **PVH Community Paramedic** program "House Calls" provides monthly blood pressure readings to community members in the home setting. The paramedics will also assess the home for safety related to fall prevention and ensure that smoke and carbon monoxide detectors are functioning properly.

Approach and Methods
Utilized within the
Larimer County Community Health Assessment

Larimer County 2012/2013 Community Health Assessment

During 2012/2013, a community health assessment (CHA) of Larimer County was conducted. The Larimer County Department of Health and Environment facilitated the Community Leadership team who formed the Health Assessment Planning and Partnership Initiative (HAPPI) during January 2012.

Members of the HAPPI Leadership Team included representatives from the Health District of Northern Larimer County, Colorado State University, University of Colorado Health, McKee Medical Center, Kaiser Permanente, other agencies and organizations providing services in the county, and members of the Larimer County Board of Health. A list of participants can be found online at http://www.larimer.org/health/public_health_plan.htm

The purpose of the CHA was to:

- Provide an overview of current key health indicators and trends in Larimer County.
- Compare health status in Larimer County to state data and/or to national benchmarks/goals.
- Identify information gaps that could impact the scope of the CHA.
- Identify health disparities in county residents.
- Inform community leaders/policy-makers regarding the health of Larimer County residents.

In approaching its work, the HAPPI team utilized the *National Prevention Strategy: America's Plan for Better Health and Wellness* (NPS) as a framework that acknowledges the broad range of factors that play a role in health. This Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans. See <http://www.cdc.gov/features/PreventionCouncil/> for more information on the Strategy and related Action Plan.

National Prevention Strategy goals and health issue areas

The health issues described within the NPS were modified by the HAPPI Leadership team to be able to more specifically reflect local issues. They are listed below:

- Active living.
- Healthy eating.
- Healthy sexuality and reproduction.
- Injury and violence free living.
- Mental and emotional well-being.
- Preventing drug abuse and excessive alcohol use.
- Tobacco-free living.
- **Protecting environmental quality** (added by HAPPI team).
- **Reducing infectious diseases** (added by HAPPI team).
- Promoting a healthy social environment.
- Promoting a healthy built environment.
- Strengthening prevention efforts.
- Improving access to care.
- Raising healthy children.
- Promoting healthy aging.
- Raising healthy children.
- Promoting Healthy Aging.

Methods used to conduct the assessment

The HAPPI team was organized into subgroups in order to effectively focus on specific tasks.

- **HAPPI leadership team** – Members guided the overall effort, selected the assessment framework; considered community input and findings from all sources to make final decisions about which health issues were selected for focus of community health improvement plan. The team met as needed from January 2012 through March 2013.
- **HAPPI data subcommittee** – Reviewed and identified high-quality data sources; selected important measures and identified key trends and disparities; recommended health indicators for inclusion in CHA. The team met on a bi-monthly basis from January through June 2012 and on an as-needed basis from August 2012 through January 2013.
- **Prioritization and planning stakeholders** – Attended community leader meetings (described below) and made recommendations to the leadership team about priority health issues.

Data selection process

A significant component of the assessment entailed the identification and selection of high-quality, county-specific data sources that provided indicators of health that were in alignment with the health issue areas and strategic directions outlined above. The HAPPI Data Subcommittee reviewed the following data sources:

- American Community Survey (U.S. Census Bureau) <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>.
- Colorado Behavioral Risk Factor Surveillance System (BRFSS). http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors.
- U.S. Census data - www.factfinder2.census.gov.
- Colorado Cancer Registry (CCR) <http://www.colorado.gov/cs/Satellite?c=Pageandchildpagename=CDPHE-PSDpercent2FCBONLayoutandcid=1251635536890andpagename=CBONWrapper>.
- Colorado Department of Education (DOE) <http://www.schoolview.org/>.
- Colorado Health and Hospital Association (hospital discharge data) http://www.cha.com/CHA/Resources/Colorado_Hospital_Utilization_Data/CHA/Resources/Utilization_Data.aspx?hkey=84e3dad2-e610-44cc-b1a4-78fe49433b6a
- Colorado State Demography Office (population forecast) <https://dola.colorado.gov/ddb/>.
- Communicable Disease Data (Colorado Department of Public Health and Environment [CDPHE]– prepared reports or Colorado Health Data website) <http://www.chd.dphe.state.co.us/HealthIndicators>.
- 2010 Community Health Survey (Health District of Northern Larimer County) <http://www.healthdistrict.org/>.
- Environmental Protection Agency (EPA).
- Injury Hospitalizations (CHHA data, maintained by CDPHE) http://www.chd.dphe.state.co.us/topics.aspx?q=Injury_Surveillance_Data.
- Labor Statistics (U.S. Department of Labor) <http://www.colmigateway.com/default.asp>.
- Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data.
- Vital Records (CDPHE) <http://www.chd.dphe.state.co.us/Resources/vs/2011/Larimer.pdf>.

Community input:

Two community meetings were held during February 2013 where findings from the CHA were presented, questions and comments were received and responses provided. A list of participants and the organizations they represent is included as Appendix B.

An anonymous, electronic voting process was used to prioritize the top health issues for a community-wide health improvement plan. The presentation materials are available for public review through the following link: http://www.larimer.org/health/CHA_slides_21313.pdf

Input from individuals not in attendance at the February meetings (including the general public) was obtained from an on-line survey posted to the Larimer County Department of Health and Environment's website http://www.larimer.org/health/public_health_plan.htm

Survey responses were compiled and included in the information presented to the HAPPI Leadership team in March 2013 (see below).

Community capacity survey

Prior to holding the community leader meetings, a survey was administered by the CHA project coordinator to a broad representation of health care partners in Larimer County. Respondents indicated their interest and/or capacity to address each health topic area. The results of the survey were included in the presentation to the community leader meeting participants to assist in the health issue prioritization process. The results are presented within the 'Findings' section below.

Prioritization criteria

The criteria used to prioritize the health issue areas discussed during the community leader meetings were:

- Significance to our community's health (scope of issue / comparison to state or national benchmarks).
- Ability to impact the issue (e.g. do effective, evidence-informed interventions exist?).
- Local capacity to address the issue (based on stakeholder knowledge of community as well as results of preliminary community asset inventory described above).

Selection of priority health issues:

During March 2013, the HAPPI leadership team met with the goal of selecting priority health issues to be addressed as a county-wide effort over the next three to five years. The team participated in a facilitated group discussion to determine the number of issues that should be selected, reviewed the results from the data, the community input as well as the community capacity survey, and then voted on the importance of each issue. Participants were guided to also use their expert opinion. The group then made a final decision to focus on the top two priority issues based on the ranking of scores for each health priority in the areas of significance to health, scope of impact and local capacity to address the issue.

Results

All results from the Larimer County CHA process are described in the 'Findings' section following the description of the Weld County CHA process described below.

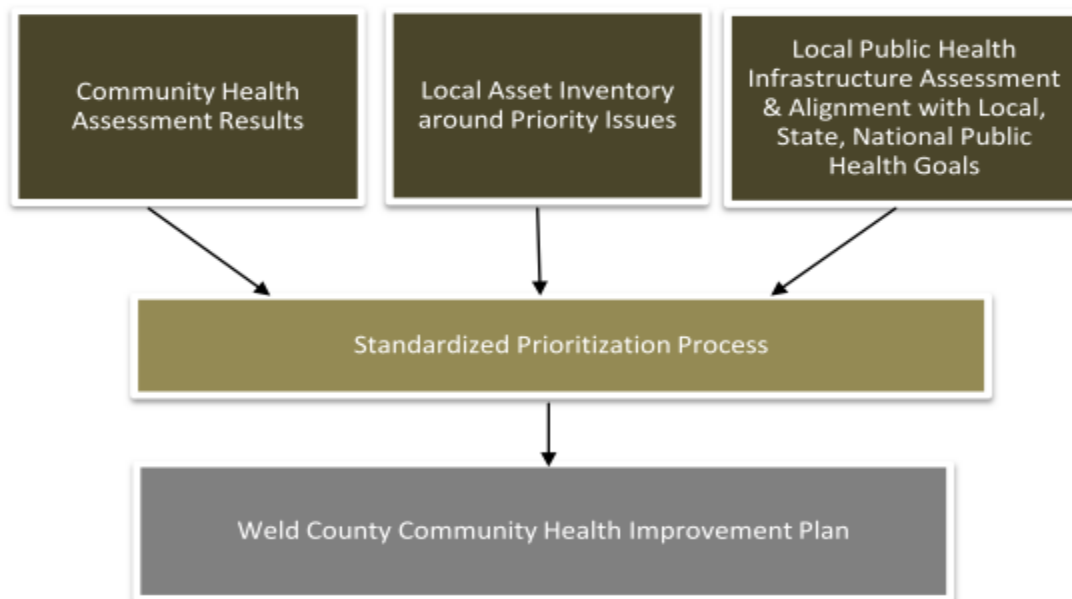
Approach and Methods
Utilized Within the
2012 Weld County Community Health Assessment

Weld County 2012 Community Health Assessment – Approach and Methods

To understand the leading health issues within Weld County communities, leadership from UCHHealth reviewed a report prepared by the Weld County Department of Public Health and Environment and also consulted with its main author, Ms. Cindy Kronauge. Ms. Kronauge may be contacted at (970) 304-6470 or ckronauge@co.weld.co.us.

The community health assessment process developed in Weld County was completed under the leadership of the Weld County Department of Public Health and Environment during 2010 and 2011. A brief synopsis of the process and findings is provided below. Full details related to the methods, approach, community input, data sources, findings and resulting action plans can be found within the document “The 2012 Health Status Report and Community Health Improvement Plan, A Roadmap for Improving Weld County’s Health”, available online at: <http://www.co.weld.co.us/assets/6d0C336318dB2BB6acac.pdf>

The approach to completing the Weld County CHA was drawn from the National Association of City and County Health Official’s (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as well as other health-related strategic planning processes. The figure below depicts the process.



The process of identifying Weld County’s priority health issues included a series of meetings throughout 2011 with public health partners and members of the community.

Data from the 2010 Community Health Survey and other state and national sources were reviewed and discussed; a resource capacity assessment was completed by thirty agencies serving the public health in Weld County; and guest experts attended meetings to share information on the opportunities and barriers to improving public health in Weld County.

Issues of concern

Weld County's initial issues of concern were aligned with Colorado's 10 Winnable Battles (<http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910>), which are key public health and environmental issues where it is expected progress can be made over the next several years. Issues included infant health, motor vehicle safety for teens, mental health and substance abuse, nutrition, physical activity and obesity, teen pregnancy and tobacco.

Community input

In addition to the data just described, other data were gathered and analyzed from residents, key public health stakeholders and partners, and from public health department staff. The 2010 Weld County Community Health Survey asked residents to rate how concerned they were about certain pre-determined health-related community issues. Results are described within the "Findings" section below.

Community resource assessment

The community assessment included an inventory of 30 local organizations identifying local assets around the potential priority issues. Information on the type (e.g., screening, medical services, education, referral, etc.) and quantity of assets (e.g., capital, people, and funding) was obtained along with information about the people they served in the areas of child health, adolescent health, mental health, and chronic disease risk factor reduction. In each health issue area information pertaining to health care access and disparities were also assessed.

Prioritization process

In May 2011, after four months of gathering, reviewing, and discussing local data related to the six priority issues, the oversight committee engaged in a best practice priority setting process using a pre-determined standardized criterion with an anonymous electronic voting system. The identified issues were once again briefly reviewed and a facilitated group discussion resulted in the twenty agency participants voting on the importance of the issue (based on the data and separately on the individual's expert opinion) and the ability and capacity of the community to impact each health priority. The multidimensional results were instantly tallied, presented, and discussed further. The group then made a final decision to focus on the top two priority issues based on the ranking of scores for each health priority in the areas of ability, capacity, importance, and overall importance.

Through a process of electronic voting, two focus areas were identified from the six broad areas of concern mentioned previously.

Results:

All results from the Weld County CHA process are shown in the "Findings" section below.

**Key Findings from the
Community Health Needs Assessments
of Larimer and Weld Counties**

Larimer County health indicators

A list of key health and social indicators for Larimer County including birth data, illness data, and death data was reviewed by the data subcommittee. This list is included as Appendix A.

Summary data is shown below.





The four leading causes of death in Larimer County in 2011 were:




- 1) Cancer 2) Heart disease 3) Cerebrovascular diseases 4) Unintentional injury

Years of potential life lost (YPLL) is a measure of premature death that highlights the burden of loss among younger aged people. The four leading causes of years of potential life lost before age 65 were:

- 1) Unintentional injury 2) Cancer 3) Suicide 4) Heart disease

Additionally, a review of indicators for the following health issues identified them as falling below either state or national benchmarks or demonstrating an undesirable trend.

Health Issue - Importance	Indicator value	Benchmark
<p><u>Overweight or obesity in adults:</u></p> <p>Preventable, diet-related diseases include heart disease, high blood pressure, diabetes, cancer, and osteoporosis.</p>	<p>Adults in Larimer County:</p> <p>32% overweight and 15% obese</p>	<p>Undesirable ↑ trend</p> 
<p><u>Active transportation to work/school:</u></p> <p>Physical activity aids in weight management; decreases risk of early death from heart disease, stroke, high blood pressure, diabetes, and certain cancers.</p>	<p>7.1% of workers in Larimer County commuted to work by biking, walking or public transportation, compared with 7.3% statewide.</p>	<p>National goal = 20%</p>  <p>Not met</p>
<p><u>Increase in food insecurity</u></p> <p>Food insecurity is defined as uncertain future food availability or insufficient food required for a healthy life.</p>	<p>14% of Larimer County households experienced food insecurity, compared with 15.5% statewide</p>	<p>National goal = 6% of households</p>  <p>Not met</p>
<p><u>Adult binge-drinking (within last 30 days)</u></p> <p>Binge drinking is a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This happens when men consume 5 or more drinks, or women consume 4 or more drinks, in about 2 hours.</p>	<p>Percent of Larimer County adults reporting "binge drinking" in last 30 days - 26% (2010 data), compared to 16% in Colorado (2009 data)</p>	<p>National goal = 24.3%</p>  <p>Not met</p>
Health Issue - Importance	Indicator value	Benchmark

<p><u>Mental and emotional well-being / suicide mortality</u> Maintaining positive mental and emotional health may reduce health behaviors associated with chronic disease, such as physical inactivity, smoking, excessive alcohol use, and insufficient sleep</p>	<p>Larimer County suicide rate = 15/100,000 (2007-2011 data)</p> <p>Larimer County has never met national targets over the past two decades</p>	<p>National goal for suicide rate = 10.2 per 100,000</p>  <p>Not met</p>
<p><u>Prescription drug overdose:</u> The number of overdose deaths has increased steadily in Larimer County since 2002, from 19 in 2002 to 57 in 2011.</p>	<p>According to the 2011 Larimer County Coroner's Report, more than half (53%) of overdose deaths were attributed to prescription opiates compared with only 5.3% in 2002.</p>	<p>Undesirable ↑ trend</p> 
<p><u>Smoking during pregnancy:</u> Tobacco-use prevention may lead to improvements in rates of cancer, cardiovascular and chronic pulmonary diseases, osteoporosis, improved birth outcomes, and reduced overall healthcare costs</p>	<p>In 2011, 8.4% of Larimer County mothers giving birth reported smoking during pregnancy, compared to 7.4% for CO.</p>	<p>National goal = 1.4%</p>  <p>Not met</p>
<p>Demographic issues</p>		
<p>Healthcare utilization disparity</p>	<p>Increase in older adult (ages 65+) population</p>	<p>Older adult falls are the primary cause for trauma hospital admission in Larimer County</p>

To determine the health issues related to sub-populations such as minority groups, uninsured persons, or individuals with low incomes or living in poverty, the 2010 Community Health Survey, administered during 2010 by the Health District of Northern Larimer County, was reviewed. This survey obtains information related to ethnicity, income and insurance status.

The following table lists the primary and chronic disease needs and other health issues of these community members.

Health issues specific to minority populations, uninsured persons, and/or low-income or individuals living in poverty		
Minority populations	Low-income or poverty	Uninsured persons
<p>Increased % of Latina teens (ages 15-17) giving birth (2011 Larimer County data http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Birth_Data)</p> <p>Lower fruit/vegetable consumption, physical activity rates in Hispanic population*</p> <p>Increased obesity rates in non-Hispanic Black population*</p> <p>(* - state level data: http://www.americashealthrankings.org/CO)</p>	<p>Increased incidence of:</p> <p>Hypertension, heart disease, stroke, diabetes, depression, mental health problems, oral health needs, alcohol or drug dependence</p> <p>Source: 2010 Larimer County Community Health Survey (not available online)</p>	<p>Increased incidence of:</p> <p>Asthma, oral health needs, obesity, depression, mental health problems, alcohol or drug dependence and binge-drinking behavior</p> <p>Source: 2010 Larimer County Community Health Survey (not available online)</p>

Data gaps revealed through the CHNA:

Although the Colorado Child Health Survey, which gathers health status data related to children ages 2-14, is administered bi-annually by the Colorado Department of Public Health and Environment, the resulting sample of respondents residing in Larimer County (~75) does not provide a reliable representation of children residing in the county. In addition, the CDC’s Youth Risk Behavior Survey frequently administered to high-school students across the United States, has not been administered to Larimer County youth for over 10 years. These two factors have resulted in a lack of quality data describing the health behaviors and health status of Larimer county children and youth.

Community leader voting results:

Three topic areas received the highest scores when ranking by mean, median and mode:

- Mental and emotional well-being.
- Strengthening prevention efforts.
- Raising healthy children.

Results from online survey completed by 160 Larimer County residents:

Two topic areas received the highest scores when ranking by mean, median and mode:

- Mental and emotional well-being.
- Raising healthy children.

Synthesis of community leader qualitative comments:

- Community capacity/interest to implement recommendations is key to success and is as important as the data.

- The full impact of health care reform requirements is unknown, but it should be considered when determining priorities.
- Better data is needed in order to illuminate where there are health disparities.

Community asset findings:

Topic	Overall Interest*	EBI** – Interest	EBI - Capacity
Mental and emotional well-being	84%	Medium	Medium/Low
Raising healthy children	77%	High	Medium/Low
Strengthening Prevention Efforts	83%	Medium/Low	Low

* Percent of respondents who were at least moderately interested
 ** Evidence-Based Intervention

Final Leadership Team Decision

The leadership team reached consensus and identified two focus areas to be included in the community-wide health improvement plan. These focus areas are:

1) Raising healthy children 2) Mental and emotional well-being

Potential measures and resources available to address the prioritized health needs

The following tables describe evidence-informed strategies that have the potential to impact the priority health issue areas. Within the community asset survey, respondents were asked to rate these strategies with regard to their interest, capacity to implement, or current efforts.

Further detail related to selected community initiatives as well as anticipated health impact and evaluation methods is provided within the separately documented implementation strategies prepared for both Poudre Valley Hospital and Medical Center of the Rockies.

Table 1. Health Issue – Raising healthy children

Evidence Informed Strategy	Interest (n=22)	Capacity (n=20)	Currently Doing
Comprehensive health, education, and support services for high-risk parents during pregnancy, infancy and early childhood	High	Medium	15% (3)
Increase breastfeeding initiation and duration	Mixed	Low	10% (2)
Enforce/strengthen policies related to recommended vaccinations	Mixed	Low	10% (2)
Increase comprehensive early childhood education programs for children of families with low incomes	High	Medium	5% (1)
Promote multi-component obesity prevention interventions in schools	High	Medium	10% (2)
Expand opportunities for oral health care	Mixed	Low	5% (1)
Encourage social connectedness among youth	High	Low	11% (2)

Table 2. Health Issue – Mental and Emotional Health




Evidence Informed Strategy	Interest (n=26)	Capacity (n=25)	Currently Doing
Screening and treatment of older adults for depression	High	Low	4% (1)
Appropriate screening and treatment of adolescents for depression	High	Medium	4% (1)
Develop community-based suicide prevention programs	Medium	Medium	4% (1)
Address social equity issues leading to stress and depression	Medium	Low	4% (1)
Promote social connectedness among individuals, family members and community organizations	Medium	Medium	16% (4)
Caregiver support/respite care services	Medium	Low	12% (3)




Weld County Health indicators

In Weld County, the top four leading causes of death measured during 2007-2009 included:

- 1) Cancer.
- 2) Heart disease.
- 3) Chronic lower respiratory diseases.
- 4) Unintentional injuries.

In addition, six health issue areas were identified by the Weld County CHA.

Health Issue - Importance	Indicator value- Weld County	Benchmark
<p>Infant health:</p> <p>Infant mortality is associated with maternal health, quality and access to care, socioeconomic conditions, and public health practices.</p>	<p>Weld County's infant mortality rate: 6.3 (deaths) per 1,000 live births</p>	<p>National Goal = 4.5/1,000</p>  <p>Not Met</p>
<p>Motor vehicle safety for teens:</p> <p>Motor vehicle crashes are the leading cause of death for U.S. teens.</p>	<p>12% of Weld County students say they rarely/never wear a seatbelt when riding in a car. (2007 YRBS) This indicates that 88% are using seatbelts.</p>	<p>National Goal = 92%</p>  <p>Not Met</p>
<p>Mental health and substance abuse</p> <p>Mental health disorders are the leading cause of disability in the US, accounting for 25% of all years of life lost due to disability and premature mortality</p> <p>Excessive alcohol consumption is the third leading cause of preventable death in the US</p>	<p>27% of adults in Weld said their mental health was not good 1 – 7 of the last 30 days and 14% said their mental health was not good for 1 week or more. (Weld 2010 Community Health Survey)</p> <p>28% of Weld County high school students binge drink (2007, YRBS)</p>	<p>National goal = Increase % of primary care physicians who screen youth and adults for depression during office visits.</p> <p>National goal for high-school senior binge-drinking = 22.7%</p>  <p>Not Met</p>
Health Issue - Importance	Indicator value- Weld County	Benchmark

<p>Nutrition, physical activity and obesity:</p> <p>Poor diet, inadequate exercise and/or obesity may increase the risk for: Coronary heart disease, type 2 diabetes, some cancers, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea / respiratory problems, and osteoarthritis.</p>	<p>Weld County resident fruit and vegetable consumption and physical activity levels are below state averages.</p> <p>Weld County's obesity rate is 25% - significantly higher than the state rate of 19%</p>	<p>Below state averages for physical activity and fruit/vegetable consumption</p>  <p>Increasing trend in obesity rate (<20% in 2004; 25% in 2010)</p>
<p>Unintended teen pregnancy:</p> <p>Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health and poor educational and behavioral outcomes</p>	<p>76% of teen pregnancies were unintended...</p> <p>46% of teens entered into prenatal care after 1st trimester...</p> <p>8% of Weld teen infants were born at a low birth weight...</p>	<p>National goal for low-birthweight babies = 7.8%</p>  <p>Not Met</p>
<p>Tobacco use:</p> <p>Tobacco use is the single most preventable cause of death and disease in the United States</p>	<p>Adult cigarette use in Weld County is decreasing but adolescent cigarette use has not.</p> <p>80% of county residents are concerned about youth tobacco use</p>	<p>Undesirable ↑ trend</p>  <p>smoking rates significantly increased among white, non-Hispanic youth</p> <ul style="list-style-type: none"> ◦ increasing from 12% to 18% from 2005 to 2007

To determine the health issues related to sub-populations such as minority groups, uninsured persons, or individuals with low incomes or living in poverty, results from the 2010 Weld County Community Health Survey, administered during 2010 by the Weld County Department of Public Health and Environment, were reviewed. This survey obtains information related to ethnicity, income and insurance status.

The following table lists the primary and chronic disease needs and other health issues of these community members.

Health issues specific to minority populations, uninsured persons, and/or low-income or individuals living in poverty		
Minority populations	Low-income or poverty	Uninsured persons
<p>More Hispanic/Latino students (20%) than non-Hispanic White adolescents (18%) smoke.</p> <p>More Hispanic/Latina teens experience unintended pregnancy.</p> <p>A higher percentage of Hispanic/Latino (31%) than non-Hispanic white (24%) high school students binge drink. (2010 Healthy Kids Colorado Survey)</p> <p>A 10% higher rate of adult obesity is prevalent in Hispanic/Latino residents (2010 Community Health Survey)</p>	<p>Increased incidence of:</p> <p>Hypertension, heart disease, diabetes, asthma, emphysema, obesity, unintended pregnancy, depression, mental health problems, oral health needs, cigarette smoking, alcohol or drug dependence</p>	<p>Increased incidence of:</p> <p>Oral health needs, obesity, diabetes, depression, mental health problems, cigarette smoking, alcohol or drug dependence</p>

Community input findings:

The top five concerns outlined from responses to questions within the 2010 Weld Community Health Survey were drug-abuse, youth crime and gangs, child abuse, neighborhood safety, and teen sexuality. Still significant, but less so, over half of respondents were very or moderately concerned about obesity, availability of recreation opportunities, and population growth.

Community asset findings:

Table 13. Summary of Weld County assets around potential health priority areas, 2010

	Primary staff FTE*	Support staff FTE	Volunteer FTE	Total funds in millions, 2010	Dollars spent per target pop.	Number of org. responses* *
Child health (0-10 yrs)	111.89	112.38	27.5	\$17.3	\$387.84	12
Adolescent health (11- 17 yrs)	51.65	16.83	37.5	\$6.5	\$251.99	12
Mental health (All ages)	203.2	65.4	31	\$15.9	\$62.89	7
Chronic disease risk reduction (All ages)	39.55	43.88	1.4	\$6.2	\$24.52	12

Notes: *FTE means full-time equivalent. **For a complete list of organizations who participated in the inventory see acknowledgements on page 46

Source: Weld County 2012 Public Health Improvement Plan <http://www.co.weld.co.us/assets/6d0c336318d2BB6acac.pdf>

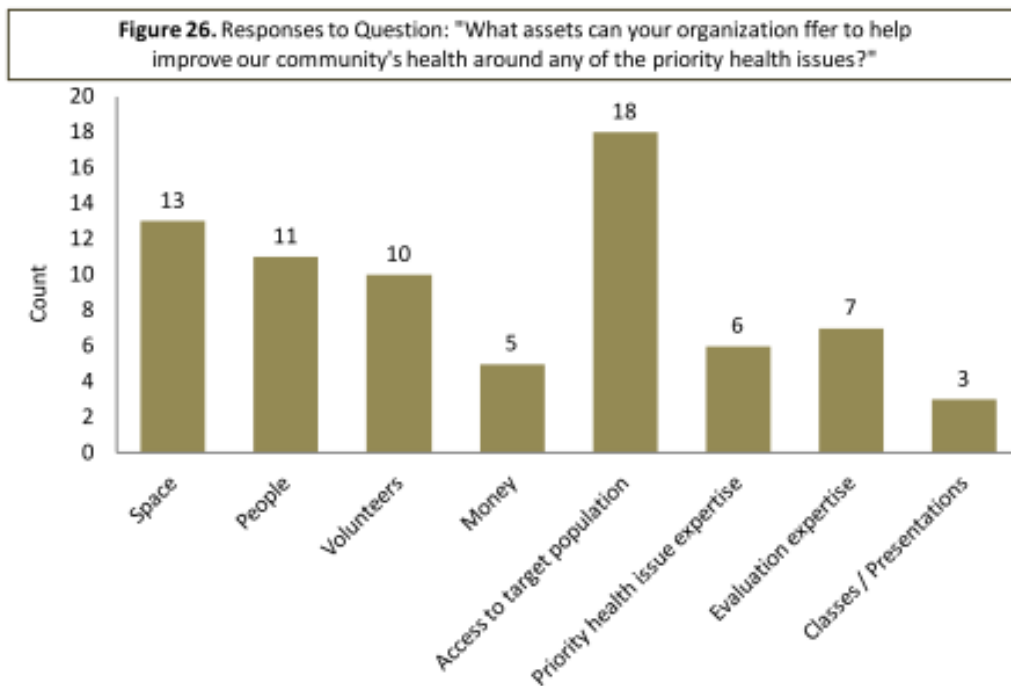
Priority Health Issues identified

The two top priority issues identified through the Weld County CHA process were:

1. Nutrition, physical activity and obesity.
2. Mental health and substance abuse.

Potential measures and resources available to address the prioritized health needs

A component of Weld County's community asset survey included a question about what assets they may be able to offer in the potential health priority areas. Many organizations (18) said they could offer access to the population of interest, space (13), people (11), or volunteers (10). Five organizations said they could possibly offer funding and seven said they could possibly offer evaluation expertise. The figure below, copied from the Weld County report referred to above, depicts these responses.



Source: 2011 Weld Community Assets Inventory

Further detail related to selected community initiatives as well as anticipated health impact and evaluation methods is provided within the separately documented implementation strategies prepared for both Poudre Valley Hospital and Medical Center of the Rockies.

Section V

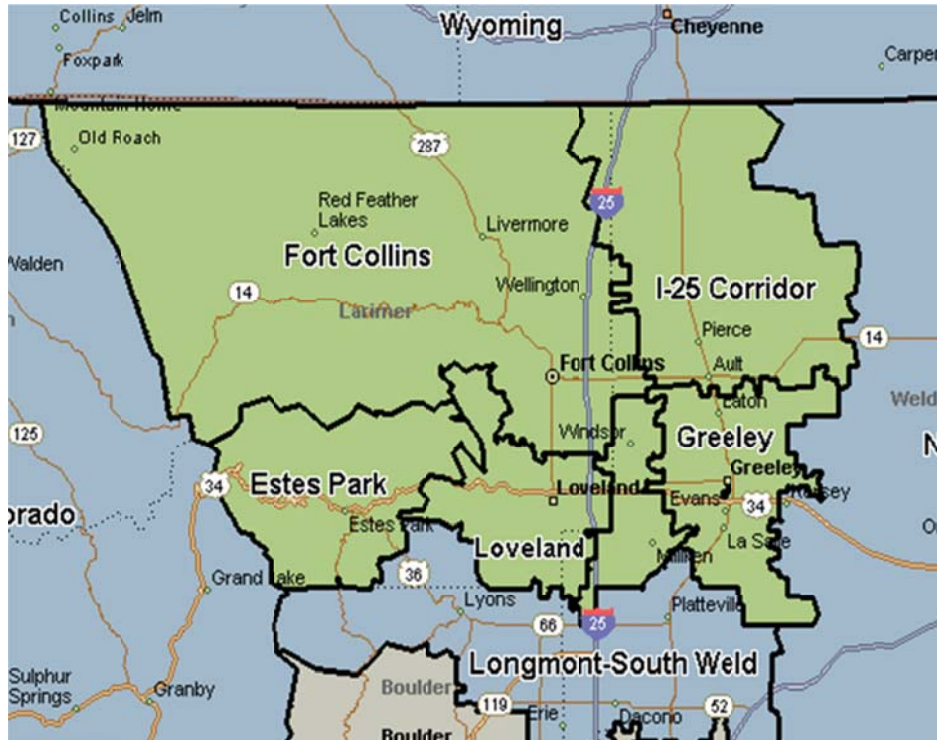
Medical Center of the Rockies

2012/2013 Community Health Needs Assessment

Process and Results

Description of target geographic areas / populations served by the hospital facility:

The target geographic areas include both Larimer and Weld Counties of northern Colorado. The primary service area for Medical Center of the Rockies encompasses the geographies shown in the map below. Whereas all of Larimer County is within the primary service area, only the northwestern portion of Weld County is included for the purposes of this report.



Demographic description of Larimer County

Larimer County is located in north central Colorado, bordering Weld County to the east, Boulder County to the south, Grand and Jackson counties to the west, and extending north to the Wyoming state line. With an estimated 2012 population of 308,439, Larimer is the sixth most populous county in the state. According to the Colorado State Demography Office, the county's population grew faster than the state overall between 2000 and 2010 (19.1 percent vs. 16.9 percent), and it is projected to reach close to half a million (n=487,000) by the year 2040.

The median age of Larimer County residents in 2010 was 35.5 years, with 21.4 percent under the age of 18 and 11.9 percent aged 65 and over. The median age of the county is increasing, and the population aged 65 and over is growing at a rate faster than the state overall.

In 2010, 84.5 percent of Larimer County residents self-identified as non-Hispanic white, and 10.6 percent self-identified as Hispanic of any race. The Hispanic population is increasing more than other ethnic groups. Between 1990 and 2010, the overall population of the county increased 61 percent, the White population increased 54 percent, and the Hispanic population increased 159 percent.

The number of Larimer County residents living in poverty increased nearly five percent between 2000 and 2010, from 9.2 to 14.0 percent. For children and the elderly, percent increases are much higher: the number of children under 18 living in poverty increased 94.6 percent during this time period, and the number of persons age 65 and older living in poverty increased 151.9 percent.

In all age groups, Larimer County has a lower percentage of residents without health insurance than the average for the state of Colorado. In 2010, 12.4 percent of Larimer County adults did not have health insurance compared to 15.9 percent statewide.

Larimer County is a mix of urban, suburban, and rural communities, with about 70 percent of the population residing within Fort Collins and Loveland. The county is served by several health care systems (Banner and UCHealth) and a large network of medical providers.

Larimer county information source: United Way of Larimer County and Larimer County Department of Human Services. "2012 Community Indicators Report" available at:

http://larimer.org/compass/community_indicators_report_2012.pdf

Available healthcare facilities and resources within the community can be reviewed through a free community resource accessed through the following link: <http://healthinfosource.com/>

The separately documented, but associated implementation strategy report will also list specific healthcare facilities and /or resources available In Larimer County to address each identified community health need.

Weld County demographic description:

Weld County incorporates 4,021 square miles within the relatively flat eastern portion of Colorado. While traditionally rural in nature, due to its proximity to major transit routes and the Denver metro area, many communities in the county have seen rapid population growth and are becoming more urban and suburban in character. The overall population density in the county is 63 persons per square mile which is still quite a bit lower than its neighboring western border county of Larimer which is 115 persons per square mile. Weld County has 26 incorporated and 21 unincorporated towns and municipalities. Greeley is the largest city with 92,889 people or 37 percent of the population.

In 2010, according to the US Decennial Census, the population of Weld County totaled 252,825 -with most residents being White (69 percent), followed by Latino (27 percent), Asian (1 percent), and African American (1 percent). Fourteen percent live in poverty and 11 percent of children and 22 percent of adults (18-64 years) are un-insured.

In 2010, the median age in Weld County was 33.1 years, which is younger than the overall Colorado median age of 36.1 years. The age structure of Weld County's population continues to shift similar to the national pattern, which has shown growth in older age ranges due to aging baby boomers. The most notable increase was found among 55 to 64 year old residents which increased from 7.2 percent in 1990 to 10.6 percent in 2010.

In 2010, 81.4 percent of Weld County residents five years and older reported speaking only English at home. The remaining 18.6 percent of residents spoke a language other than English at home. Of these residents, 89.8 percent spoke Spanish, 4.4 percent spoke a language related to their Asian or Pacific Islander heritage, and the remaining 5.8 percent spoke other languages at home. In 2010, 9.5 percent of Weld County residents were born outside the United States, which is similar to the percentage of foreign born residents living in Colorado overall (9.8 percent).

The county is served by several health care systems (Banner and UCHealth) including two community-based health centers, and a large network of medical providers. A list of resources available to the community is found at: <http://www.unitedway-weld.org/component/content/article/15-unitedway/contact-us/28-united-way-211>

Weld County information source: "The 2012 Health Status Report and Community Health Improvement Plan, A Roadmap for Improving Weld County's Health". Available at: <http://www.co.weld.co.us/assets/6d0C336318dB2BB6acac.pdf>

Target populations – Medical Center of the Rockies

Medical Center of the Rockies (MCR) is a 166-bed regional medical center in Loveland, Colo. with a full spectrum of services and specializing in heart and trauma care. MCR has two intensive care units, a birthing center and a special care nursery, a medical nursing unit, a surgical nursing unit, an inpatient acute rehabilitation unit and full-service radiology and laboratory departments. Surgical services include general surgery, cardiothoracic, orthopedic trauma and neurological trauma. More information is available at: <http://pvhs.org/body.cfm?id=634andfr=true>

Ranking as the third-largest heart surgery program in the state, the cardiac team at MCR performs twice as many cardiac surgeries as any hospital in northern Colorado and lead the region in completed pacemaker implantations, cardiac interventions and valve replacements Source: Colorado Hospital Association http://www.cha.com/CHA/Resources/Colorado_Hospital_Report_Card/CHA/Resources/Colorado_Hospital_Report_Card.aspx?hkey=a513e409-4b71-4eee-bbf6-1440067be285

Trauma Center of the Rockies is the Level II trauma center located at MCR. Expert trauma surgeons and other physicians, nurses, case managers, and technologists dedicated to trauma care stand ready 24 hours a day to provide our region's top care for the critically injured.

As a Level II Center, Trauma Center of the Rockies also is a resource to other hospitals for trauma consultation and training. Trauma Center of the Rockies is a referral center for hospitals in northern Colorado, southern Wyoming, and western Nebraska.

Improving access to health care

- MCR is home to Air Link, University of Colorado Health's emergency medical, critical care air transportation program. Air Link services the three-state region of Colorado, Wyoming and Nebraska, serving residents in a 200-mile radius from Loveland, Colo.
- University of Colorado Health and Columbine Health Systems provide a complimentary medical transport service serving Fort Collins, Loveland, and Greeley. The "Connecting Health" van is a free service that takes riders to designated medical locations in Fort Collins, Loveland and Greeley. The purpose of the service is to provide free rides for those who have medical appointments at those designated locations and need transportation.

Approach and Methods
Utilized Within the
Larimer County Community Health Assessment

Larimer County 2012/2013 Community Health Assessment

During 2012/2013, a community health assessment (CHA) of Larimer County was conducted. The Larimer County Department of Health and Environment facilitated the Community Leadership team who formed the Health Assessment Planning and Partnership Initiative (HAPPI) during January 2012.

Members of the HAPPI Leadership Team included representatives from the Health District of Northern Larimer County, Colorado State University, University of Colorado Health, McKee Medical Center, Kaiser Permanente, other agencies and organizations providing services in the county, and members of the Larimer County Board of Health. A list of participants can be found online at http://www.larimer.org/health/public_health_plan.htm

The purpose of the CHA was to:

- Provide an overview of current key health indicators and trends in Larimer County.
- Compare health status in Larimer County to state data and/or to national benchmarks/goals.
- Identify information gaps that could impact the scope of the CHA.
- Identify health disparities in county residents.
- Inform community leaders/policy-makers regarding the health of Larimer County residents.

In approaching its work, the HAPPI team utilized the *National Prevention Strategy: America's Plan for Better Health and Wellness* (NPS) as a framework that acknowledges the broad range of factors that play a role in health. This Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans. See <http://www.cdc.gov/features/PreventionCouncil/> for more information on the Strategy and related Action Plan.

National Prevention Strategy Goals and Health Issue Areas

The health issues described within the NPS were modified by the HAPPI Leadership team to be able to more specifically reflect local issues. They are listed below:

- Active living.
- Healthy eating.
- Healthy sexuality and reproduction.
- Injury and violence free living.
- Mental and emotional well-being.
- Preventing drug abuse and excessive alcohol use.
- Tobacco-free living.
- **Protecting environmental quality** (added by HAPPI team).
- **Reducing infectious diseases** (added by HAPPI team).
- Promoting a healthy social environment.
- Promoting a healthy built environment.
- Strengthening prevention efforts.
- Improving access to care.
- Raising healthy children.
- Promoting healthy aging.

Methods used to conduct the assessment

The HAPPI team was organized into subgroups in order to effectively focus on specific tasks.

- **HAPPI Leadership Team** – Members guided the overall effort, selected the assessment framework; considered community input and findings from all sources to make final decisions about which health issues were selected for focus of community health improvement plan. The team met as needed from January 2012 through March 2013.
- **HAPPI Data subcommittee** – Reviewed and identified high-quality data sources; selected important measures and identified key trends and disparities; recommended health indicators for inclusion in CHA. The team met on a bi-monthly basis from January through June 2012 and on an as-needed basis from August 2012 through January 2013.
- **Prioritization and Planning Stakeholders** – Attended community leader meetings (described below) and made recommendations to the leadership team about priority health issues.

Data selection process

A significant component of the assessment entailed the identification and selection of high-quality, county-specific data sources that provided indicators of health that were in alignment with the health issue areas and strategic directions outlined above. The HAPPI Data Subcommittee reviewed the following data sources:

- <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>.
- Colorado Behavioral Risk Factor Surveillance System (BRFSS).
http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors.
- U.S. Census data - www.factfinder2.census.gov.
- Colorado Cancer Registry (CCR)
<http://www.colorado.gov/cs/Satellite?c=Pageandchildpagename=CDPHE-PSDpercent2FCBONLayoutandcid=1251635536890andpagename=CBONWrapper>.
- Colorado Department of Education (DOE) <http://www.schoolview.org/>.
- Colorado Health and Hospital Association (hospital discharge data)
http://www.cha.com/CHA/Resources/Colorado_Hospital_Utilization_Data/CHA/Resources/Utilization_Data.aspx?hkey=84e3dad2-e610-44cc-b1a4-78fe49433b6a
- Colorado State Demography Office (population forecast) <https://dola.colorado.gov/ddb/>.
- Communicable Disease Data (Colorado Department of Public Health and Environment [CDPHE]– prepared reports or Colorado Health Data website)
<http://www.chd.dphe.state.co.us/HealthIndicators>.
- 2010 Community Health Survey (Health District of Northern Larimer County)
<http://www.healthdistrict.org/>.
- Environmental Protection Agency (EPA).
- Injury Hospitalizations (CHHA data, maintained by CDPHE)
http://www.chd.dphe.state.co.us/topics.aspx?q=Injury_Surveillance_Data.
- Labor Statistics (U.S. Department of Labor) <http://www.colmigateway.com/default.asp>.
- Pregnancy Risk Assessment Monitoring System (PRAMS)
http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data.
- Vital Records (CDPHE) <http://www.chd.dphe.state.co.us/Resources/vs/2011/Larimer.pdf>.

Community input

Two community meetings were held during February 2013 where findings from the CHA were presented, questions and comments were received and responses provided. A list of participants and the organizations they represent is included as Appendix B.

An anonymous, electronic voting process was utilized to prioritize the top health issues for a community-wide health improvement plan. The presentation materials are available for public review through the following link: http://www.larimer.org/health/CHA_slides_21313.pdf

Input from individuals not in attendance at the February meetings (including the general public) was obtained from an on-line survey posted to the Larimer County Department of Health and Environment's website http://www.larimer.org/health/public_health_plan.htm

Survey responses were compiled and included in the information presented to the HAPPI Leadership team in March 2013 (see below).

Community capacity survey

Prior to holding the community leader meetings, a survey was administered by the CHA project coordinator to a broad representation of health care partners in Larimer County. Respondents indicated their interest and/or capacity to address each health topic area. The results of the survey were included in the presentation to the community leader meeting participants to assist in the health issue prioritization process. The results are presented within the 'Findings' section below.

Prioritization criteria

The criteria used to prioritize the health issue areas discussed during the community leader meetings were:

- Significance to our community's health (scope of issue / comparison to state or national benchmarks).
- Ability to impact the issue (e.g. do effective, evidence-informed interventions exist?).
- Local capacity to address the issue (based on stakeholder knowledge of community as well as results of preliminary community asset inventory described above).

Selection of Priority Health Issues:

During March 2013, the HAPPI leadership team met with the goal of selecting priority health issues to be addressed as a county-wide effort over the next three to five years. The team participated in a facilitated group discussion to determine the number of issues that should be selected, reviewed the results from the data, the community input as well as the community capacity survey, and then voted on the importance of each issue. Participants were guided to also use their expert opinion. The group then made a final decision to focus on the top two priority issues based on the ranking of scores for each health priority in the areas of significance to health, scope of impact and local capacity to address the issue.

Results

All results from the Larimer County CHA process are described in the 'Findings' section following the description of the Weld County CHA process described below.

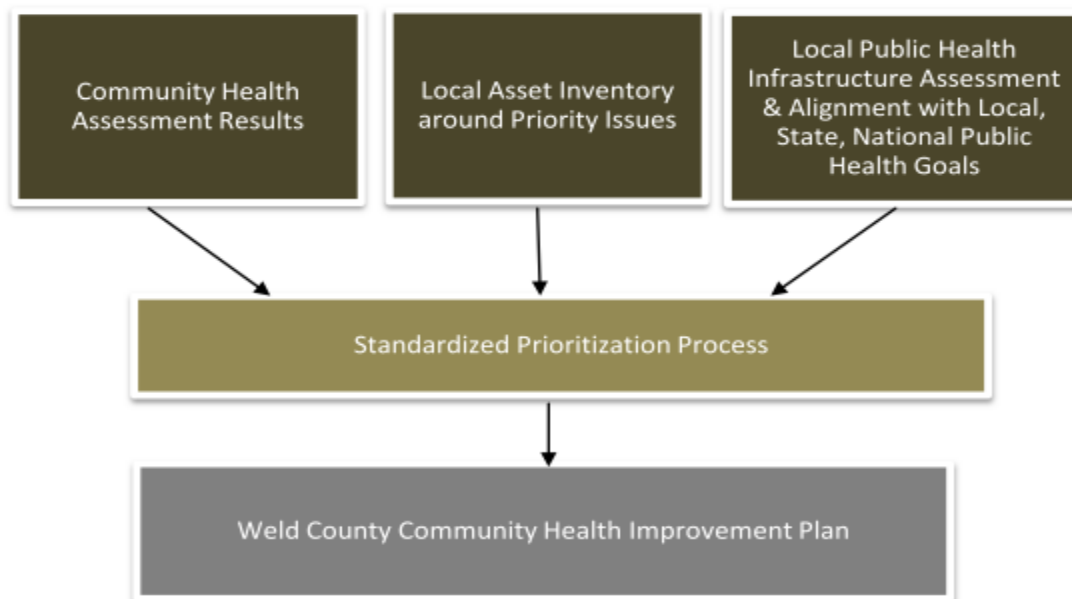
Approach and Methods
Utilized within the
2012 Weld County Community Health Assessment

Weld County 2012 Community Health Assessment – Approach and Methods

To understand the leading health issues within Weld County communities, leadership from UCHHealth reviewed a report prepared by the Weld County Department of Public Health and Environment and also consulted with its main author, Ms. Cindy Kronauge. Ms. Kronauge may be contacted at (970) 304-6470 or ckronauge@co.weld.co.us.

The community health assessment process developed in Weld County was completed under the leadership of the Weld County Department of Public Health and Environment during 2010 and 2011. A brief synopsis of the process and findings is provided below. Full details related to the methods, approach, community input, data sources, findings and resulting action plans can be found within the document “The 2012 Health Status Report and Community Health Improvement Plan, A Roadmap for Improving Weld County’s Health”, available online at: <http://www.co.weld.co.us/assets/6d0C336318dB2BB6acac.pdf>

The approach to completing the Weld County CHA was drawn from the National Association of City and County Health Official’s (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as well as other health-related strategic planning processes. The figure below depicts the process.



The process of identifying Weld County’s priority health issues included a series of meetings throughout 2011 with public health partners and members of the community.

Data from the 2010 Community Health Survey and other state and national sources were reviewed and discussed; a resource capacity assessment was completed by thirty agencies serving the public health in Weld County; and guest experts attended meetings to share information on the opportunities and barriers to improving public health in Weld County.

Issues of concern

Weld County's initial issues of concern were aligned with Colorado's 10 Winnable Battles (<http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910>), which are key public health and environmental issues where it is expected progress can be made over the next several years. Issues included infant health, motor vehicle safety for teens, mental health and substance abuse, nutrition, physical activity and obesity, teen pregnancy and tobacco.

Community input

In addition to the data just described, other data were gathered and analyzed from residents, key public health stakeholders and partners, and from public health department staff. The 2010 Weld County Community Health Survey asked residents to rate how concerned they were about certain pre-determined health-related community issues. Results are described within the "Findings" section below.

Community resource assessment

The community assessment included an inventory of 30 local organizations identifying local assets around the potential priority issues. Information on the type (e.g., screening, medical services, education, referral, etc.) and quantity of assets (e.g., capital, people, and funding) was obtained along with information about the people they served in the areas of child health, adolescent health, mental health, and chronic disease risk factor reduction. In each health issue area information pertaining to health care access and disparities were also assessed.

Prioritization process

In May 2011, after four months of gathering, reviewing, and discussing local data related to the six priority issues, the oversight committee engaged in a best practice priority setting process using a pre-determined standardized criterion with an anonymous electronic voting system. The identified issues were once again briefly reviewed and a facilitated group discussion resulted in the twenty agency participants voting on the importance of the issue (based on the data and separately on the individual's expert opinion) and the ability and capacity of the community to impact each health priority. The multidimensional results were instantly tallied, presented, and discussed further. The group then made a final decision to focus on the top two priority issues based on the ranking of scores for each health priority in the areas of ability, capacity, importance, and overall importance.

Through a process of electronic voting, two focus areas were identified from the six broad areas of concern mentioned previously.

Results:

All results from the Weld County CHA process are shown in the 'Findings' section below

**Key Findings from the
Community Health Needs Assessments
of Larimer and Weld Counties**

Larimer County health indicators

A list of key health and social indicators for Larimer County including birth data, illness data, and death data was reviewed by the data subcommittee. This list is included as Appendix A. Summary data is shown below.





The four leading causes of death in Larimer County in 2011 were:




- 1) Cancer 2) Heart disease 3) Cerebrovascular diseases 4) Unintentional injury

Years of potential life lost (YPLL) is a measure of premature death that highlights the burden of loss among younger aged people. The four leading causes of years of potential life lost before age 65 were:

- 1) Unintentional injury 2) Cancer 3) Suicide 4) Heart disease

Additionally, a review of indicators for the following health issues identified them as falling below either state or national benchmarks or demonstrating an undesirable trend.

Health Issue - Importance	Indicator value	Benchmark
<p><u>Overweight or obesity in adults:</u></p> <p>Preventable, diet-related diseases include heart disease, high blood pressure, diabetes, cancer, and osteoporosis.</p>	<p>Adults in Larimer County:</p> <p>32% overweight and 15% obese</p>	<p>Undesirable ↑ trend</p> 
<p><u>Active transportation to work/school:</u></p> <p>Physical activity aids in weight management; decreases risk of early death from heart disease, stroke, high blood pressure, diabetes, and certain cancers.</p>	<p>7.1% of workers in Larimer County commuted to work by biking, walking or public transportation, compared with 7.3% statewide.</p>	<p>National goal = 20%</p>  <p>Not met</p>
<p><u>Increase in food insecurity</u></p> <p>Food insecurity is defined as uncertain future food availability or insufficient food required for a healthy life.</p>	<p>14% of Larimer County households experienced food insecurity, compared with 15.5% statewide</p>	<p>National goal = 6% of households</p>  <p>Not met</p>
<p><u>Adult binge-drinking (within last 30 days)</u></p> <p>Binge drinking is a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This happens when men consume 5 or more drinks, or women consume 4 or more drinks, in about 2 hours.</p>	<p>Percent of Larimer County adults reporting "binge drinking" in last 30 days - 26% (2010 data), compared to 16% in Colorado (2009 data)</p>	<p>National goal = 24.3%</p>  <p>Not met</p>
Health Issue - Importance	Indicator value	Benchmark

<p><u>Mental and emotional well-being / suicide mortality</u> Maintaining positive mental and emotional health may reduce health behaviors associated with chronic disease, such as physical inactivity, smoking, excessive alcohol use, and insufficient sleep</p>	<p>Larimer County suicide rate = 15/100,000 (2007-2011 data)</p> <p>Larimer County has never met national targets over the past two decades</p>	<p>National goal for suicide rate = 10.2 per 100,000</p>  <p>Not met</p>
<p><u>Prescription drug overdose:</u> The number of overdose deaths has increased steadily in Larimer County since 2002, from 19 in 2002 to 57 in 2011.</p>	<p>According to the 2011 Larimer County Coroner's Report, more than half (53%) of overdose deaths were attributed to prescription opiates compared with only 5.3% in 2002.</p>	<p>Undesirable ↑ trend</p> 
<p><u>Smoking during pregnancy:</u> Tobacco-use prevention may lead to improvements in rates of cancer, cardiovascular and chronic pulmonary diseases, osteoporosis, improved birth outcomes, and reduced overall healthcare costs</p>	<p>In 2011, 8.4% of Larimer County mothers giving birth reported smoking during pregnancy, compared to 7.4% for CO.</p>	<p>National goal = 1.4%</p>  <p>Not met</p>
Demographic issues		
<p>Healthcare utilization disparity</p>	<p>Increase in older adult (ages 65+) population</p>	<p>Older adult falls are the primary cause for trauma hospital admission in Larimer County</p>

To determine the health issues related to sub-populations such as minority groups, uninsured persons, or individuals with low incomes or living in poverty, the 2010 Community Health Survey, administered during 2010 by the Health District of Northern Larimer County, was reviewed. This survey obtains information related to ethnicity, income and insurance status.

The following table lists the primary and chronic disease needs and other health issues of these community members.

Health issues specific to minority populations, uninsured persons, and/or low-income or individuals living in poverty		
Minority populations	Low-income or poverty	Uninsured persons
<p>Increased % of Latina teens (ages 15-17) giving birth (2011 Larimer County data http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Birth_Data</p> <p>Lower fruit/vegetable consumption, physical activity rates in Hispanic population*</p> <p>Increased obesity rates in non-Hispanic Black population*</p> <p>(* - state level data: http://www.americashealthrankings.org/CO)</p>	<p>Increased incidence of:</p> <p>Hypertension, heart disease, stroke, diabetes, depression, mental health problems, oral health needs, alcohol or drug dependence</p> <p>Source: 2010 Larimer County Community Health Survey (not available online)</p>	<p>Increased incidence of:</p> <p>Asthma, oral health needs, obesity, depression, mental health problems, alcohol or drug dependence and binge-drinking behavior</p> <p>Source: 2010 Larimer County Community Health Survey (not available online)</p>

Data gaps revealed through the CHNA:

Although the Colorado Child Health Survey, which gathers health status data related to children ages 2-14, is administered bi-annually by the Colorado Department of Public Health and Environment, the resulting sample of respondents residing in Larimer County (~75) does not provide a reliable representation of children residing in the county. In addition, the CDC’s Youth Risk Behavior Survey frequently administered to high-school students across the United States, has not been administered to Larimer County youth for over 10 years. These two factors have resulted in a lack of quality data describing the health behaviors and health status of Larimer county children and youth.

Community leader voting results:

Three topic areas received the highest scores when ranking by mean, median and mode:

- Mental and emotional well-being.
- Strengthening prevention efforts.
- Raising healthy children.

Results from online survey completed by 160 Larimer County residents:

Two topic areas received the highest scores when ranking by mean, median and mode:

- Mental and emotional well-being.
- Raising healthy children.

Synthesis of community leader qualitative comments:

- Community capacity/interest to implement recommendations is key to success and is as important as the data.
- The full impact of health care reform requirements is unknown, but it should be considered when determining priorities.
- Better data is needed in order to illuminate where there are health disparities.

Community asset findings:

Topic	Overall Interest*	EBI** – Interest	EBI - Capacity
Mental and emotional well-being	84%	Medium	Medium/Low
Raising healthy children	77%	High	Medium/Low
Strengthening Prevention Efforts	83%	Medium/Low	Low

* Percent of respondents who were at least moderately interested

** Evidence-Based Intervention

Final Leadership Team Decision

The leadership team reached consensus and identified two focus areas to be included in the community-wide health improvement plan. These focus areas are:

- 1) Raising healthy children
- 2) Mental and emotional well-being

Potential measures and resources available to address the prioritized health needs

The following tables describe evidence-informed strategies that have the potential to impact the priority health issue areas. Within the community asset survey, respondents were asked to rate these strategies with regard to their interest, capacity to implement, or current efforts.

Further detail related to selected community initiatives as well as anticipated health impact and evaluation methods is provided within the separately documented implementation strategies prepared for both Poudre Valley Hospital and Medical Center of the Rockies.

Table 1. Health issue – Raising healthy children

Evidence Informed Strategy	Interest (n=22)	Capacity (n=20)	Currently Doing
Comprehensive health, education, and support services for high-risk parents during pregnancy, infancy and early childhood	High	Medium	15% (3)
Increase breastfeeding initiation and duration	Mixed	Low	10% (2)
Enforce/strengthen policies related to recommended vaccinations	Mixed	Low	10% (2)
Increase comprehensive early childhood education programs for children of families with low incomes	High	Medium	5% (1)
Promote multi-component obesity prevention interventions in schools	High	Medium	10% (2)
Expand opportunities for oral health care	Mixed	Low	5% (1)
Encourage social connectedness among youth	High	Low	11% (2)

Table 2. Health issue – Mental and emotional health




Evidence Informed Strategy	Interest (n=26)	Capacity (n=25)	Currently Doing
Screening and treatment of older adults for depression	High	Low	4% (1)
Appropriate screening and treatment of adolescents for depression	High	Medium	4% (1)
Develop community-based suicide prevention programs	Medium	Medium	4% (1)
Address social equity issues leading to stress and depression	Medium	Low	4% (1)
Promote social connectedness among individuals, family members and community organizations	Medium	Medium	16% (4)
Caregiver support/respite care services	Medium	Low	12% (3)




Weld County Health indicators

In Weld County, the top four leading causes of death measured during 2007-2009 included:

- 1) Cancer.
- 2) Heart disease.
- 3) Chronic lower respiratory diseases.
- 4) Unintentional injuries.

In addition, six health issue areas were identified by the Weld County CHA.

Health Issue - Importance	Indicator value- Weld County	Benchmark
<p>Infant Health:</p> <p>Infant mortality is associated with maternal health, quality and access to care, socioeconomic conditions, and public health practices.</p>	<p>Weld County's infant mortality rate: 6.3 (deaths) per 1,000 live births</p>	<p>National Goal = 4.5/1,000</p>  <p>Not Met</p>
<p>Motor vehicle safety for teens:</p> <p>Motor vehicle crashes are the leading cause of death for U.S. teens.</p>	<p>12% of Weld County students say they rarely/never wear a seatbelt when riding in a car. (2007 YRBS) This indicates that 88% are using seatbelts.</p>	<p>National Goal = 92%</p>  <p>Not Met</p>
<p>Mental health and substance abuse</p> <p>Mental health disorders are the leading cause of disability in the US, accounting for 25% of all years of life lost due to disability and premature mortality</p> <p>Excessive alcohol consumption is the third leading cause of preventable death in the US</p>	<p>27% of adults in Weld said their mental health was not good 1 – 7 of the last 30 days and 14% said their mental health was not good for 1 week or more. (Weld 2010 Community Health Survey)</p> <p>28% of Weld County high school students binge drink (2007, YRBS)</p>	<p>National goal = Increase % of primary care physicians who screen youth and adults for depression during office visits.</p> <p>National goal for high-school senior binge-drinking = 22.7%</p>  <p>Not Met</p>
Health Issue - Importance	Indicator value- Weld County	Benchmark

<p>Nutrition, physical activity and obesity:</p> <p>Poor diet, inadequate exercise and/or obesity may increase the risk for: Coronary heart disease, type 2 diabetes, some cancers, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea / respiratory problems, and osteoarthritis.</p>	<p>Weld County resident fruit and vegetable consumption and physical activity levels are below state averages.</p> <p>Weld County's obesity rate is 25% - significantly higher than the state rate of 19%</p>	<p>Below state averages for physical activity and fruit/vegetable consumption</p>  <p>Increasing trend in obesity rate (<20% in 2004; 25% in 2010)</p>
<p>Unintended Teen pregnancy:</p> <p>Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health and poor educational and behavioral outcomes</p>	<p>76% of teen pregnancies were unintended...</p> <p>46% of teens entered into prenatal care after 1st trimester...</p> <p>8% of Weld teen infants were born at a low birth weight...</p>	<p>National goal for low-birthweight babies = 7.8%</p>  <p>Not Met</p>
<p>Tobacco Use:</p> <p>Tobacco use is the single most preventable cause of death and disease in the United States</p>	<p>Adult cigarette use in Weld County is decreasing but adolescent cigarette use has not.</p> <p>80% of county residents are concerned about youth tobacco use</p>	<p>Undesirable ↑ trend</p>  <p>smoking rates significantly increased among white, non-Hispanic youth</p> <ul style="list-style-type: none"> ◦ increasing from 12% to 18% from 2005 to 2007

To determine the health issues related to sub-populations such as minority groups, uninsured persons, or individuals with low incomes or living in poverty, results from the 2010 Weld County Community Health Survey, administered during 2010 by the Weld County Department of Public Health and Environment, were reviewed. This survey obtains information related to ethnicity, income and insurance status.

The following table lists the primary and chronic disease needs and other health issues of these community members.

Health issues specific to minority populations, uninsured persons, and/or low-income or individuals living in poverty		
Minority populations	Low-income or poverty	Uninsured persons
<p>More Hispanic/Latino students (20%) than non-Hispanic White adolescents (18%) smoke.</p> <p>More Hispanic/Latina teens experience unintended pregnancy.</p> <p>A higher percentage of Hispanic/Latino (31%) than non-Hispanic white (24%) high school students binge drink. (2010 Healthy Kids Colorado Survey)</p> <p>A 10% higher rate of adult obesity is prevalent in Hispanic/Latino residents (2010 Community Health Survey)</p>	<p>Increased incidence of:</p> <p>Hypertension, heart disease, diabetes, asthma, emphysema, obesity, unintended pregnancy, depression, mental health problems, oral health needs, cigarette smoking, alcohol or drug dependence</p>	<p>Increased incidence of:</p> <p>Oral health needs, obesity, diabetes, depression, mental health problems, cigarette smoking, alcohol or drug dependence</p>

Community Input findings:

The top five concerns outlined from responses to questions within the 2010 Weld Community Health Survey were drug-abuse, youth crime and gangs, child abuse, neighborhood safety, and teen sexuality. Still significant, but less so, over half of respondents were very or moderately concerned about obesity, availability of recreation opportunities, and population growth.

Community Asset findings:

Table 13. Summary of Weld County assets around potential health priority areas, 2010

	Primary staff FTE*	Support staff FTE	Volunteer FTE	Total funds in millions, 2010	Dollars spent per target pop.	Number of org. responses* *
Child health (0-10 yrs)	111.89	112.38	27.5	\$17.3	\$387.84	12
Adolescent health (11- 17 yrs)	51.65	16.83	37.5	\$6.5	\$251.99	12
Mental health (All ages)	203.2	65.4	31	\$15.9	\$62.89	7
Chronic disease risk reduction (All ages)	39.55	43.88	1.4	\$6.2	\$24.52	12

Notes: *FTE means full-time equivalent. **For a complete list of organizations who participated in the inventory see acknowledgements on page 46

Source: Weld County 2012 Public Health Improvement Plan <http://www.co.weld.co.us/assets/6d0C336318dB2BB6acac.pdf>

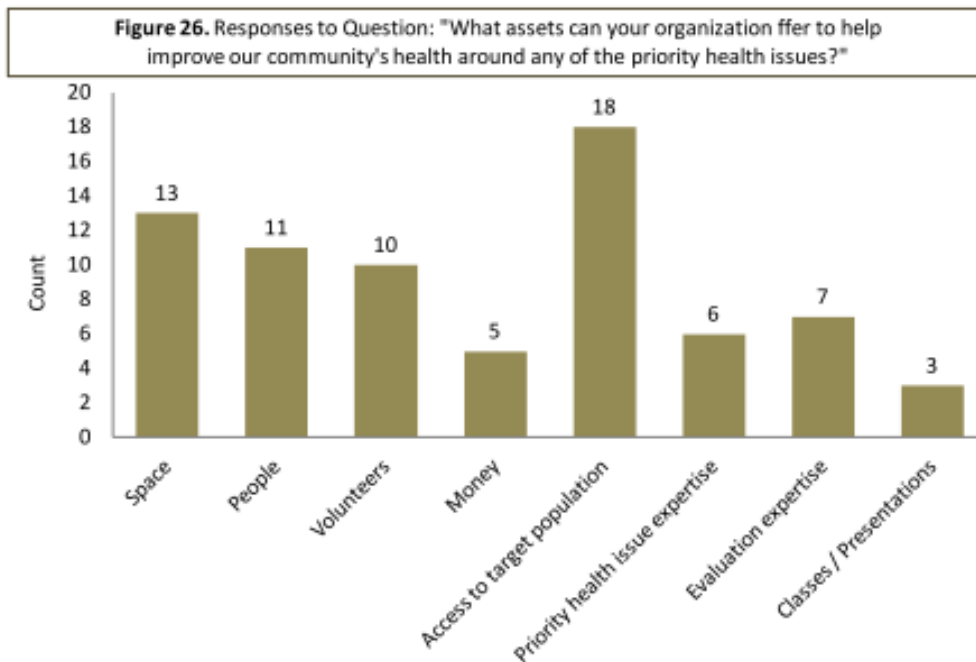
Priority Health Issues identified

The two top priority issues identified through the Weld County CHA process were:

3. Nutrition, physical activity, and obesity.
4. Mental health and substance abuse.

Potential measures and resources available to address the prioritized health needs

A component of Weld County's community asset survey included a question about what assets they may be able to offer in the potential health priority areas. Many organizations (18) said they could offer access to the population of interest, space (13), people (11), or volunteers (10). Five organizations said they could possibly offer funding and seven said they could possibly offer evaluation expertise. The figure below, copied from the Weld County report referred to above, depicts these responses...



Source: 2011 Weld Community Assets Inventory

...and evaluation methods provided within the separately documented implementation strategies prepared for both Poudre Valley Hospital and Medical Center of the Rockies.

Appendices

Appendix A: Key health and social indicators for Larimer County

Measures of Demographic and Social Indicators	Value
Population of Larimer County in 2012 ¹	308,439
Percent of Larimer County Population that is Female Male ²	F: 50.4% M:49.6%
Percent of Larimer County population who are non-Hispanic White ²	84.5%
Percent of Larimer County population who are Hispanic, any race ²	10.6%
Median household income in Larimer County ³	\$55,219
Poverty rate (entire population, 2011) ³	14.2%
Poverty rate: All families with kids Single mothers with kids (2009-11) ⁴	11.2% 30.8%
Rate of unemployment in Larimer County in 2011 ⁵	6.8%
High school graduate or higher, persons 25+ years old [2007-2011]	93.9%
Bachelor's degree or higher, persons 25 +years old [2007-2011]	43.1%

Birth Data (all 2011) ⁷	Larimer County	Colorado
Low Birth Weight Babies (percent)	8.4%	8.7%
Pre-term births (percent)	8.1%	8.9%
Births to teens (15-17 yrs) per 1,000 females in age group	9.9	14.0
Births (15-17 yrs) to Latina teens as percent of all teen births	57%	62%
Late or No Prenatal Care	12.7%	20.0%
C-section rate	31.1%	25.3%
Smoked during pregnancy (% of mothers giving birth)	8.4%	7.4%
Births to unmarried women	23.0%	24.0%
Births to women with less than high school diploma/GED	6.4%	9.8%

Illness Data	Larimer County	Colorado
Percent of children aged 1-14 years with asthma ⁸	9.5%	8.2%
Percent of Larimer County adults aged 18 with asthma ⁹	8.6%	8.5%
Rate of newly diagnosed invasive cancers (per 100,000 population, age-adjusted) ¹⁰	436.8	440.6
Percent of people over age 18 with diabetes ¹¹	5.4%	5.9%
Rate of hospitalizations due to heart disease (per 100,000 population, age-adjusted) ¹²	2,438	2,594
Rate of hospitalizations due to stroke (per 100,000 population, age-adjusted) ¹²	245.5	271.2
Rate of new Chlamydia cases among 15-29 year olds (per 100,000 population) ¹³	800.2	1,597.2
Rate of influenza hospitalizations in people aged 65+ years old (per 100,000 population) ¹³	50.7	62.7
Death Data		
Infant death rate (deaths under 1 yr of age per 1,000 live births) ¹⁵	5.1	6.1
Life expectancy / healthy life expectancy (in years, all sexes) ¹⁶	81.6 / 73.1	80.0 / 71.0

Leading Causes of Death in Larimer County in 2011: ¹⁴		# of deaths	Leading Causes of Years of Potential Life Lost before age 65 in Larimer County (2008-2010): ¹⁵		Yrs. Lost <65
1.	Cancer	413	1.	Unintentional Injury	5,033
2.	Heart disease	371	2.	Cancer	4,122
3.	Cerebrovascular diseases	119	3.	Suicide	3,282
4.	Unintentional injuries	117	4.	Heart disease	2,092
5.	Chronic lower respiratory diseases	107	5.	Perinatal period conditions	1,496
6.	Alzheimer's disease	73	6.	Congenital malformations, deformations, chromosomal abnormalities	1,488
7.	Suicide	54	7.	Chronic liver disease and cirrhosis	686
8.	Diabetes	41	8.	Homicide/legal intervention	685
9.	Influenza and pneumonia	33	9.	Injuries of undetermined intent	503
10.	Other respiratory diseases	31	10.	Cerebrovascular diseases	321

Colorado State Demography Office, Department of Local Affairs. Population Forecast Data. <http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251593300013>

U.S. Census Bureau [Internet]. 2010 Census. Profile of General Population and Housing Characteristics (Table DP-1). Available at: <http://factfinder2.census.gov/main.html>.

U.S. Census Bureau [Internet]. 2011 American Community Survey. 1-Year Estimates. Selected Economic Characteristics.(Table DP03). <http://factfinder2.census.gov/main.html>.

American Community Survey, Larimer County, 2009-11 http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_3YR_S1702andprodType=table

U.S. Department of Labor, Bureau of Labor Statistics. Local Area Unemployment Statistics, 2002-2011.: <http://data.bls.gov/cgi-bin/surveymost>

U.S. Census Quickfacts <http://quickfacts.census.gov/qfd/states/08/08069.html>

Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset: 2011. Birth Data Statistics. http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Birth_Data

Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators Dataset: 2008-2010 Colorado Child Health Survey. <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8andsdID=43andclID=69andrID=2>

Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators Dataset: 2008-2010 Behavioral Risk Factor Surveillance System. <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8andsdID=43andclID=69andrID=2>

Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators Dataset: 2006-2008 Colorado Cancer Registry.: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8andsdID=44andclID=69andrID=2>

Appendix B: Community leaders input meetings - list of registrants

Annette Alfano, University of Colorado Health – (healthcare organization/community health)
Mary Atchison, Kaiser Permanente (healthcare organization)
Kristin Bieri, Food Bank for Larimer County
Deborah Campbell, Larimer County COMPASS (United Way)
Jennifer Chase, Northern Colorado AIDS Project (non-profit agency)
Andrea Clement-Johnson, Larimer County Department of Health and Environment (public health professional)
Bruce Cooper, Health District of Northern Larimer County (healthcare organization)
Lori Daigle, Northern Colorado AIDS Project (non-profit agency)
Alison Dawson, Disabled Resource Services (non-profit agency)
Emily Dawson Petersen, Touchstone Health Partners (mental health provider)
Tom Donnelly, Larimer County Commissioners (elected official)
Michele Doyle, Columbine Health Care Systems (healthcare organization)
Linda Fellion, Early Childhood Council of Larimer County (non-profit agency)
Lew Gaiter, Larimer County Commissioners (elected official)
Chazz Glaze, Salud Family Health Center (healthcare organization – Medicaid)
Neil Gluckman, Larimer County, Assistant County Manager
Martha Hargraves, Community Member
Barbara Hartman, Thompson School District (educational institution)
Sue Hewitt, Health District of Northern Larimer County (healthcare organization)
Jessica Hinterberg, Loveland Coalition for Activity and Nutrition to Defeat Obesity
Erica Iverson, Food Bank for Larimer County
Steve Johnson, Larimer County Commissioners (elected official)
Ashley Kasprzak, Team Fort Collins (substance abuse prevention)
Katy Kohlen, League of Women Voters
Jenny Langness, Alpha Center – (healthcare center provides free reproductive health services)
Jennifer Lee, Larimer County Board of Health
Diana Linden, Planned Parenthood of the Rocky Mountain's Responsible Sex Education Institute
Marie Macpherson, Larimer County Department of Health and Environment (public health professional)
John McGee, Crossroads Safehouse (non-profit serving victims of domestic violence)
Dawn Nannini, Team Fort Collins (substance abuse prevention)
Karen Nicholson, Estes Park Medical Center (healthcare organization)
Traci Oddy, Banner McKee Medical Center (healthcare organization)
Carol Plock, Health District of Northern Larimer County (healthcare organization)
Mark Richards, Larimer County Board of Health
Doug Ryan, Larimer County Department of Health and Environment (public health professional)
Kim Sharpe, Healthier Communities Coalition of Larimer County (serving youth)
Bill Stout, Women's Resource Center (healthcare access for underserved women)
Averil Strand, Larimer County Department of Health and Environment (public health professional)
Deirdre Sullivan, Coalition for Activity and Nutrition to Defeat Obesity (Fort Collins)
Jill Taylor, University of Colorado Health (healthcare organization/senior services)
Grace Taylor, University of Colorado Health (healthcare organization)

Marilyn Thayer, Community Organizing to Reach Empowerment (CORE) Center
Lee Thielen, Thielen Consulting (public health consultant)
Colette Thompson, University of Colorado Health (healthcare organization-community health)
Jane Viste, Larimer County Department of Health and Environment (public health professional)
Scott Von Barga, Turning Point Center for Youth and Family Development
Margaret Watson, United Way 2-1-1 of Larimer County
Nancy Weber, Poudre School District (K-12 educational institution)
Valerie Wendell, Bohemian Foundation (local philanthropic organization)
Lise Youngblade, Human Development and Family Studies/Colorado State University
Steve Yurash, Larimer County Board of Health