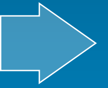
UCHealth | **2016**



Community Health Needs Assessment

MEDICAL CENTER OF THE ROCKIES | POUDRE VALLEY HOSPITAL

Executive summary

We are pleased to present this report, the 2016 Community Health Needs Assessment (CHNA) for Poudre Valley Hospital and Medical Center of the Rockies. Organized as not-for-profit hospitals, PVH/MCR are part of a larger system known as UCHealth. UCHealth combines Memorial Hospital, Poudre Valley Hospital, Medical Center of the Rockies, Colorado Health Medical Group, and University of Colorado Hospital into one organization dedicated to health and unmatched patient care in the Rocky Mountain West. The information in this report will enable us to strategically establish priorities, direct resources and implement initiatives intended to improve the health of our communities.

Overview

Required of all not-for-profit hospitals as a condition of retaining tax-exempt status, a CHNA is part of a hospital's documentation of community benefit mandated by the Affordable Care Act. Conducting this CHNA ensures that UCHealth hospitals identify and respond to the health needs of area residents.

Description of PVH/MCR

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.

Poudre Valley Hospital is a 231-bed hospital that specializes in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services for residents of northern Colorado, southern Wyoming and western Nebraska.

Medical Center of the Rockies is a 166-bed regional medical center in Loveland, Colo. with a full spectrum of services and specializing in heart and trauma care.

Hospital primary service areas

For the purpose of this CHNA, the PVH/MCR community is defined as both Larimer and Weld counties.

Methods

Between July and December 2015, PVH/MCR, along with all other UCHealth hospitals, conducted a CHNA in collaboration with the Center for Public Health Practice, Colorado School of Public Health.

A sequential, mixed-method design was developed based on a review of the previous CHNA for the purpose of creating a common philosophy and unifying themes across the UCHealth hospital regions. The design represents best practices in community assessment, with a first phase of strong quantitative data analysis followed by a series of structured activities to engage the community and public health experts in identifying health needs and perceived priorities.

To mobilize the medical provider community, a web-based survey was administered to obtain providers' perspectives on the significant health issues affecting their patients. A Community Advisory Group was convened to provide input on hospital-based resources needed to address the key health needs. To allow additional community members to share their views and also to solicit comments on the 2013 CHNA and Implementation Strategy reports, a survey was posted on the hospital's website.

A subset of PVH/MCR's Senior Management Group was convened to review all information obtained from the activities described above. Participants in this internal advisory group (IAG) completed the health-issue prioritization identification using an evidence-based, structured process (prioritization matrix included in Appendices). As a final step, the PVH/MCR Board of Directors was apprised of and approved the information contained within the report during their May 2016 meeting.

Findings

The Center for Public Health Practice, Colorado School of Public Health, conducted a detailed review of publically available data from a database consolidated by the Colorado Department of Public Health & Environment. Indicator measures included health data, population characteristics and social and economic factors. Data was compared at the county and state levels to identify key health needs. To enhance the health-needs identification, Healthy People 2020[1] benchmarks were also reviewed.

Tables were generated summarizing key health data for PVH/MCR to describe the community and its health status. Key health needs were determined by the Center for Public Health Practice and PVH/MCR based on the data, priorities of the previous CHNAs, current priorities of local health departments, potential to prevent deaths using evidence-based practices and expert opinion.

Within the review of the secondary data, gaps were identified related to minority, low-income and uninsured individuals. To learn more about these individuals, PVH/MCR participated in group meetings with community members and/or leaders of organizations serving these individuals.

The community health assessments and prioritization activities carried out by each UCHealth hospital in Colorado yielded two overarching, key health themes for the communities they serve. They are:

» Access to care
» Cardiovascular disease prevention and control

[1] Healthy People 2020, *Topics and Objectives*, available at: healthypeople.gov/2020/topics-objectives

For the communities served by PVH/MCR, the assessment further identified significant health needs that were rated highly according to: 1) the in-depth analysis of secondary data; 2) input from the community, medical providers and public health experts; 3) the likelihood of making a measurable impact using evidence-based interventions; and 4) the hospital's ability to address the problem.

Two of the identified needs overlap with the overarching themes above. Mental and behavioral health needs were additionally identified as a key theme in both Larimer and Weld counties. The need for improved transportation is a key social determinant of health in both counties as well. The identified needs for PVH/MCR are:

- Access to health care services for older-adult, underinsured and minority populations.
- Cardiovascular disease prevention and control (focusing on Weld County residents).
- Mental and behavioral health (focusing on suicide prevention and substance abuse treatment and prevention).
- Transportation among health care facilities.

Health care resources available to address needs

Both Larimer and Weld counties are served by several large health care systems, multiple community-based health centers and a large network of medical providers. The Heart Center in northern Colorado is a regional leader in providing care for patients diagnosed with cardiovascular diseases. For behavioral health issues, Mountain Crest Behavioral Healthcare Center in Fort Collins helps adults and adolescents with mental health and substance abuse issues achieve a high level of health and well-being. Other health care facilities and resources within Larimer County can be accessed at healthinfosource.com. Health care facilities and resources available to Weld County residents are listed on the United Way 211 web-page.

List of proven strategies available to impact health issues

Within the health-issue prioritization process, the IAG reviewed resources containing evaluated interventions that, if implemented, could make an impact on the significant health issues identified. Some of these resources include The Community Guide for Preventive Services, Colorado's 10 Winnable Battles recommendations and Healthy People 2020 Evidence-Based Resources.

Written comments on previous CHNA

The following is an excerpt of a review of PVH/MCR's 2013 CHNA report provided by Holly Wolf, Ph.D., the Center for Public Health Practice, Colorado School of Public Health.

"In 2013 Poudre Valley Hospital and Medical Center of the Rockies showed strong partnership in serving their community of Larimer and Weld counties by carrying out a shared Community Health Needs Assessment. Further, they leveraged their partnerships with the communities of Larimer and Weld counties by using the counties' community health assessment, prioritization, capacity assessment and community health improvement plans."

Summary of impact of actions taken since previous CHNA

PVH/MCR (and partnering organizations) directed resources to address the priority health issues identified in the 2013 CHNA. The impact of these actions include: 1) a capacity increase in medical/behavioral health care coordination teams; 2) integration of primary care and behavioral health services in clinics serving low-income individuals; 3) administration of child- and youth-related health surveys to close the data gap identified; 4) increase in clinical and supportive services directed to address the high rate of low-birthweight newborns; 5) additional crisis-intervention services made available in Weld County; and 6) improved physical activity and dietary behaviors in youth, effectively impacting the high-priority issue of an increasing obesity rate in northern Colorado youth, achieved by PVH/MCR-sponsored school-based programming.

Prioritized community health needs

Based on the information collected from the sources shown above, it is concluded that access to care, cardiovascular disease (and related risk factors) and mental and behavioral health (including a special focus on suicide prevention and substance abuse treatment and prevention) are the community health issues that achieved the highest priority and therefore should be the focus of PVH/MCR's CHNA Implementation Strategy.

Acknowledgments, recommendations and next steps

We would like to thank our colleagues from the Center for Public Health Practice, Colorado School of Public Health; local medical providers; Larimer and Weld County community leaders; and community members who provided insight and expertise that greatly assisted in the completion of this project.

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 PVH/MCR board of directors for their oversight and approval.

The PVH/MCR CHNA report will be made available to the public for viewing or download on the hospital's website as well as in hardcopy form in the administrative office of each hospital.

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INTRODUCTION

Overview of community health needs assessment requirement

Poudre Valley Hospital and Medical Center of the Rockies are organized as not-for-profit hospitals and operate within the purview of a larger system known as UCHealth. UCHealth is a Colorado Front Range health system that delivers the highest quality patient care with the highest quality patient experience.

UCHealth combines Memorial Hospital, Poudre Valley Hospital, Medical Center of the Rockies, Colorado Health Medical Group and University of Colorado Hospital into one organization dedicated to health and unmatched patient care in the Rocky Mountain West. Separately these institutions can continue providing superior care to patients and service to the communities they serve. Together they push the boundaries of medicine, attracting more research funding, hosting more clinical trials and improving health through innovation.

The mission of UCHealth is to be an integrated, independent, nonprofit organization providing innovative, comprehensive care of the highest quality and exceeding expectations of the communities served. Completion of a community health needs assessment (CHNA) and development of a related implementation strategy (IS) ensures that hospitals identify and respond to the primary health needs of the residents within the communities they serve. IRS Section 501(r) requires that nonprofit community hospitals conduct a CHNA every three years to maintain tax-exempt status.

This is a joint report for both PVH/MCR. The IRS allows hospital facilities to produce a joint CHNA report as long as the facilities use the same definitions of community and conduct a joint CHNA process. We have adhered to those requirements for this report.

Description of PVH/MCR

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.

Poudre Valley Hospital is a 231-bed hospital that specializes in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services for residents of northern Colorado, southern Wyoming and western Nebraska.

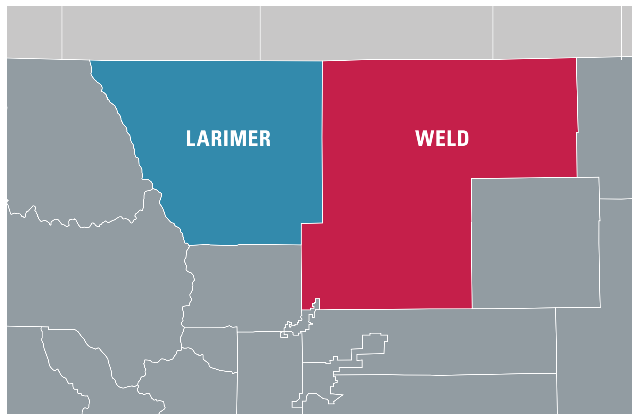
Medical Center of the Rockies is a 166-bed regional medical center in Loveland, Colo. with a full spectrum of services and specializing in heart and trauma care.

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: https://www.uchealth.org/northerncolorado/Pages/About-Us/Northern-Colorado-locations.aspx

INTRODUCTION

Communities served by PVH/MCR

For the purpose of this CHNA, the PVH/MCR community is defined as both Larimer and Weld counties. A significant percentage of residents within Larimer and Weld counties (45.5 percent in 2012) are served by PVH/MCR. While all of Larimer County is included in the primary service area, only the northwestern portion of Weld County is included for the purpose of this report.



Demographic characteristics of Larimer and Weld counties

Larimer and Weld counties, located in the north-central portion of the state, are a combination of expansive rural, agricultural land and concentrated urban areas. Two factors that have recently influenced growth in these counties were the September 2013 flood and the increasing impact of oil and gas. The flood either destroyed or temporarily displaced people from their homes and businesses. Temporary repairs were made to major roads quickly; however, long-term repairs continue to be made. Then, the increasing presence of the oil and gas industry has impacted the availability of housing, demand for goods and services and demand on the region's transportation infrastructure.

Age

The median age of Larimer County residents is increasing, with 2013 U.S. Census reports indicating that 13.3 percent of residents are aged 65 and over (up from 11.9 percent in 2010). Projections for the year 2020 predict that the local population segment aged 65 and older will grow at a rate faster than the state's overall growth rate for that demographic (Larimer 26 percent, Weld 30.7 percent, Colorado 25.9percent).

Race/Ethnicity

In 2013, 84.9 percent of Larimer County residents self-identified as non-Hispanic White, while in Weld County only 68.1 percent of the population self-identified in this category. 2013 census data reveals that the Hispanic White population is higher in Weld County (26.43 percent) than in either Larimer County (9.89 percent) or Colorado (18.99 percent).

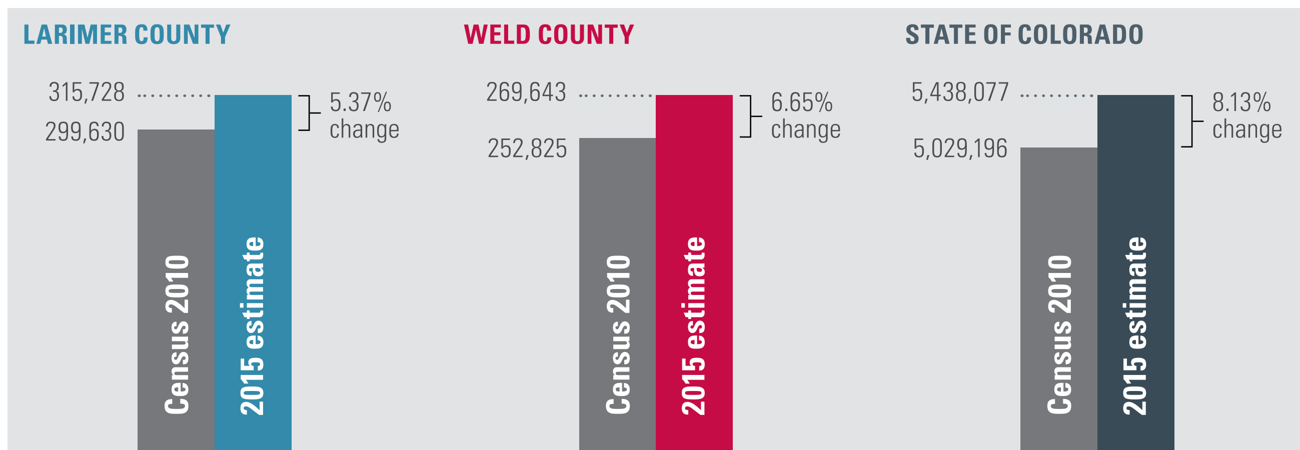
Economic stability

The number of Larimer County residents living in poverty increased nearly five percent between 2000 and 2010, from 9.2 to 14.0 percent. In 2013 this percent remained high at 13.8. In Weld County, the percent of adults living in poverty in 2013 was 13.2 percent, while children living in poverty nearly matched the percent for Colorado overall (16.6 percent compared to 16.8 percent). Additionally, the percent of children eligible for free and reduced school lunch during 2014 was higher in Weld County (51.2 percent) than in Larimer County (33.2 percent) and the state (41.8 percent).

Though Larimer and Weld counties have unemployment rates (3.4 percent and 4.1 percent, respectively) lower than the Colorado rate (4.3 percent), when comparing average hourly wages to the Colorado average of $26.78, we see that residents of Larimer County earn 15.4 percent less and Weld County residents earn 13 percent less per hour.

(For detailed indicators and sources referenced above, see Appendix 1.)

Population



Between July and December 2015, PVH/MCR, along with all other UCHealth hospitals, conducted a CHNA in collaboration with the Center for Public Health Practice, Colorado School of Public Health. The CHNA process provided an opportunity for the hospitals to engage public health experts, medical providers and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs identified within the communities they serve.

Community health needs assessment

Methods used to conduct the community health needs assessment
A sequential, mixed-method design was developed based on a review of the previous CHNA, with the purpose of creating a common philosophy and unifying themes across the UCHealth hospital regions. The design represents best practices in community assessment, with a first phase of strong quantitative data analysis followed by a series of structured activities carried out to engage the community and public health experts in identifying the health needs and perceived priorities. These qualitative techniques were carried out after sharing the significant health needs identified in the first phase.

To mobilize the medical provider community, a web-based survey was administered to obtain their perspective on the significant health issues affecting their patients. A Community Advisory Group was convened in each hospital region to provide input related to hospital-based resources needed to address the key health needs.

A subset of PVH/MCR's Senior Management Group (SMG) was convened to review all information obtained from the activities described above. Participants completed the health issue prioritization identification using an evidence-based, structured process (prioritization matrix; see Appendix 2).

The following figure illustrates the process components and participants.

Identify community health needs

Secondary data analysis
- Population characteristics
- Social and economic factors
- Health data

Community and medical provider input
(Brainstorming and ranking)
What are our community's biggest health problems?

Prioritize significant community health needs

Synthesis of information
- In-depth secondary data analysis
- Community and provider input
- Community advisory group input
- Written comment on prior CHNA

Prioritization matrix
- Scope of issue
- Ability to impact?
- Evidence-based strategies available?

Hospital internal advisory group priority issue selection

Board of directors review and approval

Secondary data sources and analysis

The Center for Public Health Practice, Colorado School of Public Health, conducted a detailed review of publically available data from a database consolidated by the Colorado Department of Public Health & Environment. The database was created to support its local public health agencies in carrying out their Community Health Assessments and Community Health Improvement Plans. It contains key health indicators from multiple data sources to describe health from a health equity context.

Indicator measures include health data, population characteristics and social and economic factors. Data was compared at the county and state levels to identify key health needs. To enhance the health needs identification, Healthy People 2020[2] benchmarks were also reviewed.

Tables were generated summarizing key health data for PVH/MCR to describe the community and its health status. Key health needs were determined by the Center for Public Health Practice and PVH/MCR based on the data, priorities of the previous CHNAs, current priorities of local health departments, potential to prevent deaths using evidence-based practices and expert opinion.

Categories examined included:

1. Demographics and socioeconomic status
2. Health care access and services
3. Health behaviors
4. Nutrition, physical activity and body mass index
5. Maternal and child health
6. Physical and mental health status
7. Specific health conditions – morbidity and mortality

Data sources and related web site links are available in Appendix 1.

Information gaps impacting ability to assess needs

Within the review of the secondary data, gaps were identified related to minority, low-income and uninsured individuals. To learn more about these individuals, PVH/MCR participated in group meetings (see below) with community members and/or leaders of organizations serving these individuals.

Community engagement for input

To gather community input, PVH/MCR carried out three main activities: 1) two facilitated group meetings with community members and organizations representing the underserved populations residing in the hospital's surrounding community; 2) a medical provider web-based survey; and 3) a community asset discussion with the Northern Colorado Health Planners/Advisory Group. Key health concerns identified by the secondary data obtained during the first phases of this CHNA were used as supporting information for these activities. Persons with special knowledge or expertise in public health; representatives of health departments serving community health; agency leaders providing services to and/or members of the medically underserved, low-income and minority populations; and other stakeholders in community health were included.

[2] Healthy People 2020, *Topics and Objectives*, available at: healthypeople.gov/2020/topics-objectives

1.) Two group meetings with community organizations were facilitated by PVH/MCR to learn more about medically underserved, low-income and minority groups and also to identify opportunities for further collaboration. Notes were taken during these sessions to enhance description of the needs identified and to catalogue ideas for partnership development and hospital resource allocation to be considered during the development of the Implementation Strategy. (List of participants, synthesis of comments found in Appendix 3)

2.) In conjunction with the other UCHealth hospitals, PVH/MCR administered a web-based survey of medical providers in their service area to rank significant health needs from the list generated in the secondary data analysis. Other health-issue topics and open-ended comments were also solicited from survey respondents.

3.) A discussion with members of the northern Colorado health planners/advisory group (NOCO Health Planners) served to begin the review of community resources potentially available to address the health issues identified through the synthesis of input gained from the secondary data review, the community meeting and the health care provider survey. The NOCO Health Planners group is comprised of data analysts and health initiative planning staff serving both Larimer and Weld counties. This group meets on a quarterly basis and will continue to provide input throughout PVH/MCR's Implementation Strategy development. (List of organizations represented in Appendix 4)

Method to obtain written public comment on previous CHNA and implementation strategy

To allow community members not included in any of the above activities to share their views and also to solicit comments specifically related to the 2013 CHNA and Implementation Strategy reports, a web-based survey was administered through the hospital website: https://www.uchealth.org/Pages/About-UCHealth/Community-Health-Needs-Assessment.aspx

The survey was made available beginning in mid-2013 (after completion of the first CHNA) and will remain open indefinitely to allow for ongoing community input to the CHNA process.

Data Integration and synthesis

The results of the secondary data review, provider survey and community input were combined to generate a list of proposed priority health issues. This list was presented to PVH/MCR's Internal Advisory Group (IAG), comprised of key Senior Management Group members, to review prior to selecting the priority health issues.

Internal advisory group prioritization

A priority-setting meeting with PVH/MCR's IAG served to discuss the main health needs identified through the CHNA and to recommend priority issues to be addressed by PVH/MCR. The following criteria for prioritization were used:

- Scope and severity of the health need
- Economic feasibility to address health need
- Potential for hospital to impact health need
- Alignment with UCHealth system strategies

Health needs identified for communities served by PVH/MCR

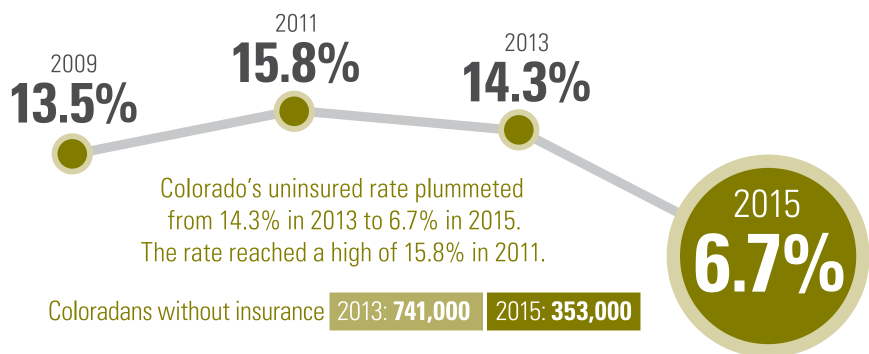
A synopsis of key data findings from the secondary data analysis, medical provider survey and community input identified by the 2016 CHNA and opportunities identified for PVH/MCR is provided below.

Access to health care services

– Importance to the community

For the 2016 CHNA, the recent data reported by the Colorado Health Institute shows there has been a sharp decline in the proportion of people with no health insurance in the state due to the Affordable Care Act and its implementation.[3]

Colorado's uninsured rate: A new low



A similar sharp decline in the proportion of people with no health insurance occurred in Larimer County, falling from 12.4 percent in 2010 to 6.0 percent in 2015, though Weld County's rate of 8.5 percent is higher than the state's. Most of the decline in the number of uninsured was due to increased enrollment in Medicaid. Despite this, community leaders and medical care providers in Larimer and Weld counties have identified that there are still many barriers to accessing health care services both through Medicaid and other payer sources. Access to primary and specialty care services is especially challenging for older-adult, low-income, underinsured and minority populations. Additionally, access to behavioral health services is difficult, with limited available appointments and long waits for care among common problems.

Access to health care services

– suggested opportunities for 2016 implementation plan

- Improved integration of behavioral health services within primary care practices.
- Increase in primary and specialty care capacity to serve underinsured, low-income residents.
- Increased availability of patient navigation and care-coordination services.

[3] Colorado Health Institute: 2015 Colorado Health Access Survey; available at: http://www.coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/colorado-health-access-survey-1

Mental and behavioral health

– Importance to the community

Mental health problems produce substantial morbidity in the population and compound physical health issues in many ways. Medical providers in the PVH/MCR service area expressed concern for substance abuse disorders, behavioral health issues and depression among both youth and adults.

The 2014 age-adjusted suicide mortality rate per 100,000 residents for Larimer County was 24.4, while in Weld County the rate was 19.8; both rates are higher than the Colorado rate of 19.4. For both counties, about 25 percent of high school students reported feeling sad or hopeless for two or more weeks in a row, affecting their ability to participate in some of their usual activities. About 15 percent reported they had seriously considered attempting suicide in the past year. Alcohol and substance abuse in high school students was nearly double the Healthy People 2020 goals (in youth ages 12-17) for binge drinking and occasional marijuana use.

Mental and behavioral health

– suggested opportunities for 2016 implementation plan

- » Consider implementation of the Zero Suicide initiative
- » Increase availability of behavioral health services for youth, low-income and minority residents
- » Reduce the stigma associated with mental health issues through community-based education
- » Provide evidence-based interventions such as Mental Health First Aid to community members

Cardiovascular disease

– Importance to the community

Cardiovascular disease remains the leading cause of mortality and hospitalizations for Larimer and Weld County residents, in spite of the substantial ongoing progress being made in prevention and treatment over the past 30 years. Specifically, death rates from heart disease (135.8/100,000) and diabetes (20.1/100,000) are significantly higher for Weld County residents than for residents of Larimer County (120.4/100,000, 11.5/100,000) and Colorado in general (126.5/100,000, 15.2/100,000).

Tobacco use is a substantial risk factor for many diseases, including cardiovascular disease. It is important to consider tobacco as a major modifiable risk factor regardless of differences across counties or in comparison to the state. There are substantial differences in adult tobacco use between counties (Larimer County 15.0 percent versus Weld County 19.0 percent). The Healthy People 2020 goal for adult tobacco use is 12 percent.

Obesity can create adverse cardiovascular health consequences such as heart disease, high blood pressure and diabetes. Though obesity rates in Colorado are slightly lower than in the rest of the U.S., the rates of obesity, especially in low-income, youth and minority populations, have been rising. In Weld County, the percent of children aged 2-14 reported as obese during 2011-2013 was 20.1, greatly surpassing the Healthy People 2020 goal of 14.6 percent for this age group. Adult obesity rates in Weld County (26.8 percent) remain well above those of both Larimer County (17.4 percent) and Colorado (20.8 percent).

Diabetes increases a person's risk for many serious health problems, including cardiovascular disease. The percent of adults in Weld County who reported they have diabetes during 2011-2013 was 7.2, significantly higher than in Larimer County (5.1 percent) and slightly higher than Colorado (6.9 percent).

Cardiovascular disease

– suggested opportunities for 2016 implementation plan

- » Increase cardiovascular disease risk factor screening for low-income and minority populations.
- » Increase implementation of evidence-based programs designed for diabetes prevention and/or management (e.g. the National Institute of Diabetes and Digestive and Kidney Diseases' Diabetes Prevention Program, Stanford University's Diabetes Self-Management Program).
- » Support local public health departments in their efforts in tobacco prevention and cessation activities.
- » Continue to work with Weld County partners to improve healthy eating and active living in youth and adults (from prior CHNA).

Transportation

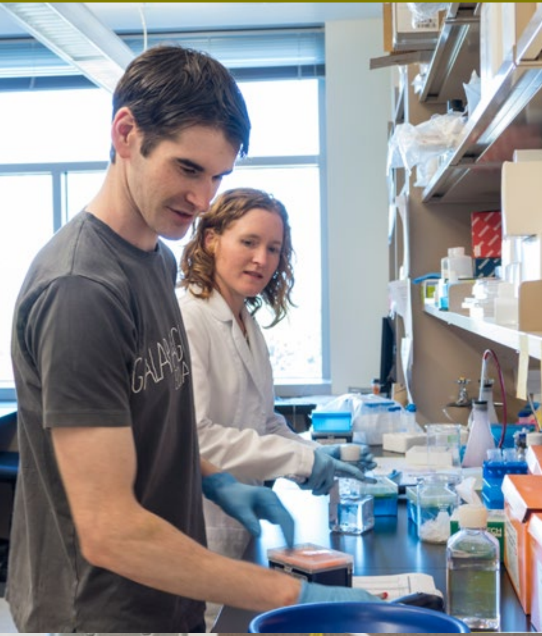
– Importance to the community

In discussions related to social determinants that affect health, community groups and PVH/MCR's Internal Advisory Group indicated that transportation is a significant barrier for the underserved to access medical care in both Weld and Larimer counties.

Transportation

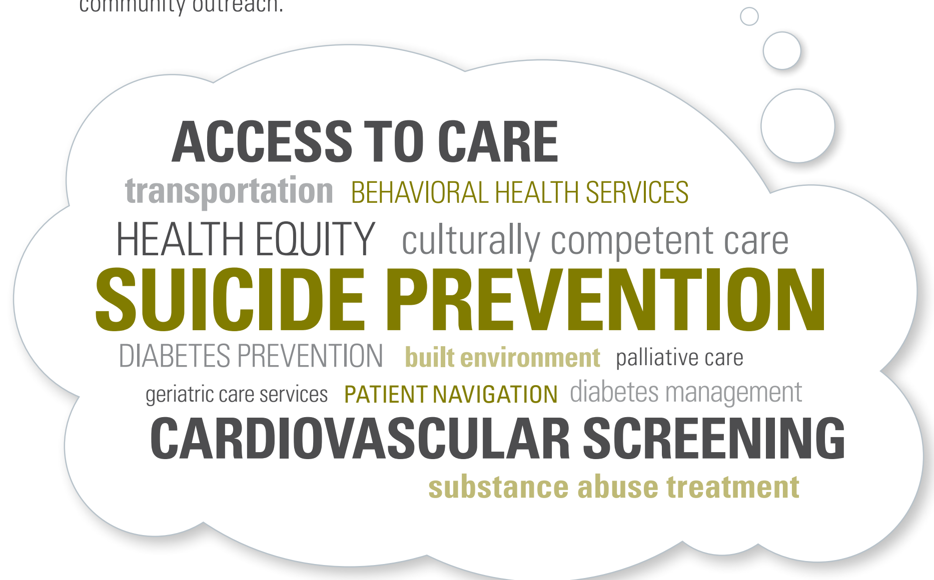
– suggested opportunities for 2016 implementation plan

- » Increase screening of clients by medical providers, patient navigators and care coordinators for need and referral to supportive community services (e.g. housing, transportation, food access).



Community input synopsis

A synopsis of discussions, comments and recommendations obtained during meetings with community leaders as well as members of low-income, minority and underinsured populations is provided in Appendix 3b. The graphic below contains themes identified by community stakeholders through PVH/MCR's community outreach.



Medical provider survey results

The table below highlights the priority needs identified by the 70 respondents of the medical provider survey who serve patients within PVH/MCR's service area.

Health issue	Comments
Cardiovascular disease	Ranked no. 1 health issue; need to address risk factors such as obesity, tobacco use and diabetes
Suicide	Ranked no. 2; need to address substance abuse disorders, depression, mental health conditions, including timely access to care
Access to care	Need for palliative care, better primary care access for Medicaid clients, case management for high-risk populations
Social determinants of health	Poverty, housing/homelessness, education

Data integration and synthesis

The community health assessments and prioritization activities carried out by each UCHealth hospital in Colorado yielded two overarching, key health themes for the communities they serve. They are:

» Access to care
» Cardiovascular disease prevention and control

For the communities served by PVH/MCR, the assessment further identified significant health needs that were rated highly according to: 1) the in-depth analysis of secondary data; 2) input from the community, medical providers and public health experts; 3) the likelihood of making a measurable impact using evidence-based and innovative interventions; and 4) the hospital's ability to address the problem.

FINDINGS

Two of the identified needs overlap with the overarching themes above. Mental and behavioral health needs were additionally identified as a key theme in both Larimer and Weld counties. The need for improved transportation is a key social determinant of health in both counties as well. The identified needs for PVH/MCR are:

- Access to health care services for older-adult, underinsured and minority populations
- Mental and behavioral health (access to care, suicide and substance abuse prevention)
- Cardiovascular disease prevention and control (especially in low-income and minority populations; and a focus on obesity and diabetes prevention/management in Weld County)
- Transportation among health care facilities

The following table summarizes the health needs identified by the different stages of data collection and analysis within the criteria used to select them.

Health needs for PVH/MCR - identified by various data collection methods

Health need	Secondary data review	Community meetings	Medical provider survey	Internal advisory group
Access to care	+ (Weld County)	+ (Older adult, minority, underinsured)	+ (Medicaid recipients, geriatric services)	+ (Medicaid recipients)
Cardiovascular disease	+ (Weld County)		+	+ (High ability to impact)
Diabetes	+ (Weld County)	+ (Weld County)	+	
Mental and behavioral health	+ (Suicide rate Larimer and Weld)	+ (access to care; Larimer & Weld)	+ (access, substance abuse)	+ (Suicide prevention; Larimer and Weld)
Obesity	+ (Weld County)	+ (Weld County)	+ (Larimer and Weld)	
Social determinants of health	+ (Poverty; Weld County)	+ (Housing, transportation)	+ (Poverty)	+ (Transportation among facilities)

Written comments on previous CHNA and implementation strategy

The following is a review of PVH/MCR's 2013 CHNA report provided by Holly Wolf, PhD, the Center for Public Health Practice, Colorado School of Public Health.

"In 2013 Poudre Valley Hospital and Medical Centers of the Rockies showed strong partnership in serving their community of Larimer and Weld counties by carrying out a shared Community Health Needs Assessment. Further, they leveraged their partnerships with the communities of Larimer and Weld counties by using the counties' community health assessment, prioritization, capacity assessment and community health improvement plans. These components are mandated to be carried out by the local public health agencies at least every five years by the 2008 State of Colorado Public Health Improvement Act.

In both Weld County and Larimer County, the local public health agency led the process, with strong community input from a variety of partners, including Poudre Valley Hospital and Medical Center of the Rockies. As a result, the hospitals had outstanding community input on their CHNA and prioritization. The report was well written, linking the IRS-recommended components to each phase of the local public health agency's assessment for Weld County during 2010-11 and for Larimer County during 2012-2013. (Both occurred within the time interval required by the IRS regulation.) The downside is that this resulted in a segregated write up of the hospitals' CHNAs by each county rather than a view of the whole community overall.

Various data sources were used, including the 2010 Community Health Survey administered by the Health District of Northern Larimer County and the 2010 Community Survey administered by the Weld County Department of Health and Environment. These databases comprise more detail on local health concerns and health disparities than state-level data but must be interpreted with care due to potential bias in response rates from all members of the community. This data may also be somewhat limited in its use for comparison of indicator values collected by other state- and national-level data sources. The prioritization of health needs by each county took into account several criteria that were clearly identified. Further detail related to selected community initiatives as well as potential health impacts and evaluation methods was provided to PVH and MCR in helping to select specific implementation strategies for the hospitals' plans."

FINDINGS

Written public comment

In addition to the above review, public comments received through responses to a web-based survey posted on PVH/MCR's website were compiled. Comments specific to health issues listed in the 2013 CHNA (obtained through January 2016) included the following:

Mental and emotional well-being – "Lots of great resources. Access in a timely manner is difficult."

Raising healthy children – "Lots of resources available in the community."

Infant health – "Great resources available."

Overweight or obesity in adults – "Programs are not always offered when convenient for community members. Need more evening/weekend classes."

Nutrition and physical activity – "Need more programs on how to eat healthy."

Additional comments included:

> “I do think it is good to pursue more efforts in screening for and managing disease, but I would also caution that more emphasis needs to be placed on **intervention** through education on **healthy lifestyle.** I believe that the large majority of chronic diseases can be prevented simply with good nutrition and exercise.”

Community-wide health care resources available to address need
Both Larimer and Weld counties are served by several large health care systems, multiple community-based health centers and a large network of medical providers. The Heart Center in northern Colorado is a regional leader in providing care for patients diagnosed with cardiovascular diseases. For behavioral health issues, Mountain Crest Behavioral Healthcare Center in Fort Collins helps adults and adolescents with mental health issues and substance abuse issues achieve a balanced life and a high level of health and well-being. Other health care facilities and resources within Larimer County can be accessed through healthinfosource.com. Health care facilities and other resources available to Weld County residents are listed on the local United Way 211 web-page.

List of proven strategies available to impact health issue
Within the health issue prioritization process, the IAG reviewed resources containing evaluated interventions that, if implemented, could make an impact on the significant health issues identified. These resources, and their related websites, include:

» Community preventive services task force findings:
http://www.thecommunityguide.org/about/whatworks.html

» Colorado's 10 winnable battles recommendations:
https://www.colorado.gov/pacific/cdphe/colorados10winnablebattles

» Healthy people 2020 evidence-based resources:
http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

FINDINGS

Summary of impact of actions taken by hospital since previous CHNA and IS

In its 2015 fiscal year (July 1, 2014 - June 30, 2015), PVH/MCR invested $187 million in programs, facilities, subsidies, research and more in the communities we serve, improving lives and building on our vision of moving from health care to health.

PVH/MCR's 2013 Implementation Strategy described the various resources and initiatives directed toward addressing the health issues identified and prioritized within the 2013 CHNA.

The following is a snapshot of the impact of actions taken by PVH/MCR (and partnering organizations) to address the priority health issues:

In Larimer County

Health issue – mental and emotional well-being

- Capacity increase in UCHealth-sponsored medical/ behavioral health care coordination teams
- Co-location of UCHealth primary care and behavioral health services improve care coordination for Medicaid patients

Health issue – raising healthy children

- Gap in youth data no longer exists; surveys administered in 2013/14 (PVH/MCR in-kind support provided)
- Low-birthweight rate improved to meet national goal; PVH/MCR initiatives include postpartum RN home visit, childbirth education classes, Baby-Friendly Hospitals

In Weld County

Health issue – mental health and substance abuse

- Crisis intervention services continue at PVH/MCR's Greeley Emergency Center
- Co-location of primary care and behavioral health services improve care coordination in two UCHealth clinics located in Weld County

Health issue – physical activity, nutrition and obesity

- PVH/MCR partnership with 'Thriving Weld County' initiative working toward a collective impact on this health issue
- PVH/MCR-supported school-based programming achieves improved activity and dietary behaviors in youth, effectively impacting the rising obesity rates in youth

Based on the information compiled from the activities described within this report, it is concluded that access to primary, specialty and behavioral health care for older-adult, low-income and minority populations; cardiovascular disease prevention and control (and related risk factors); and mental and behavioral health (including a special focus on suicide prevention and substance abuse treatment and prevention) are the community health issues that achieved the highest priority within the PVH/MCR communities and therefore should be the focus of the 2016 PVH/MCR Implementation Strategy development.

Focus of the 2016 PVH/MCR Implementation Strategy

Access to primary, specialty and behavioral health care

Cardiovascular disease prevention and control

Improved mental and behavioral health

Approval of CHNA by PVH/MCR board of directors

During their May 2016 meeting, the PVH/MCR board of directors was apprised of and approved the information contained within this report.

Acknowledgments, recommendations and next steps

We would like to thank our colleagues from the Center for Public Health Practice, Colorado School of Public Health; local medical providers; Larimer and Weld County community leaders; and community members who provided insight and expertise that greatly assisted in the completion of this project.

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.

The PVH/MCR CHNA report will be made available to the public for viewing or download on the hospital's website and in hardcopy form in the hospitals’ administrative offices.

Appendices

Appendix 1a: data sources

Association of Religion Data Archives
CDC National Center for Health Statistics
CDPHE Division of Disease Control and Environmental Epidemiology
CDPHE Hazardous Materials and Waste Management Division
CDPHE Safe Drinking Water Information System database
Colorado Behavioral Risk Factor Surveillance System
Colorado Bureau of Investigation
Colorado Central Cancer Registry
Colorado Child Health Survey
Colorado Department of Education
Colorado Department of Human Services
Colorado Department of Labor and Employment
Colorado Health and Hospital Association
Colorado Health Institute
Colorado Health Statistics and Vital Records
Colorado Pregnancy Risk Assessment Monitoring System
Colorado Secretary of State
Healthy Kids Colorado Survey
Environmental Protection Agency Air Quality System
Library Research Service
National Center for Charitable Statistics
State Demography Office
US Bureau of Labor Statistics
US Census Bureau American Community Survey
US Census Bureau County Business Patterns
US Census Bureau Small Area Income and Poverty Estimates

All data except insurance status was obtained by downloading Colorado and County data on August 16, 2015. First, data files were downloaded as an Excel file from the following website:

» http://www.chd.dphe.state.co.us/cohid/Default.aspx

Colorado data:

» https://drive.google.com/file/d/0BxOEw8MUpuY6ZURaMjl6V001LXc/view?pli=1

Poudre Valley Hospital and Medical Center of the Rockies

» Larimer: https://drive.google.com/file/d/0BxOEw8MUpuY6VVpNTmRLbkVCd2s/view?pli=1
» Weld: https://drive.google.com/file/d/0BxOEw8MUpuY6Tm9RRnEyUjBNM00/view?pli=1

Insurance status data was obtained from:

» http://www.coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/colorado-health-access-survey-1

Appendices

Appendix 1b: data tables

Table 1. Demographics and socioeconomic status

	Year	Colorado	Larimer	Weld
Total Population	2013	5,264,894	315,730	269,640
2015 estimate	2015	5,438,077	328,236	282,706
By gender (%)				
male	2013	2,635,638	156,702	134,874
female	2013	2,629,256	159,028	134,766
By age (%)				
<1 year	2013	1.4	1.1	1.4
1-14	2013	20.0	16.5	21.5
15-19	2013	6.4	7.0	8.1
20-44	2013	37.3	36.4	34.4
45-64	2013	24.5	25.9	23.7
65+	2013	10.5	13.3	10.7
By race/ethnicity (%)				
Non-Hispanic White	2013	70.45	84.92	68.12
Hispanic white	2013	18.99	9.89	26.43
Black	2013	5.06	1.43	1.66
Asian American	2013	3.61	2.56	1.80
Native American	2013	1.89	1.21	1.98
Speaks mostly Spanish at home	2009-2013	4.82	1.85	6.45
Education among adults (%)				
Less than HS	2009-2013	9.8	5.6	14.4
HS graduation or GED	2009-2013	22.1	18.6	26.5
Some college	2009-2013	22.8	23.2	24.4
College graduate +	2009-2013	45.2	52.5	34.8
Median household income (US dollars)	2013	$58,942	$59,337	$58,404
Below poverty level, all ages (%)	2013	12.9	13.8	13.2
Below poverty level, children <18 (%)	2013	16.8	12.7	16.6
Households receiving food stamps (%)	2009-2013	8.0	6.2	9.4
Eligible for free/reduced school lunch (%)	2014	41.8	33.2	51.2
Unemployment (%)	2013	6.8	5.4	7.1
Violent crime rate (per 100,000 population)				
Adults	2013	134.7	80.0	127.8
Juveniles	2013	108.4	75.4	125.3
Child maltreatment per 1000 (17 and under)	2012	8.4	4.3	7.8
Elder abuse per 100,000 (ages 65+)	2014	452.9	554.8	333.7

Appendices

Appendix 1b: data tables *(cont.)*

Table 2. Health care access and services

	Year	Colorado	Larimer	Weld
Percent of adults ages 18+ reporting one or more regular health care providers	2011-2013	76.5	78.7	77.7
The number of people without health insurance coverage*	2015	352664	17805	21915
The percent of people without health insurance coverage*	2015	6.7	6.0	8.5
The percent of children (less than 19 years old) without health insurance coverage*	2015	2.5	.	.
Licensed health care providers per 100,000 population				
social workers	2013	14	16	4
linical social workers	2013	75	92	25
nurses	2013	1065	1272	908
psychologists	2013	44	51	21
physicians	2013	278	272	128
practicing physicians	2013	226	208	122
practicing primary care physicians	2013	63	70	54
physician assistants	2013	42	44	25
nurse practitioners	2013	56	50	42
dentists	2013	71	79	40
dental hygienists	2013	65	86	56
nurse midwives	2013	6	8	2
optometrists	2013	17	22	14
physical therapists	2013	94	127	50
respiratory therapists	2013	41	36	41

*Colorado Trust and Colorado Health Institute "Findings from the 2015 Colorado Health Survey," September 2015,. Data based on Health Statistics region. Not yet obtained for children.

Appendices

Appendix 1b: data tables *(cont.)*

Table 3. Health behaviors (%)

Percents	Year	Colorado	Larimer	Weld	HP2020 goal
Children 1-14 who:					
rode in car with someone smoking last week	2011-2013	4.9	3.0	4.9	
live in home where someone smoked last week	2011-2013	3.3	4.3	2.9	
use sunscreen appropriately	2010, 2012	79.0	81.5	80.2	
use an appropriate car restraint	2010-2012	78.7	80.4	74.3	
High school students who:					
currently smoke cigarettes	2013	10.7	9.1	13.4	16
report driving with someone who had been drinking in last month	2013	7.7	3.8	10.4	
report 5+ drinks in 2 hours at least once in past month	2013	16.6	14.5	17.0	8.5
report using marijuana at least once in past month	2013	19.7	16.9	18.6	6
Adults who:					
currently smoke cigarettes	2011-2013	17.9	15.9	20.0	12
use sun protection appropriately	2012	41.6	43.4	36.6	
always use seat belts	2011-2013	84.6	85.2	80.7	92.4
report 5+ drinks on one occasion in past month	2011-2013	19.2	20.8	17.2	24.3
had a cholesterol test in past 5 years	2011, 2013	75.6	73.8	72.3	82.1
had cholesterol tested and told it is high	2011, 2013	34.2	35.2	30.3	13.5
have been told their blood pressure is high	2011, 2013	25.6	23.0	25.8	26.9
(females ages 40+) had a mammogram in past 2 years	2012	68.0	69.8	63.0	
(females 18+) had a Pap smear in past 3 years	2012	78.8	82.8	77.2	93
(adults 50+) report adequate colorectal screening	2012	65.9	68.1	55.2	70.5
had a flu shot in past year	2011-2013	41.4	39.5	38.6	
Ages 65+ who have:					
Had a flu shot in past year	2011-2013	66.7	66.3	62.7	90
Ever had a pneumonia vaccine	2011-2013	74.5	77.9	69.3	90
Had a serious fall in last year	2012	27.4	31.1	19.9	

Appendices

Appendix 1b: data tables *(cont.)*

Table 4. Nutrition, physical activity and body mass index

Percents	Year	Colorado	Larimer	Weld	HP2020 goal
Percent of children ages 1-14 who:					
ate fruit 2 or more times per day and vegetables 3 or more times per day	2011-2013	11.1	17.6	17.5	
ate fast food one or more times in the past week	2010-2012	64.8	53.5	71.8	
consumed sugar-sweetened beverages one or more times per day	2011-2013	20.0	12.6	30.2	
watch TV or videos, play video games, or play on a computer for 2 hours/day or less					
on weekends	2011-2013	53.5	60.7	55.8	86.8
on week days	2011-2013	85.2	86.8	84.6	86.8
(ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days	2011-2013	45.3	37.2	43.9	
Percent of high school students who:					
ate fruits and vegetables 5 or more times per day	2013	12.0	12.5	14.5	
were physically active for a total of at least 60 minutes/day for the past 7 days	2013	26.4	22.3	27.0	
Percent of adults (18+) who:					
reported eating fast food one or more times per week	2011	66.6	67.9	71.7	
reported150+ minutes of moderate or 75+ minutes of vigorous aerobic physical activity per week	2011, 2013	61.1	64.0	55.0	47.9
are physically inactive	2011-2013	17.2	13.3	20.4	32.6
Obesity and overweight					
Percent of children ages 2-14 who are:					
obese (body mass index (BMI) = 95th percentile)	2011-2013	15.4	11.6	20.2	14.6
overweight or obese (body mass index (BMI) = 85th percentile)	2011-2013	28.1	24.2	31.8	
underweight (body mass index (BMI) < 5th percentile)	2011-2013	9.7	11.2	9.2	
Percent of high school students who are:					
obese (body mass index (BMI) = 95th percentile)	2013	8.0	5.5	8.4	14.6
overweight (body mass index (BMI) 85th to < 95th percentile)	2013	11.3	9.9	11.3	
Percent of adults (18+) who are:					
obese (body mass index (BMI) = 30)	2011-2013	20.8	17.4	26.8	30.6
overweight or obese (body mass index (BMI) = 25)	2011-2013	56.1	50.5	63.7	

Appendices

Appendix 1b: data tables *(cont.)*

Table 5. Maternal and child health

	Year	Colorado	Larimer	Weld	HP2020 goal
Percent of					
sexually active adults (aged 18-44 years) using an effective method of birth control	2011-2012	65.0	61.6	70.3	
high school students who have ever had sexual intercourse	2013	33.1	28.3	31.7	
sexually active high school students using an effective method of birth control	2013	78.1	82.1	72.6	
pregnancies resulting in live births that were unintended	2009-2011	37.1	34.2	42.0	
Percent of pregnant women who:					
received adequate prenatal care	2011-2013	63.3	68.4	61.8	
smoked during the last three months of pregnancy	2009-2011	8.4	8.4	6.7	
drank alcohol during the last 3 months of pregnancy	2009-2011	10.7	10.3	6.5	
gained an appropriate amount of weight during pregnancy	2011-2013	33.9	33.1	33.0	
reported a health care professional counseled them on depressive symptoms after delivery	2009-2011	74.7	84.3	73.9	
often or always felt down, depressed, sad or hopeless since the new baby was born	2009-2011	10.5	7.9	10.1	
Rate of live births born to women age 15-17 per 1,000 women age 15-17	2011-2013	12.4	9.2	15.6	
Rate of major congenital anomalies (per 10,000 live births)	2011-2013	646.1	661.8	660.4	
Percent of live births with low birth weight (< 2500 grams)	2011-2013	8.8	7.9	8.1	7.8
Rate of infant deaths (under 1 year of age) per 1,000 live births	2011-2013	5.1	3.5	6.2	6

Appendices

Appendix 1b: data tables *(cont.)*

Table 6. Physical and mental health status

	Year	Colorado	Larimer	Weld
Average number of days in past month when adults reported:				
physical health was not good	2011-2013	3.4	3.0	3.4
mental health was not good	2011-2013	3.4	3.4	3.6
poor physical or mental health kept them from doing usual activities	2011-2013	3.9	3.4	3.8
(ages 65+) poor physical or mental health kept them from doing usual activities	2011-2013	5.2	6.4	3.5
Percent of adults reporting health is fair or poor	2011-2013	13.8	10.4	13.7
Percent of parents reporting children's health fair or poor	2011-2013	2.8	1.7	5.5
Percent of high school students who:				
felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past year	2013	24.3	24.2	25.0
seriously considered attempting suicide during the past 12 months	2013	14.5	15.8	14.4
Percent of adults who:				
reported behavioral or mental health problems in children (aged 1-14 years)	2011-2013	23.2	18.1	22.8
are satisfied or very satisfied with their life in general	2008-2010	95.6	96.3	96.0
usually or always get the emotional or social support they need	2008-2010	82.8	86.9	82.7
Age-adjusted rate per 100,000 per year for:				
mental health diagnosed hospitalizations	2011-2013	2802.4	3539.2	1950.3
suicide hospitalizations	2011-2013	51.8	41.6	19.3

Appendices

Appendix 1b: data tables *(cont.)*

Table 7. Specific health conditions – morbidity and mortality

	Year	Colorado	Larimer	Weld
Percent of adults who reported they have				
asthma	2011-2013	8.7	8.1	7.7
diabetes	2011-2013	6.9	5.1	7.2
ever had heart attack	2011-2013	2.9	3.0	3.3
ever had coronary disease or angina	2011-2013	2.7	3.2	2.3
Percent of children with				
asthma (ages 1-14)	2011-2013	7.9	8.8	5.0
asthma (high school students)	2013	20.9	26.2	26.9
Age-adjusted incidence rates of cancer per 100,000 population per year				
all cancer sites combined	2009-2011	426.4	398.5	394.6
lung cancer	2009-2011	46.2	38.0	47.0
invasive breast cancer (females)	2009-2011	124.6	123.4	113.0
prostate cancer (males)	2009-2011	133.7	118.7	102.1
colorectal cancer	2009-2011	34.8	31.2	36.0
invasive cervical cancer (females)	2009-2011	6.0		
melanoma	2009-2011	22.1	17.8	20.8
Age-adjusted rate of hospitalization per 100,000 per year				
stroke	2011-2013	246.9	230.7	283.8
heart disease	2011-2013	2272.3	2185.7	2848.0
acute myocardial infarction	2011-2013	162.5	175.5	202.5
congestive heart failure	2011-2013	669.2	698.0	996.1
(ages 65+) influenza	2011-2013	71.8	81.6	117.9
Incidence rate per 100,000 per year				
AIDS	2011-2013	4.1	0.6	1.3
HIV	2011-2013	5.0	1.8	1.8
chronic hepatitis B	2011-2013	27.0	15.1	18.4
chronic hepatitic C	2011-2013	0.6	0.9	0.6
tuberculosis	2011-2013	1.3	1.0	1.4
Mortality rates per 100,000				
All Causes	2013	662.7	597.8	675.8
Malignant neoplasms	2013	141.1	130.5	144.3
Heart disease	2013	127.0	122.6	142.2
Unintentional injuries	2013	46.5	38.6	42.8
Chronic lower respiratory diseases	2013	46.1	30.8	50.6
Cerebrovascular diseases	2013	32.7	34.5	34.0
Alzheimers disease	2013	28.0	23.0	29.6
Suicide	2013	18.6	19.1	16.1
Diabetes mellitus	2013	15.6	14.0	17.3

Appendices

Appendix 2 – prioritization matrix

Instructions: Rank each health issue against the criteria using this rating scale

4 = High 3 = Moderate 2 = Low 1 = None 0 = Unable to rank

	Prioritization criteria				
Identified health issues (Northern Colorado)	**Scope and severity** (how many people affected; impact of issue on mortality rates)	**Budget feasibility** (costs of internal resources)	**Potential for hospital** (system) to impact (availability of effective interventions, staff expertise, community readiness, political will)	**Alignment with current UCHealth system strategies and/or state and national health objectives** (e.g. Colorado Winnable Battles / National Prevention Strategy)	**Total score**
Access to care* *(primary and behavioral)*					
Cardiovascular disease/stroke					
Diabetes					
Intentional injury *(related to elder abuse data indicator shown for Larimer County)*					
Obesity					
Mental health/depression**					
Maternal/child health					
Tobacco use					
Suicide					
Unintentional injury *(related to older adult falls and motor vehicle accidents data indicators)*					
Geriatric health services*					
Substance abuse**					
Other					

* Issue identified by participants of community input meeting

** Issue identified within provider survey responses

Appendices

Appendix 3(a) - organizations providing input

The following organizations, government agencies and public health departments provided input for this report by participating in key stakeholder interviews and community meetings and/or sharing data and information:

Organization	Populations served
Centennial High School Health Center	Youth
Poudre School District – Wellness Team	Youth
Thompson School District	Youth
TEAM Wellness & Prevention	Youth
Lutheran Family Services	Youth, low-income adults
The Matthews House	High-risk youth
City of Fort Collins – Housing Authority	Homeless, low-income
Family Center/La Familia	Low-income, minority
Health District of Northern Larimer County	Underinsured, low-income, minority
House of Neighborly Services	Low-income, minority
Larimer County Food Bank	Low-income (Larimer County)
Larimer County Department of Health and Environment	Underinsured, low-income, minority
Salud Family Health Center-Fort Collins	Underinsured, low-income, minority
SummitStone Behavioral Health	Underinsured, low-income, minority
The Center for Family Outreach	Low-income, minority
Vida Sana Coalition	Hispanic, low-income, underinsured
Columbine Health System	Older-adult
Dementia Friendly Community	Older-adult
Partnership for Age-Friendly Communities	Older-adult
Sharing the Care Campaign	Older-adult
UCHealth – Community Health Improvement	All populations
United Way of Larimer County	Youth, low-income, minority
Weld County Department of Public Health and Environment	Underinsured, low-income, minority

Appendices

Appendix 3(b) - community meeting synopsis

UCHealth community health assessment – community partner meeting synopsis

Nineteen agencies comprised of non-profit community service and health care organizations, local school districts, Larimer County Public Health departments, local municipalities and community residents were represented by 29 individuals.

Participants were informed of health topics that had been identified – through analysis of local health data indicators – as significant health issues affecting residents of Larimer and Weld counties. Participants were then asked to identify other health topics they felt should be included within the assessment.

Health topic	Number of small group participants
Health topics identified by indicator data:	
Behavioral health	18
Cardiovascular disease and related risk factors (obesity, tobacco use, diabetes)	5
Intentional injury	9
Maternal/child health	7
Unintentional injury	6
Health topic identified by group consensus:	
Geriatric health services	7

Within the context of each of the identified health topics, participants were asked to break into small groups to provide further perspectives. Participants were encouraged to provide input into two of the six topic discussions. The number of participants providing responses within each topic is shown in the right-hand column of the tables above.

Each group was asked to respond to the following questions:

1. What factors do you see as being the causes of this issue?
2. What role can the health system play to help improve this issue?

Overarching themes emerging from the discussions included:

Causative factors

» Poor economic conditions; transportation barriers; homelessness; unhealthy lifestyle behaviors; unsafe physical environment; significant increase in the older-adult population.
» Lack of timely access to quality health services for low-income persons; low health literacy and/or knowledge of available supportive services; fragmented health services.
» Mental health stigmas; cultural inequities; family/relationship instability; social isolation.

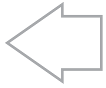
Potential role of health system toward improving health outcomes

» Close existing gaps in access to timely health care services for low-income, minority and other limited-resource individuals.
» Integrate primary care and behavioral health services; increase availability of "patient-centered medical home" services.
» Increase and/or incentivize screening by medical providers for need and referral to supportive wrap-around services (housing, transportation, food access, childcare, and lifestyle and disease management interventions).
» Improve cultural competency of health care providers; expand patient navigation services and/or implement community health worker model.
» Increase strategic partnerships; engage in collaborative, comprehensive health promotion activities (e.g. media campaigns to de-stigmatize/normalize mental health), behavioral health primary prevention services, expanded prenatal/postpartum/early childhood services and injury prevention initiatives with goal of collective impact toward specific health outcomes.
» Improve advanced care planning; support "Dementia-Friendly Community" concepts (such as ensuring early diagnosis as well as providing post-diagnosis support); provide caregiver education/support; expand eligibility for community case management services.
» Support improvements to built-environment to improve pedestrian/ bicyclist/motor vehicle occupant safety.

Appendices

Appendix 4 – NOCO health planners - participating organizations

Health District of Northern Larimer County
Larimer County Department of Health & Environment
Northern Colorado Health Alliance
TEAM Wellness & Prevention
UCHealth Community Health Improvement (northern region)
Weld County Department of Public Health and Environment



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