

Community Health  
Needs Assessment

2014



Memorial Hospital

UNIVERSITY OF COLORADO HEALTH

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## FOREWORD

- Memorial Hospital is organized as a not-for-profit hospital under section 501(c)(3) of the Internal Revenue Code.
- Newly added section 501(r), a component of the Patient Protection and Affordable Care Act (PPACA), was passed into law in 2010 requiring preparation of a Community Health Needs Assessment (CHNA) report at least every three years, and a corresponding Implementation Strategy report.
- All not-for-profit hospitals must provide documentation of “Community Benefit” to both the Internal Revenue Service and to the general public as one of the conditions of retaining tax-exempt status.
- The Memorial Hospital CHNA report summarizes the processes and data sources utilized to assess the current health status of residents living in Memorial’s primary service area, El Paso County. Some of the information within this report mirrors applicable parts of the state-mandated Community Health Improvement Plan (CHIP) for El Paso County, prepared in 2012 by the El Paso County Public Health (EPCPH) department, identifying key health issues using the most currently available data.
- By aligning with the EPCPH, Memorial Hospital joins forces with an ally to make an impact on improving community health. Through this process the hospital also meets stipulations set by the PPACA requiring not-for-profit hospitals to collaborate with their county and/or state public health departments to improve community health.
- Memorial Hospital will use the information in the CHNA report to more strategically establish priorities, develop or implement strategies, and commit resources to improving community health.
- The Memorial Hospital Board of Directors reviewed and approved the contents of both this CHNA report as well as the separately documented Implementation Strategy during their May 19, 2014 meeting.

## 1. INTRODUCTION

### 1a. OVERVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REQUIREMENT

Historically, not-for-profit hospitals maintained tax-exempt status as Charitable Organizations, as described in Section 501(c)(3) of the Internal Revenue Code, with “charity” generally recognized as “care provided to the less fortunate without means to pay”.

As a result of the passage of Medicare and Medicaid in 1965, the government carried much of 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” is defined as hospitals promoting the health of a broad class of individuals in their communities based on factors including:

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

Newly revised 2010 IRS requirements, effective as of March 23, 2012, now also require hospitals to conduct a Community Health Needs Assessment (CHNA) report 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 reason(s) for not addressing them must be stated (e.g., lack of financial or human resources).
- Each not-for-profit hospital is required to make the assessment widely available, and, ideally, downloadable from the hospital website.
- Failure to complete a CHNA report in any applicable three-year period may result in a penalty to the organization of up to \$50,000.
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to incomplete tax return penalties.

## 1b. BRIEF DESCRIPTION OF HOSPITAL, HISTORY, AND SERVICES PROVIDED

General William Palmer, founder of Colorado Springs, donated land for a hospital in 1907. Construction of Beth-El Hospital at Memorial Hospital's current East Boulder Street site was completed in 1911. A Crippled Children's Ward and Pavilion, jointly staffed by Beth-El Hospital and the Visiting Nurse Association, opened in 1912 for children with special needs, establishing a commitment to caring for children that would continue throughout the next century.

In 1943, the Colorado Springs City Council voted to purchase Beth-El Hospital for \$76,500 and renamed it Memorial Hospital in honor of the men and women of Colorado Springs who lost their lives in World War II. The hospital and sanitarium, staffed by 145 employees, had a total of 177 beds and 17 bassinets.

Voters approved city operation of the hospital, creating a citizen's board of trustees around 1946-49. During the mid-1950s, City Council approved \$600,000 in revenue bonds to make improvements and add 60 beds to Memorial Hospital. In response to population growth during the early 1970s and the resulting needs of the community, voters approved the construction of a seven-floor patient tower, which expanded the number of beds to 315.

Memorial Hospital was named as one of the Top 100 cardiac hospitals in the nation in 2003. The following year Memorial received national designation for a children's hospital by the National Accreditation of Children's Hospitals and Related Institutions (NACHRI). Named Colorado Springs Children's Hospital at Memorial Hospital, the dedicated children's care center reflected Memorial's deepened commitment to enhancing the health and well-being of community children, by ensuring easy access to specialized care.

A partnership was established in 2007 with Children's Hospital Colorado (Aurora) to jointly manage southern Colorado's only children's hospital, now called Children's Hospital Colorado at Memorial Hospital Central. Also in 2007, Memorial opened the community's first new hospital in decades and the first hospital in northern Colorado Springs – Memorial Hospital North. Later that year, the Central campus on Boulder Street opened its new East Tower becoming the centralized and expanded home for Children's Hospital Colorado at Memorial Hospital. Services also included women's care, the birth center, and physician practices.

On October 1, 2012, University of Colorado Health (UCHealth) began leasing Memorial Hospital from the City of Colorado Springs, marking a new beginning for Memorial as part of the only Colorado health system to combine community-based hospitals with academic medicine.

Since joining UCHealth, Memorial Hospital has doubled the number of physicians in its medical group, achieved Primary Stroke Center Accreditation and Chest Pain Center Accreditation with Percutaneous Coronary Intervention, and expanded programs and services.

Further details can be found on Memorial Hospital's website through the following link:

<http://www.memorialhealthsystem.com/wps/wcm/connect/MHS/MH/Main+Navigation/About+Us/UC+Health+Info>

## 1c. MISSION STATEMENT, VISION, AND VALUES

### **Mission**

We improve lives.  
In big ways through learning, healing and discovery.  
In small, personal ways through human connection.  
But in all ways, we improve lives.

### **Vision**

From health care to health.

### **Values**

Patients first, Integrity, and Excellence

## 1d. ORGANIZATIONAL COMMITMENT TO COMMUNITY BENEFIT

In fiscal year 2011, Memorial Hospital served more than 200,000 patients and their families and employed more than 4,000 people in the community. Memorial also invested upwards of \$1 million to ensure that El Paso County residents have access to health and wellness information, programs, services, and activities – programs such as HealthLink’s free nurse-advisor call line or a free online heart attack risk assessment tool, “What’s My Heart Risk”.

## 1e. COMMITMENT STATEMENT TO THE UNINSURED AND UNDERINSURED

Memorial’s patients, regardless of circumstance, have always come first. This is one of the organization’s most deeply-held values. As part of UCHHealth, Memorial remains committed to providing charity care to persons who have health care needs and are unable to pay.

### UCHHealth’s Guidelines for Charity Care:

Charity Care / Financial Assistance may include waiver of some or all of the patient’s financial responsibility for services received based on the Federal Poverty Guidelines and financial documentation provided by the patient or patient’s family.

The granting of charity shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

Further details can be reviewed through the following link:

[http://www.memorialhealthsystem.com/wps/wcm/connect/b3c8af804c47315b990f9f65ca88b42c/MH\\_CharityPolicy.pdf?MOD=AJPERES](http://www.memorialhealthsystem.com/wps/wcm/connect/b3c8af804c47315b990f9f65ca88b42c/MH_CharityPolicy.pdf?MOD=AJPERES)

## 2. COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

### 2a. COMMUNITY

#### 2a. i DEFINITION OF COMMUNITY SERVED BY THE HOSPITAL

Historically, El Paso County residents have accounted for over 88 percent of hospital admissions and, including outpatient services, 94 percent of patients served by Memorial Hospital reside in El Paso County. The CHNA Primary Service Area (PSA) for Memorial Hospital includes all ZIP codes within El Paso County (see Figure 1).

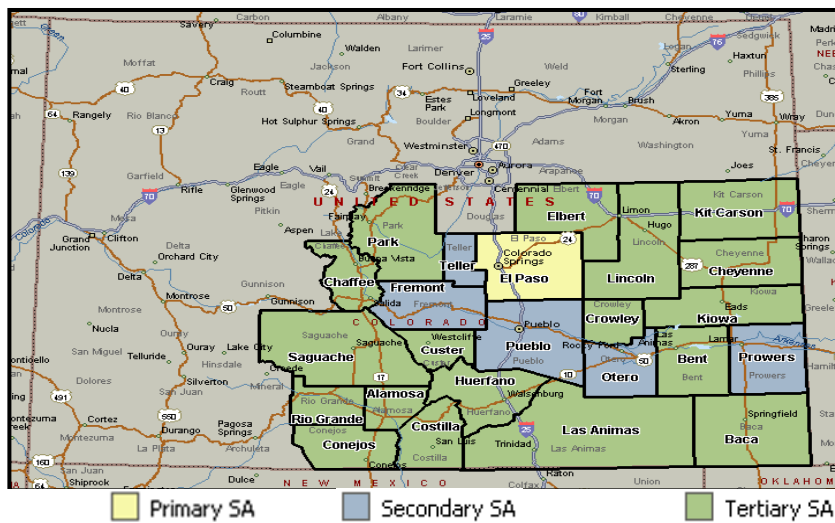


Figure 1. Memorial Hospital Service Area Map

#### 2a. ii DEMOGRAPHICS OF THE COMMUNITY

El Paso County is located in the south-central region of Colorado. As of July 2010, the county had an estimated 627,096 residents and the population is projected to reach over 710,000 before the end of the decade. Vital statistics data show that during 2010, there were 9,187 live births and 3,530 deaths in El Paso County.

El Paso County is a mix of urban, suburban, and rural communities with about two-thirds of the population residing within the city of Colorado Springs. El Paso County's population is comprised of 50.2 percent females. The median age is 34.1 years, with 26.1 percent of the population under 18 years and 10.0 percent over 65 years.

The racial and ethnic breakdown in the county shows the population to be predominantly non-Hispanic white (73.9 percent), followed by 15.0 percent Hispanic of any race. Non-Hispanic black and other non-Hispanic races comprise 6.3 percent and 4.8 percent of the total population, respectively.

El Paso County has a large military presence, including Fort Carson, Peterson and Schriever Air Force Bases, NORAD, and the United States Air Force Academy. A 2011 report from the Greater Colorado Springs Chamber of Commerce estimates that these installations employ nearly 40,500 military personnel and approximately 21,000 civilian/contract personnel.

The median household income in El Paso County was \$51,548 in 2010, with 19.1 percent of children younger than 18 years and 10.4 percent of families living below the Census Bureau's 2010 poverty threshold. Families living in poverty are more concentrated in south Colorado Springs and south-central and eastern El Paso County. An estimated 8.9 percent of households in El Paso County received Supplemental Nutrition Assistance Program

benefits (SNAP, formerly known as food stamps) in 2010; among households receiving SNAP, 56.2 percent were below the poverty threshold and 60.3 percent included children younger than 18 years of age. According to the Colorado Department of Labor and Employment, the average unemployment rate in El Paso County during 2011 was 9.5 percent.

In 2010, 22.0 percent of El Paso County residents ages 25 years and older held a high school diploma or equivalent as their highest degree, and just over one-third held a bachelor’s degree or higher. The on-time graduation rate for the class of 2010, defined as the number of students who completed high school within four years, was 78.4 percent. During the same academic year, 2.1 percent of seventh to twelfth grade students dropped out of school in El Paso County.

An estimated 11.0 percent of people ages 5 years and older in El Paso County spoke a language other than English at home in 2010, with more than half (58.3 percent) being Spanish-speaking. Of those speaking a language other than English at home, 36.2 percent were considered linguistically isolated (defined as speaking English “less than very well”).

Source: El Paso County Community Health Improvement Plan, available through this link: <http://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Status-Assessment/Community%20Health%20Improvement%20Plan.pdf>

2a. iii HEALTH ISSUES OF MINORITY GROUPS, UNINSURED PERSONS, AND LOW-INCOME PERSONS

Disparities or inequities related to health status are often rooted in differences based on social determinants of health, which helps explain why certain populations have a disproportionate share of disease burden. Identifying health disparities defines those people in a population that are at a higher risk for worse health outcomes.

The Colorado Department of Public Health and Environment (CDPHE) created a health equity model defining many social determinants of health and how they impact health behaviors across the life course. Figure 2 describes determinants of health, health factors, and population health outcomes over the life course.

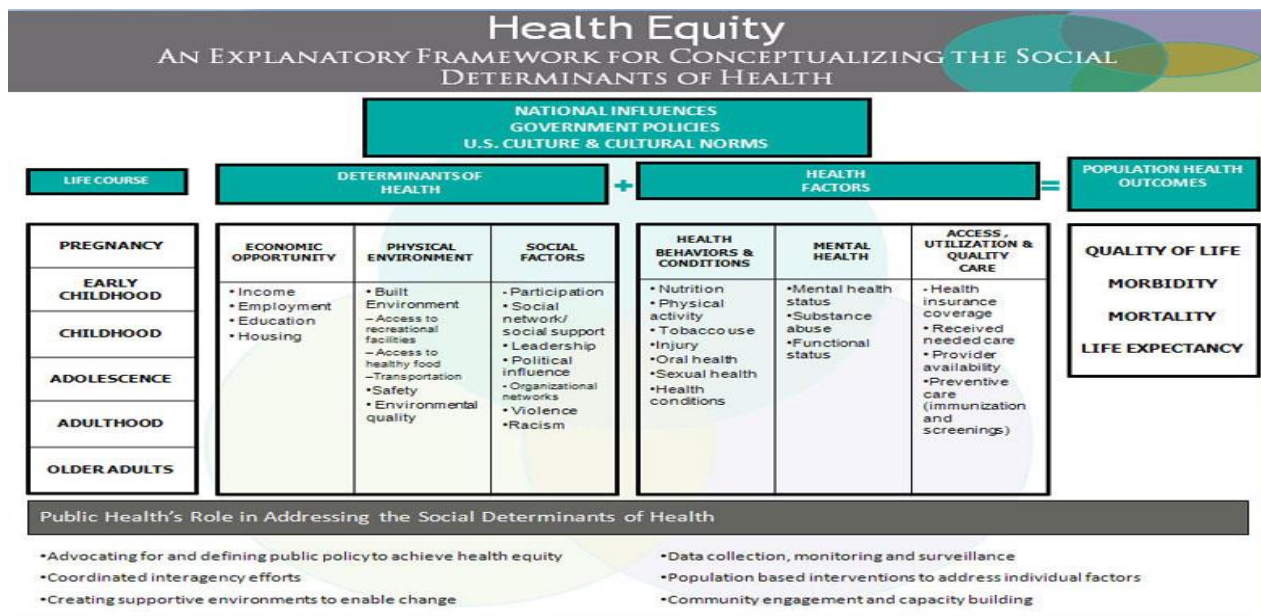


Figure 2. The Health Equity Model, Colorado Department of Public Health and Environment  
 Source: <http://www.chd.dphe.state.co.us/chaps/Documents/Health%20Equity%20Model%20and%20Summary.pdf>

Using the CDPHE’s Health Equity Framework as a guide, the following sections describe various disparities in health status that exist in limited-resource or minority populations residing in El Paso County.



### Population Health Outcomes - Life Expectancy

Figure 3 shows the trend in life expectancy for El Paso County residents between 1987 and 2007. While life expectancy has increased overall in the past two decades, sex and racial disparities remain evident, particularly among black males. For El Paso County's population as a whole, there is approximately an eight-year difference between life expectancy (79.6 years) and healthy life expectancy (71.7 years).

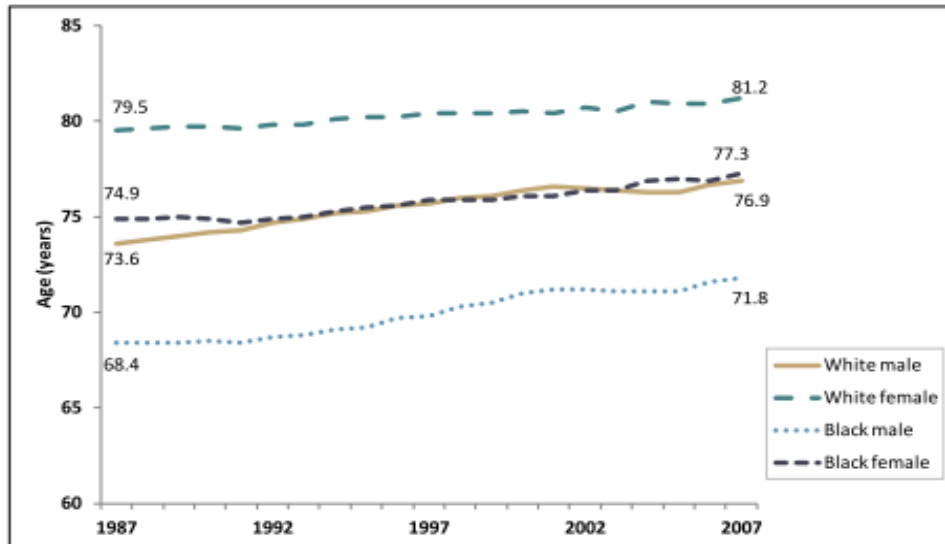


Figure 3. Life expectancy, by sex, and race, El Paso County 1987 to 2007

Source: El Paso County Health Indicators 2012 Report retrieved from:

<http://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Data-Statistics/MorbidityMortality.pdf>

### Health Factors - Access, Utilization, Quality Care

- Insurance Status

Evidence shows that uninsured individuals experience more adverse outcomes, including death, as compared to insured individuals. Data from the 2011 Colorado Health Access Survey showed that about 13 percent of El Paso County residents did not have any form of public or private health insurance. This rate is higher than the national benchmark for this indicator (11 percent). When assessing insurance status for individuals under the age of 65, the number of uninsured rises to 15 percent of this population.<sup>1</sup>

Those with insurance coverage primarily visited doctors' offices or other private clinics (70.2 percent), whereas only 23.5 percent of uninsured individuals identified such places as their usual source of care. In contrast, 44.0 percent of those without coverage typically sought care at emergency rooms or urgent care centers, and 27.9 percent utilized community health centers or other public clinics. Figure 4 shows the usual source of care for those with and without current health insurance in 2011.

<sup>1</sup> 2014 County Health Rankings, taken from <http://www.countyhealthrankings.org/app/#!/colorado/2014/measure/factors/85/map>

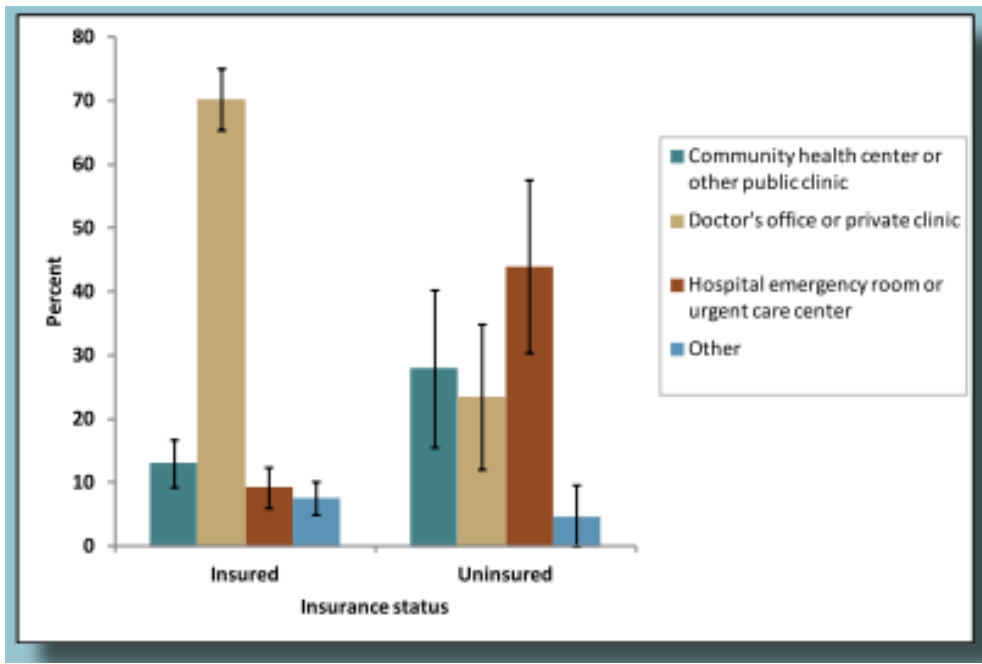


Figure 4. Usual source of health care, by insurance status, El Paso County 2011

Source: El Paso County Health Indicators 2012 Report retrieved from: <http://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Data-Statistics/AccessToCare.pdf>

- Provider Availability

Beyond insurance status, access to primary care is dependent on the proximity to and number of providers in a community. According to the American Academy of Family Physicians, a primary care practice serves as the patient’s first point of entry into the health care system and as the continuing focal point for all needed health care services. The rate of primary care physicians per population in El Paso County has been consistently lower than the state average. A recent study<sup>2</sup> completed by the Colorado Health Institute describes regional disparities in Colorado’s primary care workforce finding wide variations across the state, both for the overall population as well as for people who are covered by Medicaid. Colorado averages 1,873 people for each full-time primary care physician. Nine regions within the state, however, face significant and ongoing challenges in establishing adequate levels of primary care physicians. El Paso County is listed as a “hot spot” of particular concern requiring growth of full-time primary care providers by 54 percent to meet the benchmark ratio of 1,900 people to one full-time primary care physician.

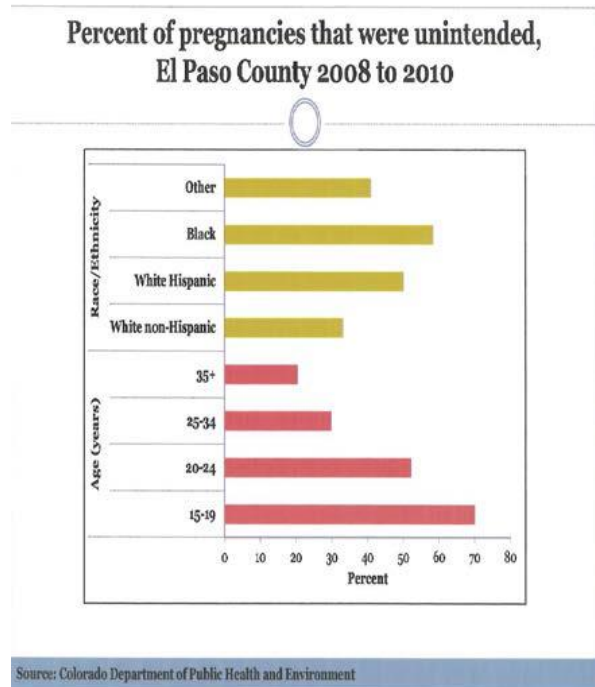
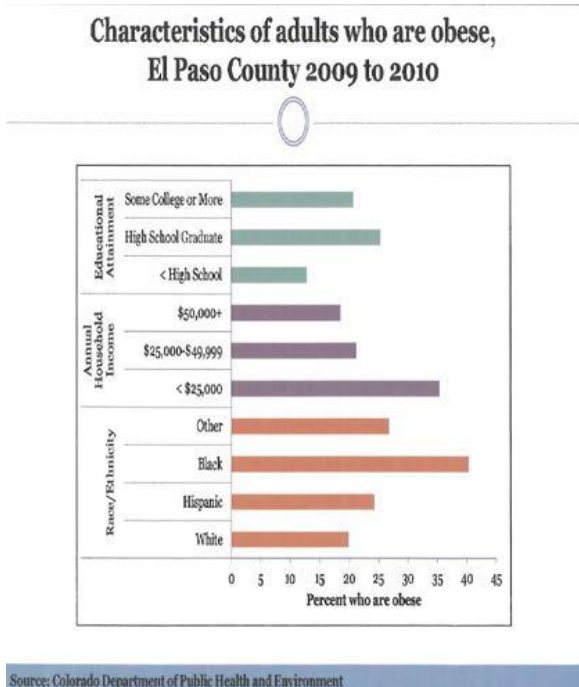
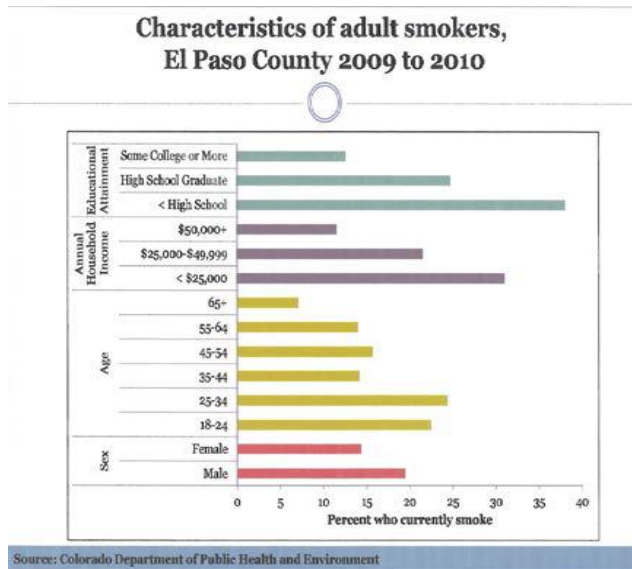
Additionally, the study identified regions most in need of more primary care physicians who actively participate in Medicaid by applying a benchmark panel size of 1,500 Medicaid enrollees to one Medicaid primary care physician full-time equivalent. This Medicaid benchmark translates to fewer patients per physician than the general benchmark because Medicaid enrollees generally have more acute health care needs than the general population. According to the study, El Paso County will require growth by 122 percent to meet the Medicaid benchmark panel described above.

<sup>2</sup> Colorado’s Primary Care Workforce-A Study of Regional Disparities: 2014. Retrieved from: [http://www.coloradohealthinstitute.org/uploads/downloads/Com\\_Cap2\\_for\\_web\\_2\\_11\\_14.pdf](http://www.coloradohealthinstitute.org/uploads/downloads/Com_Cap2_for_web_2_11_14.pdf)

Health Factors - Health Behaviors and Conditions

With respect to health behaviors, the following charts, taken from the El Paso County 2012 Health Indicators report, describe characteristics of adult smokers, obese adults, and unintended pregnancies. Health disparities can be noted in:

- 1) Adult smokers with an annual income of less than \$25,000 and/or less than a high school education.
- 2) A high percent of black adults who are obese (40%).
- 3) Nearly 70% of women having an unintended pregnancy were between 15-19 years of age.



## 2b. DATA COLLECTION

### 2b. i PROCESS USED TO GATHER DATA

The EPCPH conducted a CHNA of El Paso County in 2011-2012 by convening a stakeholder group of roughly 49 community agencies and over 80 members, eventually forming the Healthy Community Collaborative (HCC). The HCC consists of representatives from schools, hospitals and health systems (including representatives from Memorial Hospital), non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens. (*See Attachment A: Healthy Community Collaborative Participating Agencies*)

Throughout the health assessment process, the HCC aligned its work with Colorado's 10 Winnable Battles (developed by the CDPHE) to provide a framework for the selection of specific health indicators and associated county-specific data. Colorado's 10 Winnable Battles are public health and environmental priorities with large-scale impact on health and the environment, and with known, effective strategies to address them.

Colorado's 10 Winnable Battles include: Clean Air, Clean Water, Obesity, Oral Health, Injury Prevention, Safe Food, Infectious Disease Prevention, Tobacco, Mental Health and Substance Abuse, and Unintended Pregnancy.

More information can be found at: <http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910>

### 2b. ii DATA SOURCES

Population-based health data is routinely and systematically collected by a number of national and state agencies. Information on birth, death, disease, injury, hospitalization, health-risk behaviors, and socio-demographic characteristics are accessible at both the county and state levels. Data is stratified by sex, age, income, education, and race/ethnicity to determine where health inequities exist. Data used for review by the HCC came from the following sources:

***Population counts and other administrative data:***

- Colorado State Demography Office
- Colorado Department of Labor and Employment
- Colorado Department of Education

***Birth and death data:***

- Colorado Department of Public Health and Environment

***Socioeconomic data:***

- United States Census Bureau
- Colorado Department of Labor and Employment

***Disease or injury surveillance data:***

- Colorado Department of Public Health and Environment
- National Highway Traffic Safety Administration
- Colorado Hospital Association

***Health survey data:***

- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Colorado Child Health Survey
- Colorado Health Access Survey (formerly Colorado Household Survey)
- National Survey on Drug Use and Health
- Pregnancy Risk Factor Monitoring System (PRAMS)
- Youth Risk Behavior Surveillance System

NOTE: Whenever possible, data from the recently released 2014 County Health Rankings for El Paso County were also used to update the data sources utilized within the El Paso County Health Indicators 2012 report.

## 2b. iii PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY'S INTERESTS

To gain community input, key informant interviews of selected HCC members were conducted by ECPH staff using a standardized questionnaire focused on population health issues. Twenty-eight key informant interviews were conducted in the fall of 2011. (See Attachment B: El Paso County Public Health Key Informant Interview Questionnaire)

During their March 2014 meeting, the Trustees of the Colorado Springs Health Foundation, members of the Memorial Hospital Board of Directors, and senior managers from Memorial Hospital met to discuss the significant health issues, as seen from their perspective, existing within the local community. The primary care provider shortage was identified as a significant and immediate need. There was also strong agreement that overweight/obesity had emerged as the most significant negative health trend and priority for a community-wide approach. Participants also pointed to the increase in behavioral health issues associated with substance abuse and the additional risks from the impact of legalized marijuana use.

## 2b. iv COMMUNITY CAPACITY ASSESSMENT / AVAILABILITY OF INTERVENTIONS TO ADDRESS HEALTH ISSUES

ECPH developed a capacity assessment survey to measure potentially available resources within the community to address the health topics of diet and physical activity, mental health and substance abuse, tobacco, unsafe sexual practices and teen pregnancy, motor vehicle injury, and oral health. Fifteen assessments completed by HCC members were returned for evaluation. Information was also provided to the HCC about evidence-based interventions (EBIs) for the selected population health topics. Examples of these types of interventions and their sources are provided in the following table.

<b>Obesity Prevention and Control:</b> Behavioral interventions to reduce screen time.	<a href="http://www.thecommunityguide.org/obesity/behavioral.html">http://www.thecommunityguide.org/obesity/behavioral.html</a>
<b>Mental Health:</b> Use of collaborative care for the management of depressive disorders.	<a href="http://www.thecommunityguide.org/mentalhealth/collab-care.html">http://www.thecommunityguide.org/mentalhealth/collab-care.html</a>
<b>Tobacco Use:</b> Mobile phone-based interventions for smoking cessation.	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=41">http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=41</a>
<b>Unsafe Sexual Practices:</b> Behavioral interventions to prevent adolescent pregnancy, Human Immunodeficiency Virus, and other sexually transmitted infections; comprehensive risk reduction and abstinence education.	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=37">http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=37</a>
<b>Motor Vehicle Injury Prevention:</b> Reducing alcohol-impaired driving: publicized sobriety checkpoint programs.	<a href="http://www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html">http://www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html</a>
<b>Oral Health:</b> Community water fluoridation is recommended based on strong evidence of effectiveness in reducing tooth decay.	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=32">http://www.healthypeople.gov/2020/topicsobjectives2020/ebri.aspx?topicId=32</a>

## 2b. v INFORMATION GAPS / DATA LIMITATIONS

Due to sampling limitations, data for some of the health indicators was only available at the state level. For example, data reported in regard to illicit drug use within the last 30 days is compiled using only state-level survey responses.

Additionally, in some instances when analyzing county level data, multiple years of data were combined to provide more stable estimates, particularly when using health survey data. These estimates represent an annual average during the specified time frame, usually no more than five years.






## 2c. HEALTH NEEDS OF THE COMMUNITY



### 2c. i PROCESS TO IDENTIFY AND PRIORITIZE NEEDS

The HCC met in late 2011 to discuss the burden of disease for each topic area by reviewing the health indicator data as well as national costs of poor health outcomes related to each disease/condition. The HCC ranked the relative burden for each topic area based on their determination of the effect of each health issue on the community as a whole.

The HCC then determined that the most important health issues facing El Paso County are (in order of importance): 1) diet and physical activity (as related to overweight and obesity), 2) mental health and substance abuse, 3) tobacco use, 4) unsafe sexual practices and teen pregnancy, 5) motor vehicle injury, and 6) oral health.

### 2c. ii DESCRIPTION OF IDENTIFIED HEALTH ISSUES; INDICATORS, DATA VALUES AND BENCHMARKS

Health Issue - Significance	Indicator Value	Benchmark
<p><b><u>Health Care Access - PCP to Patient Ratio</u></b> Access to care requires not only financial coverage, but also access to providers.</p>	44 PCPs per 100,000 people (El Paso County, 2010 data).	65 PCPs per 100,000 people (Colorado, 2010 data)  Not met
<p><b><u>Overweight or Obesity</u></b> Preventable, diet-related diseases include heart disease, high blood pressure, diabetes, cancer, and osteoporosis.</p>	37% overweight and 21% obese (2009-2010 El Paso County data) compared to obesity rate of 20% for the state of Colorado (2010 data)	Undesirable ↑ trend Higher than state obesity rate 
<p><b><u>Mental Health and Substance Abuse</u></b> Severe, untreated depression may lead to contemplated suicide, attempted suicide, or death from suicide.</p> <p>Substance abuse may involve alcohol, tobacco, or illicit drugs such as marijuana, cocaine, heroin, and methamphetamine. Marijuana use is two to three times more common than other illicit drug use and is used significantly more often in Colorado than for the United States as a whole.</p>	<p>The suicide rate in El Paso County (2009-2010) = 19.7 per 100,000 population, compared to the Colorado average of 18.1 per 100,000.</p> <p>10.2% of youth aged 12-17 and 24.3% of young adults aged 18-25 years reported marijuana use within the last 30 days (2009 Colorado data).</p> <p>National data reports 7.0% of 12-17 year olds and 17.3% of 18-25 year olds report marijuana use within the last 30 days (2009 US data).</p>	<p>National target (suicide) = 10.2 / 100,000</p> <p> Not Met</p> <p>---</p> <p>Marijuana use benchmark <u>unavailable</u></p> <p>Use in Colorado is higher than in United States as a whole</p>
<p><b><u>Tobacco Use</u></b> Tobacco use prevention may lead to improvements in rates of cancer, cardiovascular and chronic pulmonary diseases, osteoporosis, improved birth outcomes, and reduced overall health care costs</p>	<p>Nearly 18% of adults in El Paso County are current smokers (2010 data).</p> <p>Disparities reported related to income, age, gender and pregnant women.</p>	<p>National target = 12%</p> <p> Not Met</p>
<p><b><u>Unsafe Sexual Practices / Teen Pregnancy</u></b> Unsafe sexual practices lead to adverse outcomes including unintentional pregnancy and sexually transmitted infections (STIs)</p>	<p>Teen birth rates in El Paso County and Colorado have been trending downward; however, the rate of STIs for all ages in El Paso County has been consistently higher than the state average.</p>	<p>Higher than state rate of STIs</p> <p> Not met</p>

Health Issue - Significance	Indicator Value	Benchmark
<p><b><u>Motor Vehicle Injury and Fatality</u></b>            Motor vehicle injuries and fatalities are preventable, partially through use of age-appropriate seat restraints in cars, and helmets and safety gear for motorcyclists</p>	<p>In 2010, El Paso County had the highest number of motor vehicle fatalities out of all Colorado counties. 7% of alcohol-related fatal crashes occurred in El Paso County.</p>	<p>Highest fatality rate in Colorado; 3<sup>rd</sup> highest in state for alcohol-related fatal crashes</p> 
<p><b><u>Oral Health</u></b>            Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, El Paso County has significant shortages.</p>	<p>In El Paso county, the ratio of dental providers per population = 1,075:1.</p>	<p>In Colorado, the ratio of dental providers per population = 1,419:1</p>  <p>Not met</p>

Further details about each indicator can be found within the El Paso County Health Indicators 2012 Report. National targets use benchmarks set by the US Department of Health and Human Service’s Healthy People 2020 initiative. More information about this initiative is accessible at: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

Sources:

El Paso County 2012 Health Indicators, available at: [http://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Data-Statistics/CHAforPRINTFINALMay07\\_UPDATED.pdf](http://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Data-Statistics/CHAforPRINTFINALMay07_UPDATED.pdf)

County Health Rankings for El Paso County, available at: <http://www.countyhealthrankings.org/app/#!/colorado/2014/rankings/el-paso/county/outcomes/overall/snapshot>

2c. iii MEMORIAL HOSPITAL ADMINISTRATIVE TEAM PRIORITIZATION SUMMARY AND APPROVAL

To determine community-wide priorities, the HCC reviewed health indicator data, burden ranking outcomes, results of the capacity assessment, potential evidence-based interventions, and the community’s interest in working in each topic area. After discussing these items, the HCC then ranked each health focus area. Mental health as well as diet and physical activity were chosen as the top two ranked priorities. Further, the HCC determined that it could be most impactful by focusing on one topic area and chose to focus on improving healthy eating/active living.

In addition to ongoing participation in the HCC, additional representatives of Memorial Hospital’s administrative team met during March and April of 2014 to compile the information included in this report. Acknowledging the findings of the HCC, the topics discussed during the most recent Colorado Springs Health Foundation meeting, and considering the resources available to make an effective impact, this administrative team chose to also direct resources and implement planning strategies to work toward improving healthy eating and active living for residents of El Paso County. An equally high priority health issue - the need to increase the primary care workforce in El Paso County - was identified by the Memorial Hospital administrative team. Strategies to address this issue will also be described in the related, but separately documented, implementation strategy report.

During their May 2014 meeting, the Memorial Hospital Board of Directors, which includes representatives from the surrounding communities, was apprised of and approved the information contained within this report.

### HOSPITALS

Children's Hospital Colorado at Memorial Hospital Central provides the evaluation and treatment of pediatric conditions and is southern Colorado's only designated children's hospital offering specialized care for children of all ages, from premature infants to teenagers.

HealthSouth Rehabilitation Hospital is a for profit, 64-bed inpatient rehabilitation hospital offering comprehensive inpatient and outpatient services, as well as home care designed to return patients to leading active, independent lives. Areas of specialization include stroke, Parkinson's brain injury, and spinal cord injuries.

Memorial Hospital-UCHealth provides a comprehensive list of inpatient and outpatient services at two hospital facilities and multiple outpatient locations, including state-of-the-art, compassionate care in fields such as cardiology, neurology, and oncology.

Penrose-St. Francis Health Services is a full-service, 522-bed acute care facility in Colorado Springs. They offer a full complement of emergency, medical, and surgical services.

Select Hospital serves patients needing more intensive, longer acute care stays due to illness or injury, and has a 30-bed inpatient hospital within St. Francis Medical Center, a part of Penrose-St. Francis Health Services.

### PUBLIC HEALTH

El Paso County Public Health (EPCPH) serves the estimated 622,000 residents of El Paso County. It is organized into four major divisions: Health Promotion, Disease Prevention and Control, Health Services, and Environmental Health.

### MENTAL HEALTH FACILITIES

AspenPointe Behavioral Health Center serves more than 30,000 individuals and families each year through a full suite of mental health, child welfare, and substance abuse care services. It features an 18-bed inpatient center and is a non-profit agency.

Cedar Springs Hospital provides both acute and residential inpatient psychiatric treatment for individuals of all ages. The for-profit, 110-bed center offers numerous treatment modalities with specific military programming.

Peak View Behavioral Health (PVBH) has provided care in the Colorado Springs community since 2009 and opened their 92-bed psychiatric hospital in the summer of 2012. Offering both inpatient and outpatient care to seniors, adults and eventually children and adolescents, PVBH employs a multi-disciplinary team of specialists including psychiatrists, medical physicians, nurse practitioners, psychologists, therapists, nurses and mental health technicians.

### HEALTH CLINICS

Mission Medical Clinic treats low-income adults residing in El Paso or Teller County who are without any form of health insurance and who suffer from one or more chronic illness. Qualified patients receive integrated health services (medical, dental, behavioral health care as well as prescription assistance) from licensed professionals.



Open Bible Medical Clinic is a non-profit organization providing free medical care and access for acute and chronic illnesses to the working, uninsured, low income adults in El Paso County. They see adult patients whose income is equal to or less than 200% of the federal government poverty level guidelines.

Peak Vista Community Health Center is a non-profit, 501(c)(3) Federally Qualified Health Center (FQHC) dedicated to premier medical, dental, and behavioral health services for people of all ages. They provide primary care services to low-income, uninsured, and underinsured working families (as well as others with access barriers) within the Pikes Peak Region through 20 outpatient centers.

Penrose-St. Francis Health Services (PSF) Neighborhood Nursing Centers are staffed by a team of faith community nurses serving the holistic health and educational needs of their clients. They provide pharmacy assistance and counseling and are located in networks providing rent subsidies, food pantries, and other urgent social needs.

SET Family Medical Clinic of Colorado Springs is a 501(c)(3) organization providing basic medical services and holistic health programs without discrimination to uninsured low income people.

The Dream Centers Women's Clinic provides holistic and quality women's health by qualified providers for women 18 to 64 in Colorado Springs who are uninsured or underinsured. No-cost services include Well Woman exams (includes pap, breast exam, physical), pregnancy and sexually transmitted infection tests and treatment for ages 13 and up.

#### DENTAL CLINICS

Kids in Need of Dentistry (KIND) provides Colorado children with direct dental interventions, sealants to second graders, and ongoing education.

Mission Medical Clinic provides free dental health care and prescription assistance for eligible low income, uninsured residents of El Paso and Teller Counties.

Peak Vista Dental Health Center is a non-profit, 501(c)(3) Federally Qualified Health Center (FQHC) dedicated to premier medical, dental, and behavioral health services for people of all ages.

### 3. CONTACT INFORMATION

Memorial Hospital-UCHealth  
1400 East Boulder Street  
Colorado Springs, CO 80909

Colette Martin, Chief Operating Officer  
[colette.martin@uchealth.org](mailto:colette.martin@uchealth.org)

(719) 365-9888 or (800) 826-4889

## **ATTACHMENT A: HEALTHY COMMUNITY COLLABORATIVE PARTICIPATING AGENCIES**

Academy School District 20	Hunger Free Colorado
Alliance for Drug Endangered Children	Kaiser Permanente
American Cancer Society	King Soopers/City Market
American Medical Response	Latino American Health Network
AspenPointe	LiveWell Colorado Springs
Care and Share Food Bank for Southern Colorado	Manitou Springs School District 14
Cedar Springs Behavioral Health	MedicalVoyce
Centro de la Familia	Memorial Health System
City of Colorado Springs	NAACP
City of Colorado Springs Parks, Recreation & Cultural Services	Open Bible Medical Clinic
City of Fountain	Own Your Own Health
City of Manitou Springs	Partners for Healthy Choices
Colorado Business Group on Health	Peak Vista Community Health Centers
Colorado Springs Chamber of Commerce	Penrose-St. Francis Health Services
Colorado Springs Fire Department	Pfizer, Inc.
Colorado Springs Health Partners	Phil Long Dealerships
Colorado Springs Regional Business Alliance	Pikes Peak Area Council of Governments
Colorado Springs School District 11	Pikes Peak Region Healthier Schools
Community Health Partnership	Rocky Mountain Health Care Services
Community Partnership for Child Development	St. Francis Mission Outreach
El Paso County	SET Family Medical Clinic
El Paso County Community Services	Suicide Prevention Partnership
El Paso County Medical Society	Teller County Public Health
El Paso County Public Health	Trails and Open Space Coalition
Fort Carson Wellness Services	UCCS Beth-el College of Nursing and Health Sciences
Fountain Valley Community Activity and Nutrition	Urban Peak
Golden Lotus Foundation	US Foods
Harrison School District 2	wellCenters
HeartSmartKids	YMCA of the Pikes Peak Region

**ATTACHMENT B: EL PASO COUNTY PUBLIC HEALTH KEY INFORMANT INTERVIEW QUESTIONNAIRE**

**Community Health Assessment**

**Key Informant Interview Questionnaire**

Interviewee: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Agency: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**Ice-breaker** (not required): What is your organization/program's role in contributing to the well-being of people who live, work, study, and/or play in El Paso County?

I am going to ask you about population health issues. By that I mean health behaviors, conditions or outcomes that affect large sectors or groups of our population in El Paso County – not just an individual seeking care. Population health issues might also impact subsets of our population, such as children or women or persons with certain demographic characteristics.

1. In your experience or based on the work being done by your organization/program, what would you say are the top 2-3 most important population based health issues in El Paso County? *ASK WHY.*

2. Are the population health issues you just mentioned (*MIGHT NEED TO REPEAT THEM*) the same issues that your organization/program commonly deals with?

3. Are the health issues you mentioned considered priorities for the work your organization/program does? In what way? If not, why not?

For these next questions, let's again think beyond the work of your organization/program. Let's think about the entire community health system in El Paso County—so our health care providers, hospital systems, nonprofit health care organizations, community-based agencies that promote healthy living and health education and so forth.

4. If this "health system" could address any population health issue in El Paso County, in your opinion what should be among the top priorities for the next 5 years and why?

a. For these priority health issues that you stated, what is your sense of how common they are in our community?

b. For these priority issues, what is your sense of how severe they are in terms of impacting the quality of life for people who live in El Paso County?

c. For these priority issues, what is your sense of their economic costs to society?

d. In big picture terms, do you think these priorities can be affected by the work of community partners?

e. Can you name 2 or 3 other community partners who you think could help impact these priorities?