

2019 Community Health Needs Assessment

UCHealth Yampa Valley Medical Center



Executive Summary.

We are pleased to present this report, the 2019 Community Health Needs Assessment (CHNA) for UCHealth Yampa Valley Medical Center (YVMC). Organized as a not-for-profit hospital, YVMC is part of a larger system known as UCHealth. UCHealth combines 11 hospitals, three affiliate hospitals and a medical group into an organization dedicated to health and unmatched patient care in the Rocky Mountain region.

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 assures that UCHealth hospitals will identify and respond to the most pressing health needs of area residents. For the purpose of this CHNA, the YVMC community is defined as both Routt and Moffat counties in northwestern Colorado.

Description of YVMC.

YVMC is a 39-bed acute care hospital providing sophisticated medical services to more than 51,000 outpatients annually. From family medicine and obstetrics to emergency medicine or chronic disease care, YVMC provides high-quality care to residents and visitors alike. It also serves as the leading center for orthopedic care in northwest Colorado; offering comprehensive services such as orthopedic trauma care, joint replacement, sports medicine and general orthopedics.

Methods.

Between September 2018 and March 2019, YVMC conducted a CHNA in collaboration with the regional public health agency, Northwest Colorado Health. A multiphased approach was used to identify top health priorities for action planning and impact during 2019-2022. A comprehensive analysis of current, local population health indicators was initially performed. Using a subset of these indicators, a web-based survey was administered to solicit local health care providers' ranking of significant health issues affecting their patients. Community input was gained through a collaborative outreach effort with member agencies of the Northwest Colorado Community Health Partnership (NCCHP).

The next phase consisted of convening a subset of YVMC's senior management group to review all information obtained from the activities described above. Participants of this internal advisory group (IAG) completed a health-issue prioritization identification using an evidence-based, structured process. As a final step, the YVMC board of directors was apprised of the information contained within this report during their May 2019 meeting.

Findings.

The first step of the assessment included a review of local health indicators. Values were compared at the county and state levels and when possible, to national benchmarks. From this review, the most significant issues identified include:

- Access to care.
- Cancer.
- Cardiovascular disease.
- Unintentional injury.
- Maternal and child health.
- Mental health/suicide.
- Obesity.
- Substance use disorders.

The top health issues ranked by local health care providers include:

- Mental health/suicide.
- Substance use disorders.
- Access to care for low-income patients.

Priority issues selected for Northwest Colorado Health's Public Health Improvement Plan include:

- Physical safety.
- Mental health.



Health care resources available to address needs.

Recognizing the current scope of services available to meet the health care needs of community members is an important component of a health needs assessment. Residents of Routt and Moffat counties are served by community-based health centers, a large network of medical providers and several acute care hospitals. The Northwest Colorado Community Health Partnership (NCCHP) consists of community and safety net organizations, medical and behavioral health care providers and government agencies covering Grand, Jackson, Moffat, Rio Blanco and Routt counties.

Though many services continue to expand in the region, the YVMC CHNA findings reveal that the ability to receive care in a timely and cohesive manner remains a challenge for many residents with limited resources.

Summary of impact of actions taken since previous CHNA.

YVMC (and partnering organizations) directed resources to address the priority health issues identified in the 2016 CHNA. An abbreviated list of activities and their impact follows:

- Financial support for expansion of school-based behavioral health support services.
- Improved access to timely specialty care through use of Emergency Virtual Health.

- Significant reduction of opioid administration in the emergency department through participation in the Colorado Hospital Association's Alternatives to Opioids (ALTO) initiative.
- Community health education classes on topics of nutrition, women's health and cancer care.

Prioritized community health needs.

After completing the review and prioritization process described earlier, the YVMC internal advisory group recommended that **improved access to primary care (focusing on Moffat County), behavioral health care and improved mental health and substance use disorder treatment services** should be the priority health issues addressed within the 2019-2022 YVMC Implementation Strategy. Other significant issues identified—including certain cancers and cardiovascular disease—will continue to receive consideration for improved screening and services.

Acknowledgements and next steps.

We would like to thank our colleagues from the Northwest Colorado Community Health Partnership, local medical providers, and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, programs and strategies designed to impact the identified health issues will be compiled and presented to the YVMC board of directors for their oversight and approval.



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Introduction

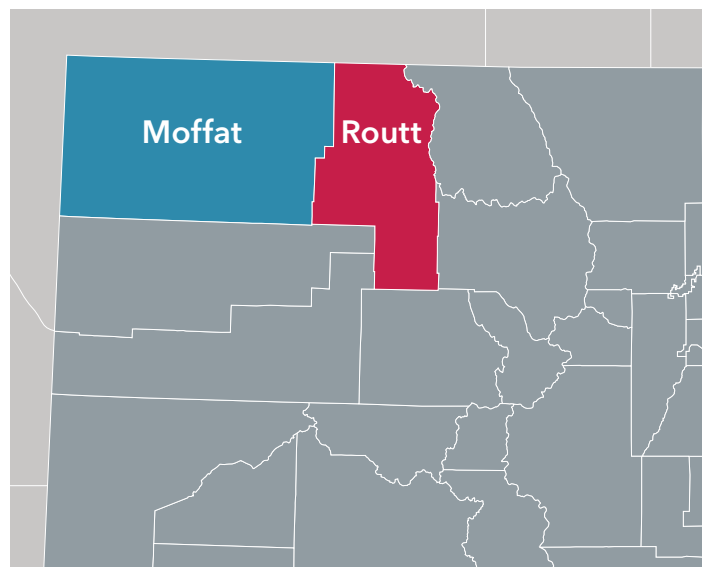
Overview of the Community Health Needs Assessment (CHNA) requirement.

UCHealth Yampa Valley Medical Center (YVMC) is organized as a not-for-profit hospital and operates within the purview of a larger system known as UCHealth. 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 we serve.

With the passage of the Patient Protection and Affordable Care Act of 2010, additional reporting requirements for tax-exempt hospitals were added requiring the completion of a CHNA every three years as well as the adoption of strategies designed to impact the priority health issues identified through the assessment. This report adheres to the guidelines provided by the Department of the Treasury, Internal Revenue Service in its Code of Regulations titled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals, Final Rule," December 31, 2014.

Community served by YVMC.

For the purpose of this CHNA, the YVMC community is defined as both Moffat and Routt counties.



Demographic characteristics of Moffat and Routt counties.

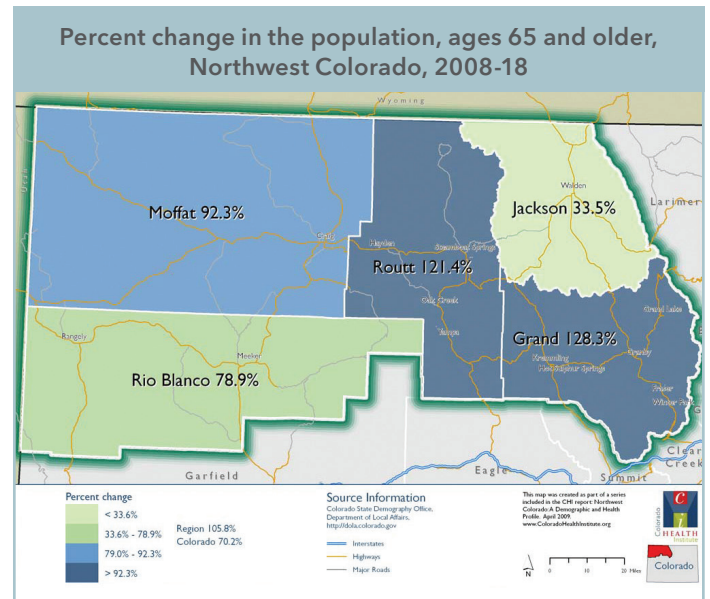
Much of the community profile information described below was compiled by the Colorado Health Institute in 2009 and updated in 2017. The full report can be accessed through this link:

coloradohealthinstitute.org/research/northwest-colorado-demographic-and-health-profile.

Northwest Colorado can be described as a largely rural area of the state that shares many of the same health care challenges experienced by rural communities throughout Colorado and the nation. At the same time, its demographic, geographic and economic characteristics make it unique and in need of geographic-specific strategies and policy options to address identified health care access barriers.

Age.

The median age of both Moffat and Routt county residents is increasing; with 2016 U.S. Census reports indicating 13.8 percent of Moffat County residents and 13.5 percent of Routt County residents are age 65 and over. As shown on the map below, the percent change from 2008-2018 is significant in both Moffat and Routt counties. As the population ages, the likelihood of developing chronic disease increases, placing different demands on the health care system than those needed to care for children and working adults.



Race/Ethnicity.

The tables below show the changing racial and ethnic composition of Moffat and Routt counties between 2000 and 2017. Comparisons to the state profile are also included. Most notable are the significant increases in the Hispanic population in both counties from 2000 to 2010.

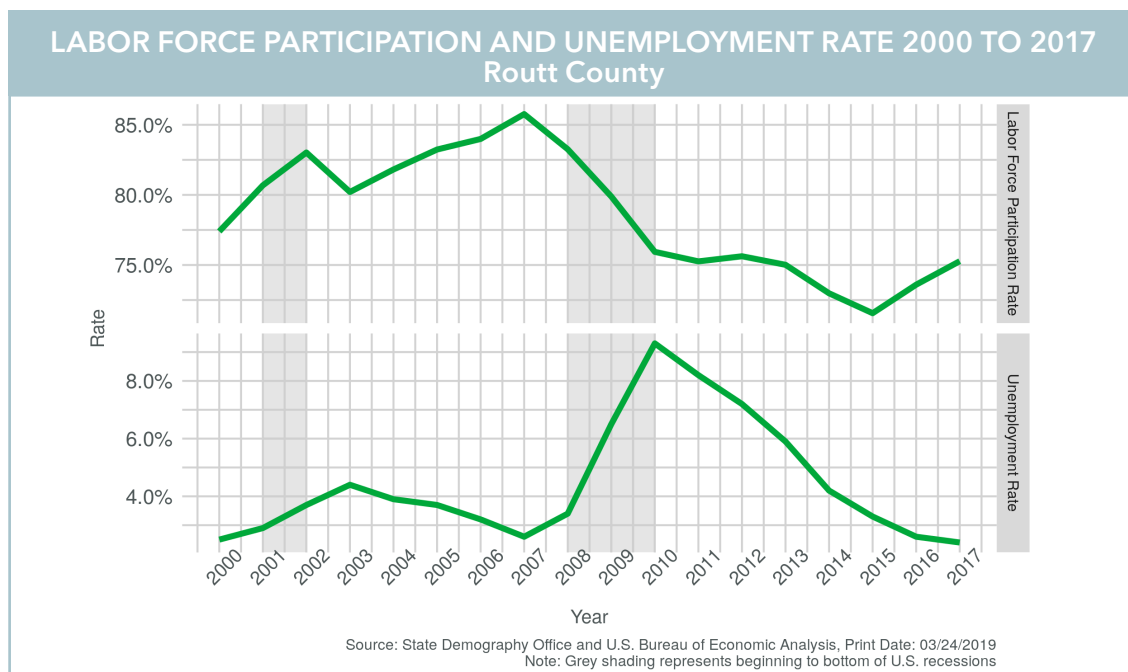
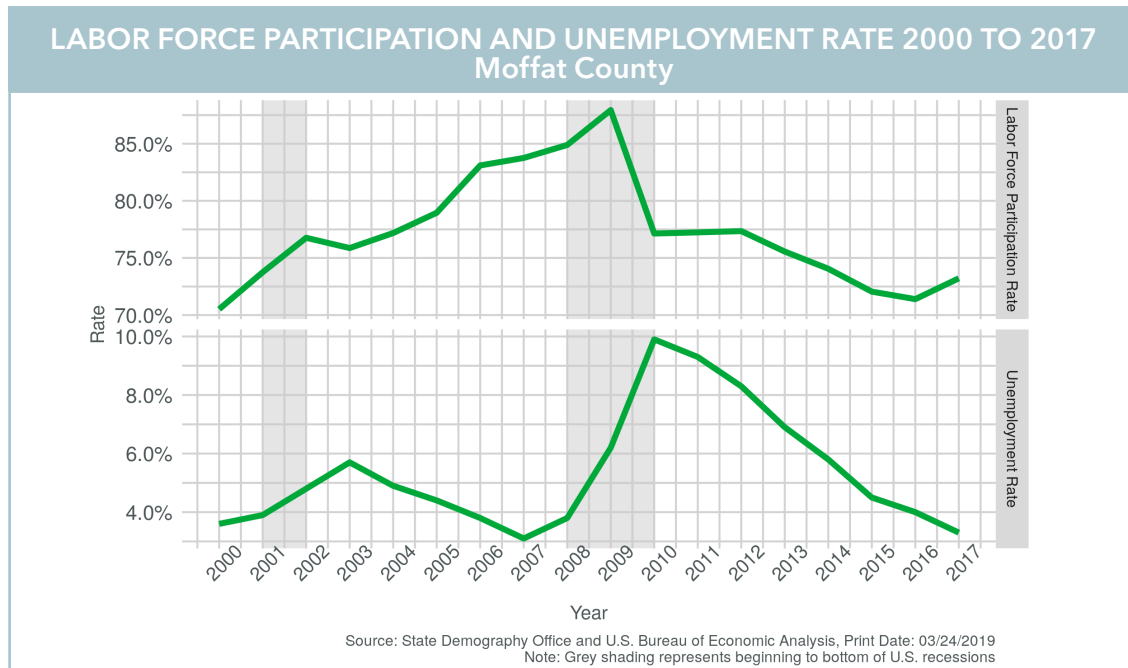
RACE	Moffat County			Colorado		
	2000	2010	2017	2000	2010	2017
Hispanic	9.5%	14.4%	14.9%	17.1%	20.7%	21.3%
Non-Hispanic	90.5%	85.6%	85.1%	82.9%	79.3%	78.7%
Non-Hispanic white	88.2%	82.7%	81.4%	74.5%	70%	68.6%
Non-Hispanic Black	0.1%	0.2%	1%	3.7%	3.8%	3.9%
Non-Hispanic Native American/Alaska native	0.8%	0.7%	0.5%	0.7%	0.6%	0.5%
Non-Hispanic Asian	0.3%	0.6%	0.1%	2.2%	2.7%	3%
Non-Hispanic Native Hawaiian/other Pacific Islander	0.0%	0.1%	0.6%	0.1%	0.1%	0.1%
Non-Hispanic other	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%
Non-Hispanic Multiracial	1.1%	1.3%	1.4%	1.7%	2%	2.4%
Total Population	100%	100%	100%	100%	100%	100%

RACE	Routt County			Colorado		
	2000	2010	2017	2000	2010	2017
Hispanic	3.2%	6.8%	6.9%	17.1%	20.7%	21.3%
Non-Hispanic	96.8%	93.2%	93.1%	82.9%	79.3%	78.7%
Non-Hispanic white	94.8%	90.6%	89.8%	74.5%	70%	68.6%
Non-Hispanic Black	0.1%	0.4%	0.8%	3.7%	3.8%	3.9%
Non-Hispanic Native American/Alaska native	0.4%	0.3%	0.5%	0.7%	0.6%	0.5%
Non-Hispanic Asian	0.4%	0.6%	1.1%	2.2%	2.7%	3%
Non-Hispanic Native Hawaiian/other Pacific Islander	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%
Non-Hispanic other	0.1%	0.1%	0.3%	0.1%	0.2%	0.2%
Non-Hispanic Multiracial	1%	1.1%	0.7%	1.7%	2%	2.4%
Total Population	100%	100%	100%	100%	100%	100%

Economic stability.

The Labor Force Participation and Unemployment Rate plots for Moffat and Routt counties compare the percentage of persons ages 16 and older in the labor force to the unemployment rate.

The pattern of labor force participation and unemployment in both Moffat and Routt counties are closely related. The downward trend in labor force participation is related to the aging patterns in these counties, along with the availability and character of employment.



Poverty.

In 2016, the U.S. Census' Small Area Income and Poverty Estimates measured the percent of children living in poverty in Moffat County at 17%, higher than the state value of 15%. In Routt County, this number falls to 8% overall, though increases to 13% for Hispanic children. Research has revealed that low-income children have an increased risk of injuries from accidents and physical abuse, and are susceptible to more frequent and severe chronic conditions, and their complications, than children living in high-income households.

Community Health Needs Assessment

Between September 2018 and March 2019, YVMC conducted a CHNA in collaboration with the regional public health agency, Northwest Colorado Health. The CHNA process provided an opportunity for the hospital 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 the most significant health needs identified through that process.

Methods used to conduct the Community Health Needs Assessment.

A multiphase approach was used to identify top health priorities for action planning during 2019-2022. A comprehensive analysis of current, local population health indicators was initially performed. Community input was gained through a collaborative outreach effort with member agencies of the Northwest Colorado Community Health Partnership (NCCHP). Lastly, a web-based survey was administered to obtain health care providers' ranking of significant health issues affecting their patients.

During the next phase of the assessment, a subset of YVMC's senior management group was convened to conduct an interim review of all information obtained from the activities described above. Participants of this internal advisory group (IAG) completed a health-issue prioritization ranking using an evidence-based, structured process. As described later in this report, recommendations from the IAG were presented to the YVMC board of directors for approval.

The following figure illustrates the CHNA 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.
- Internal advisory group input.
- Written comment on prior CHNA.

Issue prioritization criteria:

- Scope and severity of issue.
- Hospital's ability to impact.
- Availability of evidence-based strategies to impact
- Alignment with UCHealth, local, state or national goals.

Written comment on previously conducted CHNA.

A review of the 2016 Community Health Needs Assessment report prepared for Yampa Valley Medical Center was obtained from Stephanie Einfeld, CEO of Northwest Colorado Health. Her comments are quoted below.

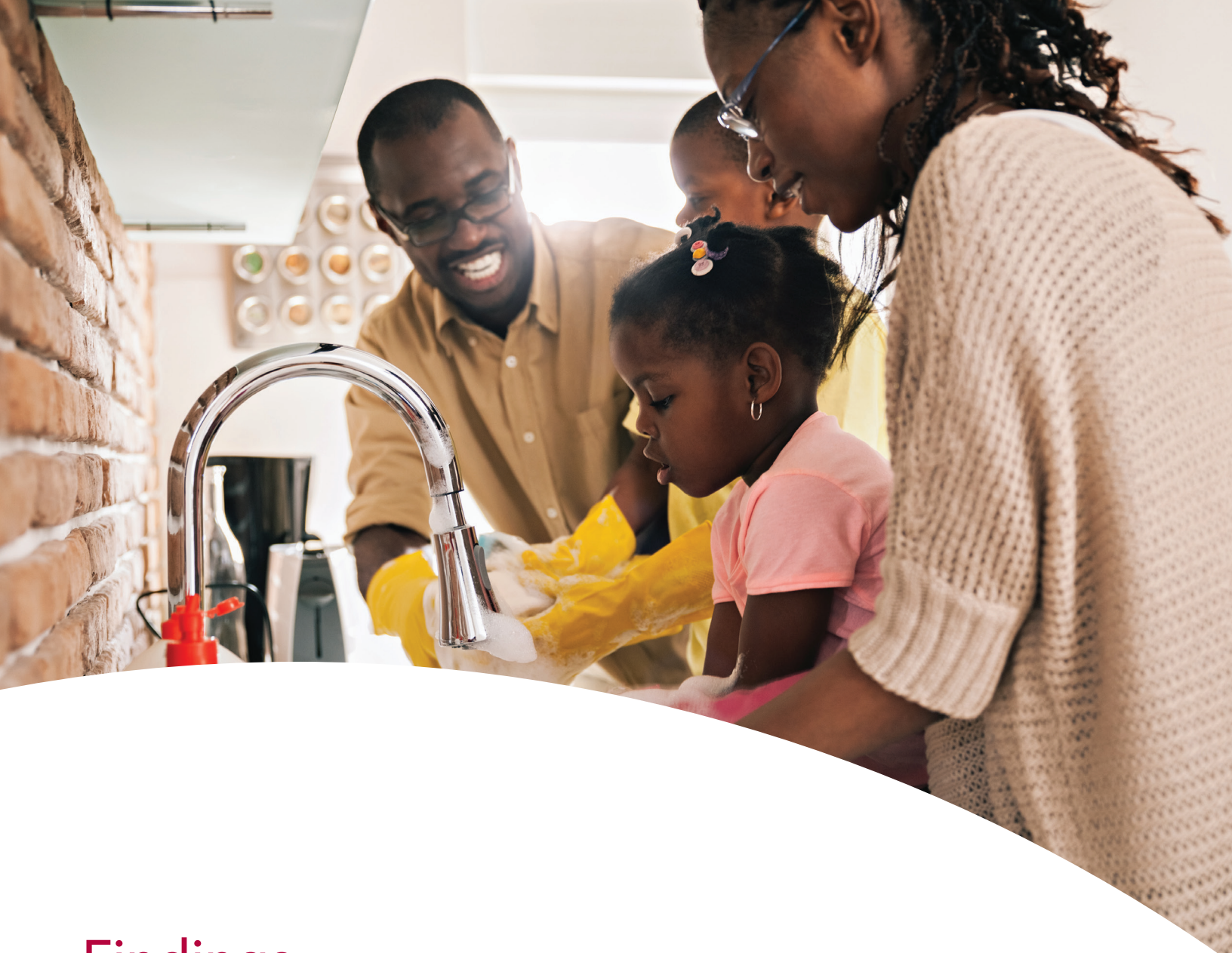
“The 2016 Community Health Needs Assessment was well-written and contains all the IRS-recommended components of a CHNA. A strong component of this assessment report was the use of focus groups in outlying rural communities to gather data. These stakeholder groups are sometimes difficult to reach, but it is important to hear from them as well as other stakeholders and community members. An area for improvement in 2019 and beyond is to use improved systems to promote equitable completion of the survey. This would include the creation and distribution of the survey in multiple languages, a sufficient amount of time for individual to complete the survey, and an analysis of the readability

and language level of the survey. If distributed widely to all audiences, in their own language, and in a manner that is easily accessible and widely understood, the results would reveal the true needs of our community.

All in all, the 2016 Community Health Needs Assessment was well done and the Implementation Strategies were derived from a variety of data sources and input from the community. The Implementation Strategies align with local public health improvement plan goals and strategies as well. This work lays the foundation for being successful in implementing the Community Health Needs Assessment strategies.”

These comments will be considered carefully as YVMC continues to refine its methods in conducting future CHNAs. We are grateful to Ms. Einfeld for providing a constructive and actionable review.





Findings

Secondary data review and analysis.

The first step of the assessment included a review and analysis of current, local population health indicators obtained through the County Health Rankings, the Colorado Health Indicators database, and the Healthy Kids Colorado Survey. Indicator values were compared at the county and state levels and when possible, to national benchmarks.

Tables were generated summarizing key health indicators for YVMC's service area to describe the community characteristics and overall health status (see Appendix 1 to review the data tables and related web sites). Key health needs were determined based on the indicator values and trends, current priorities of the regional health department, the potential to impact the issues using evidence-based practices, and expert opinion.

Categories examined included:

- Demographics and socioeconomic status.
- Health care access and services.
- Health behaviors (includes unintentional injury).
- Nutrition, physical activity and body mass index.
- Maternal and child health.
- Mental health (includes suicide hospitalizations and mortality).
- Substance use disorders.
- Specific health conditions—hospitalization, morbidity and mortality rates.

Information gaps impacting ability to assess needs.

Within the review of the secondary data, gaps were identified related to the health status of minority populations as well as individuals who are medically underserved due to lack of adequate insurance or who otherwise encounter barriers to receiving timely and comprehensive health care services.

To fill these gaps, YVMC participated in a collaborative regional community outreach effort titled Our Voice. The goal of the effort was to engage targeted populations to understand their views on health needs as they relate to health and wellness, access to resources, services and programs, and barriers to thriving. A synopsis of the findings is provided in Appendix 2.

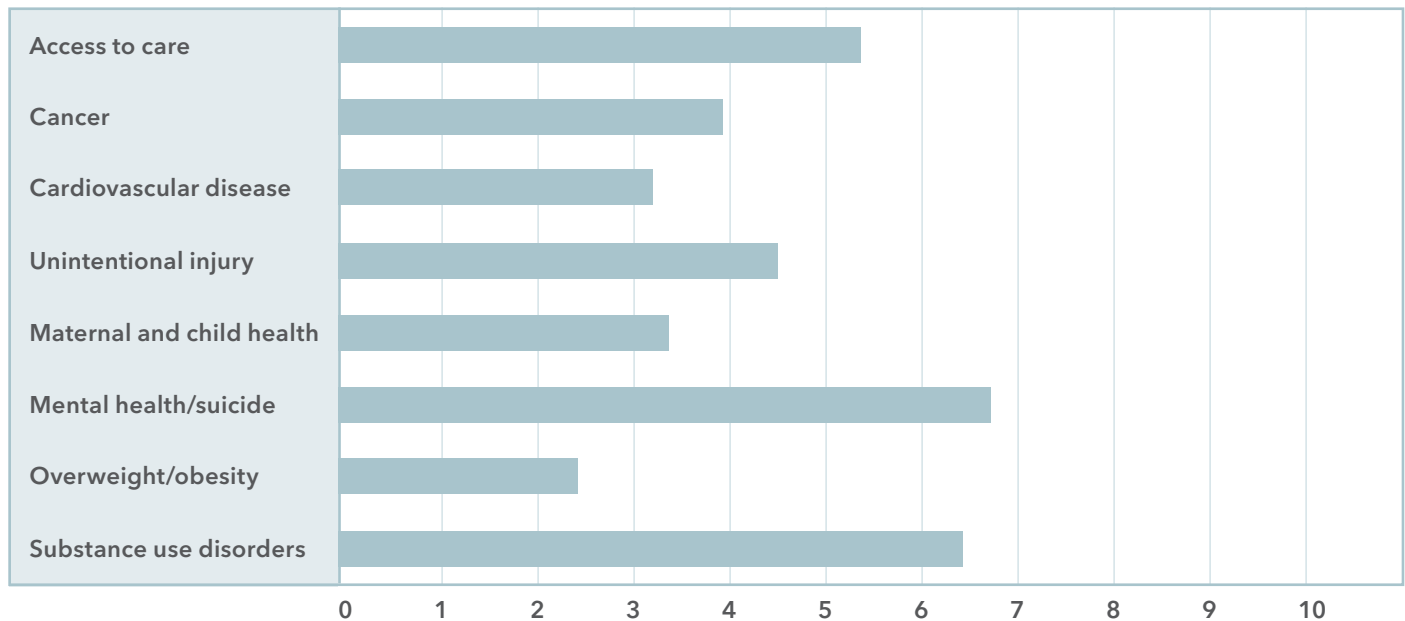
Community engagement synopsis.

To gather community input, YVMC carried out two main activities; first, a medical provider web-based survey and second, participation in a regional community outreach initiative facilitated by the Northwest Colorado Community Health Partnership (NCCHP).

Medical provider survey results.

YVMC 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. Responses were received from 49 medical providers including physicians, physician assistants, nurse practitioners, nurses and community case managers. The chart below reflects their rankings.

Please rank the following health issues by relative importance to the health of our community. Issues are listed in alphabetical order.



In addition to prioritizing health needs, the survey invited responses to the following question:

UCHealth recognizes that improving population health and achieving health equity will require broad approaches that address social, economic and environmental factors that influence health. Your comments related to how these factors affect your patients are welcome.

An overarching theme throughout the responses was the lack of adequate local resources to address the needs of individuals with complex behavioral health issues and/or substance use disorders, as well as limited medical appointment availability for individuals insured through Medicaid. Additionally, the high costs of health insurance premiums coupled with high housing costs in the region was noted as a potential barrier to accessing timely preventive care services.

Our Voice project findings.

During March 2019, a regional community outreach effort was facilitated by the NCCHP and supported, in part, by YVMC. Both in-person interviews and an electronic survey were utilized to collect views from residents and community leaders regarding barriers or gaps in services needed to create a healthy community.

Findings from the survey, conversations with leaders, and conversations with residents from different communities and across various demographic groups found that, for the region, focusing on upstream and protective factors are critical. Specific factors identified were:

- Livable wages.
- Affordable health care.
- Quality education.
- Affordable housing.

The findings also identified the need to continue to improve access to health care services, including primary, behavioral, specialty and preventive care. Achieving better engagement with individuals who do not access traditional health care options was also recommended.

Community-wide health care resources available to address needs.

Recognizing the current scope of services available to meet the health care needs of community members is an important component of a health needs assessment. Residents of Routt and Moffat counties are served by community-based health centers, a large network of medical providers and several acute care hospitals. The Northwest Colorado Community Health Partnership consists of community and safety net organizations, medical and behavioral health care providers and government agencies covering Grand, Jackson, Moffat, Rio Blanco and Routt counties.

Though many health care services continue to expand in the region, the YVMC CHNA findings reveal that the ability to receive care in a timely and cohesive manner as well as gaps in availability of local specialty care and residential mental health treatment options remains a concern for many residents.

Summary of impact of actions taken by hospital since previous CHNA.

YVMC (and partnering organizations) directed resources to address the priority health issues identified in the 2016 CHNA. An abbreviated list of activities and their impact follows:

- Financial support for expansion of school-based behavioral health support services.
- Improved access to timely specialty care through use of Emergency Virtual Health visits. These visits enable specialists to consult with local emergency room physicians via video conferencing to help with specific patient emergencies such as stroke or trauma.
- Significant reduction of opioid administration in the emergency department through participation in the Colorado Hospital Association's Alternatives to Opioids (ALTO) initiative.
- Community health education classes on topics of nutrition, women's health and cancer care.

Proven strategies available to impact health issues.

An important factor for consideration during the health issue prioritization process was recognizing the availability of proven strategies or evidence-based interventions that, if implemented, could make an impact on the significant health issues identified. These resources may include:

- Community Preventive Services Task Force findings:
thecommunityguide.org/about/whatworks.html
- County Health Rankings Guide-What Works for Health:
countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
- Healthy People 2020 Evidence Based resources:
healthypeople.gov/2020/tools-resources/Evidence-Based-Resources





Prioritization and Board of Directors' Approval

Internal advisory group recommendations.

A subset of YVMC's senior management group was convened to review all findings obtained from the activities described above. Participants of this internal advisory group (IAG) then completed a health-issue prioritization identification using an evidence-based, structured process. (See prioritization matrix in Appendix 3.) 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 UHealth system strategies, and local, state and national objectives.

The IAG recommended that **improved access to primary care (focusing on Moffat County), behavioral health care and improved mental health and substance use disorder treatment services** should be the priority health issues

addressed within the 2019-2022 YVMC Implementation Strategy. Other significant issues identified— including certain cancers and cardiovascular disease—will continue to receive consideration for improved screening and services. A synopsis of key CHNA findings specific to these issues follows.

Access to health care services—importance to the community.

A sharp decline in the proportion of people without any health insurance occurred in Routt and Moffat counties with the implementation of the Affordable Care Act and expansion of Medicaid. Despite this, community members, key leaders and medical care providers in both counties continue to identify significant barriers to accessing health care services for persons insured through Medicaid or those with high-deductible insurance coverage. Additionally, access to timely and comprehensive behavioral health services is difficult, with limited appointments available and long waits for appointments commonly occurring.

Mental and behavioral health—importance to the community.

The burden of mental illness in the United States is among the highest of all conditions, and mental disorders are among the most common causes of disability. The table below provides current indicator values related to mental and behavioral health in Routt and Moffat counties.

Mental Health/Suicide	Routt	Moffat	Colorado
Age-adjusted rate of hospitalization per 100,000 adults per year:			
• Mental health diagnosed hospitalizations	1,505	2,903	2,834
• Suicide hospitalizations	39	64.8	52
Suicide (mortality rate per 100,000)	NA	NA	20.2

Substance use disorders—importance to the community.

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. Despite reductions in opioid prescribing in recent years, opioid-involved overdose death rates continue to increase. Abuse of prescription opioids also continues to climb. Colorado has the 12th highest rate of misuse and abuse of prescription opioids in the country.

Substance Abuse	Routt	Moffat	Colorado
Adults who report binge drinking (5+ drinks on one occasion in past month).	23%	19%	21%
High school students who report binge drinking (5+ drinks on one occasion in past month).	Combined w/Moffat	17.8%	16%
Driving deaths with alcohol involvement.	47.5%	24%	35%
High school students who are current smokers.	Combined w/Moffat	11.6%	7.2%
Adults who are current smokers.	12%	16%	12%

Cancer—importance to the community.

Continued advances in cancer research, detection and treatment have resulted in a decline in both incidence and death rates for all cancers, yet cancer remains the leading cause of death for Routt and Moffat county residents.

Cancer	Routt	Moffat	Colorado
Age-adjusted rate of hospitalization per 100,000 adults per year:			
• Invasive breast cancer (females)	127.4	124.9	122.6
• Prostate cancer (males)	121.4	Unavailable	110.7
• Colorectal cancer	35.6	53.8	34
• Melanoma	27.9	Unavailable	21.7

Cardiovascular disease—importance to the community.

Cardiovascular disease is the second leading cause of mortality for Routt and Moffat county residents, in spite of substantial progress being made in prevention and treatment in the past 30 years. Mortality and hospitalization rates are significantly higher in Moffat County than those in Routt County or Colorado.

Cardiovascular Disease	Routt	Moffat	Colorado
Age-adjusted rate of hospitalization per 100,000 adults per year:			
• Heart disease	1,214.3	2,340.6	2,156.9
• Acute myocardial infarction	113	191.4	155.3
Age-adjusted mortality rate for heart disease per 100,000 adults.	43.1	130.1	120.5

Review and approval by board of directors.

During their May 2019 meeting, the YVMC board of directors, which includes representatives from the surrounding communities, reviewed, discussed and approved the priority health issues recommended by the IAG for impact during 2019-2022.

Acknowledgements, recommendations and next steps.

We would like to thank our colleagues from the Northwest Colorado Community Health Partnership and partnering agencies, local medical providers and community members who provided insight and expertise that greatly assisted in the completion of this assessment.

In the following months, implementation strategies—designed to address the identified health needs within our communities—will be prepared and presented to the YVMC board of directors for their oversight and approval.

The YVMC CHNA report will also be available to the public for viewing by downloading it at uhealth.org/about/community-health-benefit as well as in hard copy at the hospital's administration offices.

Appendices

Appendix 1—Data Tables and Sources

DEMOGRAPHICS	Year	Routt	Trends	Moffat	Trends	Colorado
Population	2018 CHR*	24,648		13,109		5,540,545
Below 18 years of age	2018 CHR	18.6%		25.7%		22.8%
Age 65 and older	2018 CHR	13.5%		13.8%		13.4%
Non-Hispanic African-American	2018 CHR	0.8%		0.7%		4%
American Indian and Alaskan native	2018 CHR	0.6%		1.6%		1.6%
Asian	2018 CHR	0.8%		0.8%		3.3%
Native Hawaiian/other Pacific Islander	2018 CHR	0.1%		0.1%		0.2%
Hispanic	2018 CHR	7.1%		15.6%		21.3%
Non-Hispanic white	2018 CHR	89.7%		80.5%		68.6%
Not proficient in English	2018 CHR	2%		2.0%		3.0%
Males	2018 CHR	52%		51.8%		50.3%
Females	2018 CHR	48%		48.2%		49.7%
Rural	2018 CHR	45.2%		27.4%		13.8%
HEALTH OUTCOMES						
Quality of Life						
Adults aged 65+ who reported having had a fall in past 12 months.	2013-2015 COHI	42.7%		NA		27.4%
Adults reporting poor or fair health (age-adjusted).	2018 CHR	10%		14%		14%
Live births with low birth weight (LBW) (<2500 grams):	2018 CHR	9%		9%		9%
- LBW (Hispanic)	2018 CHR	8%		8%		8%
- LBW (white)	2018 CHR	9%		9%		9.0%
Number of all infant deaths (within 1 year) per 1,000 live births.	2018 CHR	NA		NA		5
Adults reporting 14 or more days of poor physical health per month.	2018 CHR	9%		3.4%		10.0%
Adults reporting 14 or more days of poor mental health per month.	2018 CHR	10%		9%		11.0%
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.	2017 HKCS	NA		28.8%		31.4%
- Seriously considered attempting suicide during the past 12 months.	2017 HKCS	NA		16.2%		17.0%
HEALTH FACTORS						
Health Behaviors						
Tobacco Use:						
Adults who are current smokers.	2018 CHR	12%		16.0%		16.0%
High school students who are current smokers.	2017 HKCS	NA		11.6%		7.2%
Diet and Exercise						
Children ages 2-14 who are overweight or obese (Body mass index (BMI) > = 25).	2013-2015 COHI	NA		NA		23.5%
High school students who are overweight or obese (Body mass index (BMI) > = 25).	2017 HKCS	NA		20.7%		21.9%
Adults (18+) who are overweight or obese (Body mass index (BMI) > = 25).	2013-2015 COHI	52.9%	Same	67.1%	Worse	56.8%

HEALTH FACTORS	Year	Routt	Trends	Moffat	Trends	Colorado
Diet and Exercise						
Population who lack adequate access to food (food insecure).	2018 CHR	13%		12.0%		12%
Population who are low-income and do not live close to a grocery store.	2018 CHR	5%		8.0%		5%
Children (ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days.	2013-2015 COHI	NA		NA		44.0%
High school students physically active for a total of at least 60 minutes/day for the past 7 days.	2017 HKCS	NA		52.9%		51.6%
Adults ages 20 and over reporting no leisure-time physical activity.	2018 CHR	12%	Same	21.0%	Worse	15.0%
Alcohol and Drug Use						
High school students who report binge drinking (5+ drinks on one occasion in past month).	2017 HKCS	NA		17.8%		16.0%
Adults who report binge drinking (5+ drinks on one occasion in past month).	2018 CHR	23%		19%		21.0%
Driving deaths with alcohol involvement.	2018 CHR	47.5%	Same	24%	Better	35.0%
Number of motor vehicle crash deaths per 100,000 population.	2018 CHR	8		15		10
Number of drug poisoning deaths per 100,000 population.	2018 CHR	15		NA		17
Sexual Activity						
Number of newly diagnosed chlamydia cases per 100,000 population.	2018 CHR	238.8	Worse	239.8	Same	445.4
Number of births per 1,000 female population ages 15-19.	2018 CHR	11		45		24
- Teen birth rate (Hispanic)	2018 CHR	45		57		NA
- Teen birth rate (white)	2018 CHR	8		43		NA
CLINICAL CARE						
Access to Care						
Population under age 65 without health insurance.	2018 CHR	8%	Better	11%	Better	9%
Ratio of population to primary care physicians.	2018 CHR	830:1		2160:1		1,240:1
Ratio of population to dentists.	2018 CHR	1070:1		2180:1		1,290:1
Ratio of population to mental health providers.	2018 CHR	350:1		620:1		330:1
Quality of Care						
Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees.	2018 CHR	24	Better	48	Better	31
SOCIAL AND ECONOMIC FACTORS						
Education						
High school graduation rate.	2018 CHR	93%	Same	83.0%	same	77%
Teens and young adults ages 16-24 who are neither working nor in school (disconnected youth).	2018 CHR	NA		NA		12%
Adults ages 25-44 with some postsecondary education.	2018 CHR	73%		53.0%		71%
Employment						
Unemployment rate.	2018 CHR	2.7%	Same	4%	Same	3.3%
Income:						
Median household income:	2018 CHR	\$71,300		\$54,200		\$65,700
- Household income (Black)	2018 CHR	\$73,200		NA		NA
- Household income (Hispanic)	2018 CHR	\$55,700		\$40,300		NA
- Household income (white)	2018 CHR	\$64,200		\$57,400		NA
Children under age 18 in poverty:	2018 CHR	11%	Worse	17%	Worse	15.0%
- Children in poverty (Hispanic)	2018 CHR	13%		7%		NA
- Children in poverty (white)	2018 CHR	7%		11%		NA
Children eligible for free/reduced school lunch.	2018 CHR	24%		44%		42%

SOCIAL AND ECONOMIC FACTORS	Year	Routt	Trends	Moffat	Trends	Colorado
Community Safety						
Violent crime rate per 100,000 population.	2018 CHR	171	Same	137	better	309
Number of deaths due to injury per 100,000 population.	2018 CHR	67		107		74
Number of deaths due to homicide per 100,000 population.	2018 CHR	30		NA		4
Number of deaths due to firearms per 100,000 population.	2018 CHR	15		20		13
SPECIFIC HEALTH CONDITIONS—MORBIDITY AND MORTALITY						
Children with asthma (ages 1-14).	2013-2015 COHI	NA		NA		7.30%
Adults aged 20 and above with diagnosed diabetes.	2018 CHR	4%		6%		6.0%
Number of persons living with a diagnosis of HIV infection.	2018 CHR	71		76		254
Incidence rate per 100,000 per year of:						
- Chronic hepatitis B	2013-2015 COHI	4.2		7.7		10.1
- Tuberculosis	2013-2015 COHI	0		0		1.3
AGE-ADJUSTED INCIDENCE RATES OF CANCER PER 100,000 POPULATION PER YEAR:						
All cancer sites combined	2011-2013 COHI	382.1		387.4		409.3
Lung cancer	2011-2013 COHI	NA		NA		44.1
Invasive breast cancer (females)	2011-2013 COHI	127.4		124.9		122.6
Prostate cancer (males)	2011-2013 COHI	121.4		NA		110.7
Colorectal cancer	2011-2013 COHI	35.6		53.8		34
Invasive cervical cancer (females)	2011-2013 COHI	NA		NA		5.7
Melanoma	2011-2013 COHI	27.9		NA		21.7
AGE-ADJUSTED RATE OF HOSPITALIZATION PER 100,000 PER YEAR:						
Stroke	2013-2015 COHI	146.5		231.5		250.6
Heart disease	2013-2015 COHI	1214.3		2340.6		2156.9
Acute myocardial infarction	2013-2015 COHI	113.2		191.4		155.3
Congestive heart failure	2013-2015 COHI	308.1		545.5		666.5
Mental health diagnosed hospitalizations	2013-2015 COHI	1504.5		2902.7		2834.0
Suicide hospitalizations	2013-2015 COHI	39		64.8		52.0
Influenza (ages 65+)	2013-2015 COHI	NA		100.3		152.6
AGE-ADJUSTED MORTALITY RATES PER 100,000 PER YEAR						
All causes:	2017 COHI	510.8		674.4		654.2
Malignant neoplasms	2017 COHI	78.7		176.9		129.5
Heart disease	2017 COHI	43.1		130.1		120.5
Unintentional injuries	2017 COHI	70.9		72.2		53.1
Chronic lower respiratory diseases	2017 COHI	31.3		44.9		44.8
Cerebrovascular diseases	2017 COHI	21.7		28.7		35.1
Alzheimer's disease	2017 COHI	NA		35.7		33.3
Suicide	2017 COHI	NA		NA		20.2
Diabetes	2017 COHI	NA		NA		17.1
Prescription opioid overdose	2018 CHR	15		NA		17

KEY FOR DATA SOURCES:

NA = Data not available.

*2018 = Year of report; actual year of data collection varies.

Colorado Health Indicators (COHI)

<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

County Health Rankings 2018 (CHR)

<http://www.countyhealthrankings.org/>

Healthy Kids Colorado Survey 2017 (HKCS)

<https://www.colorado.gov/pacific/cdphe/healthy-kids-colorado-survey-data-tables-and-reports>

https://drive.google.com/file/d/1gJbUBR8znMEIxH_DF5s71DPveWF33u8V/view



Appendices

Appendix 2—Our Voice Synopsis

Prepared by the Northwest Colorado Community Health Partnership

The Our Voice Advisory Group has been formed to assess the health of people living in our communities. This group includes leaders from UHealth YVMC, The Memorial Hospital, MindSpring Behavioral Health, Northwest Colorado Health, the Northwest Colorado Community Health Partnership and other regional partners.

Based on the information collected through a community-based survey and through community dialogue that occurred in early 2019, five recommendations emerged.

Recommendation #1 - Maintain and nurture existing partnerships and collaborative work, and identify and develop new and strategic partnerships

Utilizing the Collective Impact Framework and bringing the combined expertise, resources, and credibility, we can maintain and nurture existing partnerships and collaborative work to address health disparities. Additionally, the Our Voice Advisory Group recognizes that new partnerships and strategies may need to be implemented to meet the needs of our communities.

Recommendation #2 - Strengthen efforts to support healthy communities

Findings from the survey, conversations with leaders, and conversations with residents from different communities and across various demographic groups shared that for our region, focusing on upstream and protective factors such as livable wages, affordable healthcare, quality education and affordable housing are critical to ensure our region is healthy.

Leveraging evidence-based programs like Bridges Out of Poverty will promote more self-sufficiency among people living in Northwest Colorado. Additional efforts to partner with local Early Child Councils to create more affordable child care initiatives would be well received, since a lack of affordable child care is commonly reported as a barrier to working.

Recommendation #3 - Expand Access

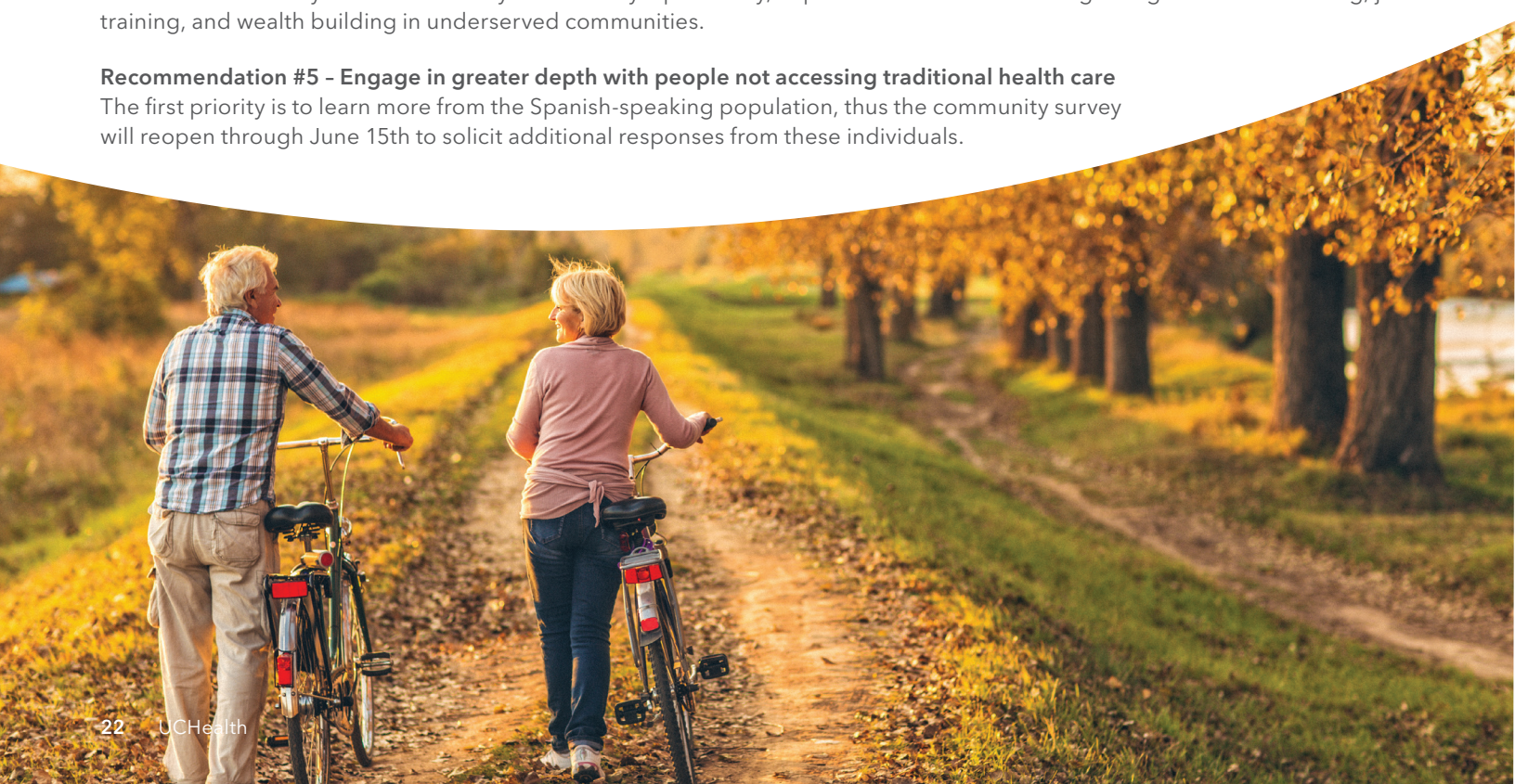
Findings from the survey, conversations with community members, and conversations with residents from different communities and across demographics groups continue to show a need to focus on access to health care. Access varies by county but consistently we need to focus attention to access in the following venues - primary care, specialty and sub-specialty care, behavioral health, substance use disorders and primary prevention.

Recommendation #4 - Expand Social Cohesiveness and Supports

The assessment results demonstrated that health means more than health care to the community and additional resources are needed to be healthy in a more broadly defined way. Specifically, improvements are needed regarding affordable housing, job training, and wealth building in underserved communities.

Recommendation #5 - Engage in greater depth with people not accessing traditional health care

The first priority is to learn more from the Spanish-speaking population, thus the community survey will reopen through June 15th to solicit additional responses from these individuals.



Appendices

Appendix 3–Prioritization Matrix

Prioritization–Ranking Matrix

This is shown as an example of how data was collected.

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

4 = High priority 3 = Moderate priority 2 = Low priority 1 = Not a priority

Prioritization Criteria					
Identified health issues	Scope/severity of health issues. <small>(How many people affected; impact of issues on mortality rates.)</small>	Budget feasibility. <small>(Costs of internal resources, e.g., workforce, operational budget.)</small>	Potential for hospital to impact. <small>(Availability of effective interventions, staffing expertise, community readiness.)</small>	Alignment with current UHealth system strategies, state and/or national health objectives.	Total score.
Access to care <small>(Primary and behavioral)</small>					
Cancer					
Cardiovascular disease					
Injury (unintentional)					
Maternal/child health					
Mental health/suicide					
Overweight/obesity					
Substance use disorder					
Other					

