



2018 Community Health Needs Assessment
October 2018

Table of Contents

EXECUTIVE SUMMARY	5
INTRODUCTION	12
Background and Purpose.....	12
Description of Service Area.....	12
Project Oversight	14
Consultant.....	14
DATA COLLECTION METHODOLOGY.....	15
Secondary Data Collection.....	15
Primary Data Collection	15
Public Comment.....	16
IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS.....	17
Significant Health Needs.....	18
Priority Health Needs	18
Resources to Address Significant Health Needs	20
Review of Progress.....	20
COMMUNITY PROFILE.....	21
Population.....	21
Sexually Identify as LGBTQ	25
Race and Ethnicity	25
Citizenship	27
Language.....	27
English Learners	28
SOCIAL DETERMINANTS OF HEALTH.....	29
Poverty	29
Income Inequality.....	31
Unemployment.....	31
Free and Reduced Price Meals.....	33
Households.....	33
Educational Attainment	36
Homelessness	37
Crime	37
Community Input – Social Determinants of Health	38
ACCESS TO HEALTH CARE	39
Health Insurance.....	39

Sources of Care	41
Emergency Department Utilization	42
Dental Care.....	43
Community Input – Access to Care	44
BIRTH INDICATORS	46
Births	46
Prenatal Care.....	46
Low Birth Weight.....	47
Infant Mortality	47
Breastfeeding.....	48
MORTALITY/LEADING CAUSES OF DEATH.....	49
Age-Adjusted Death Rate	49
Mortality Rates.....	49
Cancer Mortality.....	50
HEALTH BEHAVIORS	51
Fair or Poor Health.....	51
Sexual Activity	52
Senior Falls.....	52
Overweight and Obesity.....	53
Nutrition	53
Physical Activity	54
Community Input – Overweight and Obesity	55
PREVENTIVE PRACTICES	56
Health Screenings.....	56
Sun Protection	57
Immunizations.....	57
Community Input – Unintentional Injuries.....	58
CHRONIC AND COMMUNICABLE DISEASES	60
Chronic Disease.....	60
Community Input – Lung Disease	60
Cancer	61
Community Input – Cancer	61
Cardiovascular Disease	62
Cardiovascular Disease Hospitalization	62
Community Input – Heart Disease	63

Communicable Disease	63
MENTAL HEALTH	65
Mental Health Providers.....	65
Mental Health Indicators	65
Community Input – Mental Health	67
SUBSTANCE ABUSE	69
Marijuana Use.....	69
Alcohol Use.....	69
Cigarette Smoking	70
Community Input – Substance Abuse	70
ATTACHMENT 1. BENCHMARK COMPARISONS	72
ATTACHMENT 2. COMMUNITY INTERVIEWEES	73
ATTACHMENT 3. COMMUNITY PRIORITIZATION ATTENDEES	74
ATTACHMENT 4. COMMUNITY RESOURCES	75
ATTACHMENT 5. REVIEW OF PROGRESS.....	77

Executive Summary

Good Samaritan Medical Center (GSMC) is a community-based, acute care hospital in Lafayette, Colorado. A member of the Sisters of Charity of Leavenworth (SCL) Health System, the Medical Center opened in December 2004. GSMC offers a Primary Stroke Center, an Accredited Chest Pain Center and Cardiovascular Center of Excellence, a Level II Neonatal Care Unit, Level II Trauma Center, Integrative Health and Healing Center and innovative surgical, orthopedic, rehabilitation and women’s services.

GSMC has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy.

The GSMC service area includes 18 cities in 6 counties.

Good Samaritan Medical Center Service Area

City	ZIP Code	County
Arvada	80002, 80003, 90004, 80005, 80007	Jefferson
Black Hawk	80422	Gilpin
Boulder	80301, 80302, 90303, 80304, 80305, 80310	Boulder
Brighton	80601, 80602	Adams
Brighton	80603	Weld
Broomfield	80020, 80023	Broomfield
Broomfield	80021	Jefferson
Commerce City	80022	Adams
Dacono	80514	Weld
Denver	80221, 80229, 80233, 80234, 80241, 80260	Adams
Erie	80516	Boulder
Fort Lupton	80621	Weld
Frederick	80530	Weld
Golden	80403	Jefferson
Henderson	80640	Adams
Lafayette	80026	Boulder
Longmont	80501, 80503	Boulder
Longmont	80504	Weld
Louisville	80027	Boulder
Westminster	80030, 80031	Adams
Wheat Ridge	80033	Jefferson

Methodology

Secondary data were collected from a variety of local, county, and state sources to present a community profile, social determinants of health, health access, birth indicators, causes of death, health behaviors, preventive practices, chronic and communicable diseases, mental health, and substance abuse. When available, data were presented in the context of the service area counties, as well as Colorado to help frame the scope of an issue as it relates to the broader community. The report includes benchmark comparison data that compares Good Samaritan Medical Center data findings to Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Community stakeholder key informant interviews were used to gather data information and opinions from persons who represent the broad interests of the community served by Good Samaritan Medical Center. Sixteen (16) interviews were completed in August and September 2018.

Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the data from each section of the Community Health Needs Assessment report. Full data descriptions, findings, and data sources follow.

Community Profile

- On average, the population of the GSMC service area was 1,072,775 across six counties from 2012 to 2016: Adams (479,977), Boulder (313,961), Broomfield (62,449), Gilpin (5,708), Jefferson (558,810) and Weld County (278,065).
- Children and youth, ages 0-19 comprised over one-quarter of the population (27%); 34.9% were 20-44 years of age; 26% were 45-64; and 12% of the population were seniors, ages 65 or older.
- 6.5% of adults in Boulder County and 4.3% in Broomfield County identified themselves as lesbian, gay, or bisexual. These were higher rates than found in the state (4.1%).
- 64.7% of the population in the service area was White and 23.1% were Hispanic/Latino. Asians make up 3.5% of the population in the service area, 3.4% were American Indian or Alaskan Native, and 1.1% of the population in the service area was Black or African American.
- Three-quarters (75.6%) of the service area population speaks English only; 12.8% of the population speaks Spanish, 2.5% speaks an Asian/Pacific Islander language, and 2.3% speaks an Indo-European language.

Social Determinants of Health

- Over 13.4% of the population in Boulder County, 12.9% of Adams County, and 12.6% of Weld County were living at or below 100% of the Federal Poverty Level (FPL). 33.4% of Adams County and 30.9% of Weld County residents in the service area were considered low-income, living at or below 200% FPL.
- The median household income for the hospital service area ranged from \$13,750 in Boulder (80310- University of Colorado Residence Halls) to \$136,295 in Arvada (80007).
- The percent of students in Adams County eligible for the Free and Reduced-Price Meal (FRPM) program was 49.4%. In Weld County, 48.7% of students were eligible for the program. These were higher percentages than found in the state (41.6%).
- Of the population age 25 and over in the service area, 9.4% had not attained a high school diploma; 20.1% were high school graduates.
- The high school graduation rates ranged from 75.0% in Adams County to 87.7% in Boulder County. The Healthy People 2020 objective for high school graduation is 87%.
- Approximately 25% of homeless individuals in the area counties were chronically homeless, except for Weld County where 15% were chronically homeless.
- Community input indicated that the cost of living is prohibitive for many families and people are struggling to make ends meet; accessing medical care becomes secondary to being able to provide basic necessities.

Access to Health Care

- 89.7% of residents in the service area were insured.
- Stakeholder interviews indicated that even if people have insurance, their deductibles and copays are so high that it has become a barrier to accessing care.
- The percentage of uninsured children under the age of 18 was highest in Adams County and Gilpin County (8.2%). Broomfield County had the lowest rate of uninsured children in the service area (3.0%).
- 20.8% of adults in Boulder County and Broomfield County had an unmet medical need because they were not able to afford care or they were unable to schedule medical appointments.
- The ratio of the population to primary care physicians ranged from 2,910:1 in Gilpin County to 820:1 in Boulder County. Gilpin, Adams and Weld Counties had higher population to primary care physicians (fewer providers) than the state.
- Community input stated cost, transportation and mobility are all barriers to care.

Birth Indicators

- In 2016, there were 7,206 births in Adams County. Boulder County had 2,725 births, Broomfield County 718 births, Gilpin County 41 births, Jefferson County 6,033 births, and Weld County 4,318 births.
- In Adams County, 13.9% of births were to mothers who were teens under the age of 20. 14.2% of births in Weld County and 11.1% of births in Jefferson County were to teenage mothers. These rates of teen birth were higher than in the state (10.5%).
- All counties in the service area, with the exception of Gilpin County (76.9%), met the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.
- The infant mortality rate (the number of deaths of infants less than one year old per 1,000 live births) in Adams County was 6.5 and in Weld County was 6.3, which was higher than the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.
- All service area counties met the Colorado 2020 objective of 84.5% of infants being breastfed for some amount of time.

Leading Causes of Death

- The top two causes of death for all service area counties were cancer and heart disease. Lung disease and unintentional injuries ranked as the third and fourth highest causes of death. Stroke was the fifth highest cause of death for all service area counties except Jefferson County where Alzheimer's disease was the fifth highest cause of death.
- Adams County had the highest cancer death rates in the service area for digestive system cancer (82.3 per 100,000 persons), colorectal cancer (37.8) and lung cancer (40.6). Jefferson County had the highest area death rates for oral cavity cancer (14.2) and breast cancer (69.0). Gilpin County had the highest area death rates for respiratory system cancer (63.8).

Obesity, Nutrition and Physical Activity

- In the service area, Weld County had the highest rate of adult obesity. Over one-quarter of adults (27.9%) were obese and 65.7% were overweight or obese.
- At 15.1%, Weld County had the highest rate of child obesity in the service area.
- 18.5% of children, ages 1-14, in Adams County, 13.9% in Boulder County, 12.7% of children in Jefferson County and 15.6% of children in Weld County consumed one or more sugar sweetened beverage per day.
- 23.5% of adults in Adams County were sedentary and did not participate in any leisure time physical activity. 10.8% of adults in Boulder County, 11.4% of adults

in Broomfield County, 16.7% of adults in Gilpin County, 14.0% of adults in Jefferson County, and 21% of adults in Weld County were sedentary.

- Community members noted that accessing nutritious food and participating in healthy activities can be economically unavailable for many people.

Unintentional Injuries

- In 2017, falls were the second most common Emergency Department diagnosis for females and males at GSMC.
- Community stakeholders noted Colorado law doesn't require people to wear helmets for bike riding and other outdoor activities, which may contribute to unintentional injuries.
- Community input noted that distracted driving and texting while driving were factors in traffic accidents.

Chronic Disease

- Among service area counties, Adams County had the highest rate of adult diabetes (8.9%), compared to the state (6.8%).
- 3.2% of Weld County adults had been diagnosed with heart disease. This was a higher rate of heart disease than found in the state (2.8%).
- Community input noted there is a lack of awareness around symptoms, early identification and prevention of heart disease.
- The rate of hospitalization due to stroke was 285.3 per 100,000 persons in Adams County and 280.9 in Weld County. These rates exceeded the state rate of hospitalization due to stroke (250.6).

Cancer

- In the service area, Weld County had the lowest cancer incidence rate (388.1 per 100,000 persons) and Jefferson County had the highest cancer incidence rate (428.8).
- Gilpin had the highest incidence of breast cancer in the service area (138.6). Adams County had higher rates of cervical cancer (8.6), colon and rectum cancer (39.9) and lung and bronchus cancer (53.6) than the other service area counties and the state.
- Broomfield County had the highest area rates of melanoma (27.1) and Jefferson County had the highest rate of prostate cancer (124.7).
- Community stakeholders indicated that more people are being diagnosed with cancer in the Emergency Room. This indicated there were opportunities for more preventive screenings and early detection.
- Community input noted that cancer care was very costly and care can be more difficult to obtain depending on payor status.

Mental Health

- Among service area counties, Gilpin County had the highest ratio (1,480:1) of population to mental health providers (fewer providers). Boulder County had the best ratio (160:1) among service area counties. This exceeded the state ratio of 392:1.
- Community stakeholders identified a lack of mental health practitioners as a challenge to finding timely care.
- In Adams County (3,189.4) and Weld County (3,254.1), the rate of hospitalizations for mental health diagnoses, per 100,000 persons, was higher than the state (2,833.8).
- Stigma surrounding mental health continues to be a barrier to obtaining care.
- Among postpartum women, 13.1% in Adams County and 10.9% in Weld County had experienced symptoms of depression. These rates were higher than found in the state (9.6%).
- Another issue noted by stakeholders was insufficient inpatient services for mental health.

Substance Abuse

- Among service area counties, Boulder County had the highest rate of adult marijuana use (20.1%).
- Gilpin County (27.4%), Broomfield County (20.5%), Boulder County (19.1%) and Jefferson County (18.8%) had higher rates of binge drinking than found in the state (18.2%).
- Community input noted available substance abuse treatment options were insufficient to address the needs of the community.
- In Gilpin County, 32.7% of adults smoked cigarettes.
- 3.5% of children in Adams County were exposed to cigarette smoke in cars. This was higher than the state rate (3.3%).
- 5.7% of pregnant women in Adams County, 4% in Boulder County, 4.4% in Jefferson County and 6.5% in Weld County smoked during their pregnancies.

Identification of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Preliminary List of Health Needs

- Access to health care
- Chronic disease (arthritis, asthma, cancer, diabetes, heart disease, lung disease, stroke)
- Dental care
- Housing
- Overweight and obesity
- Mental health
- Substance abuse
- Unintended injuries

Significant Health Needs

Hospital representatives and community leaders were asked to rank order the preliminary list of health needs according to highest level of importance in the community. This prioritization process resulted in the following significant community health needs:

- Access to health care
- Cancer
- Cardiovascular disease (Heart disease and stroke)
- Lung disease
- Mental health and substance abuse
- Overweight and obesity
- Unintentional injuries

Community stakeholders were asked to rank order the health needs according to highest level of importance in the community. Community input resulted in the following prioritization of the significant health needs:

1. Mental health and substance abuse
2. Overweight and obesity
3. Access to health care
4. Cardiovascular disease (Heart disease and stroke)
5. Cancer
6. Unintentional injuries
7. Lung disease

As highlighted, GSMC has selected the top two priorities as the focus of the community health implementation plan development.

Introduction

Background and Purpose

Good Samaritan Medical Center (GSMC) Good Samaritan Medical Center is a community-based, acute-care hospital in Lafayette, Colorado. The Medical Center opened on December 1, 2004, and is a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc. The Medical Center offers a Primary Stroke Center, an Accredited Chest Pain Center and Cardiovascular Center of Excellence, a Level II Neonatal Care Unit, Level II Trauma Center, Integrative Health and Healing Center and innovative surgical, orthopedic, rehabilitation and women's services.

The passage of the Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct Community Health Needs Assessments every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A Community Health Needs Assessment identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Description of Service Area

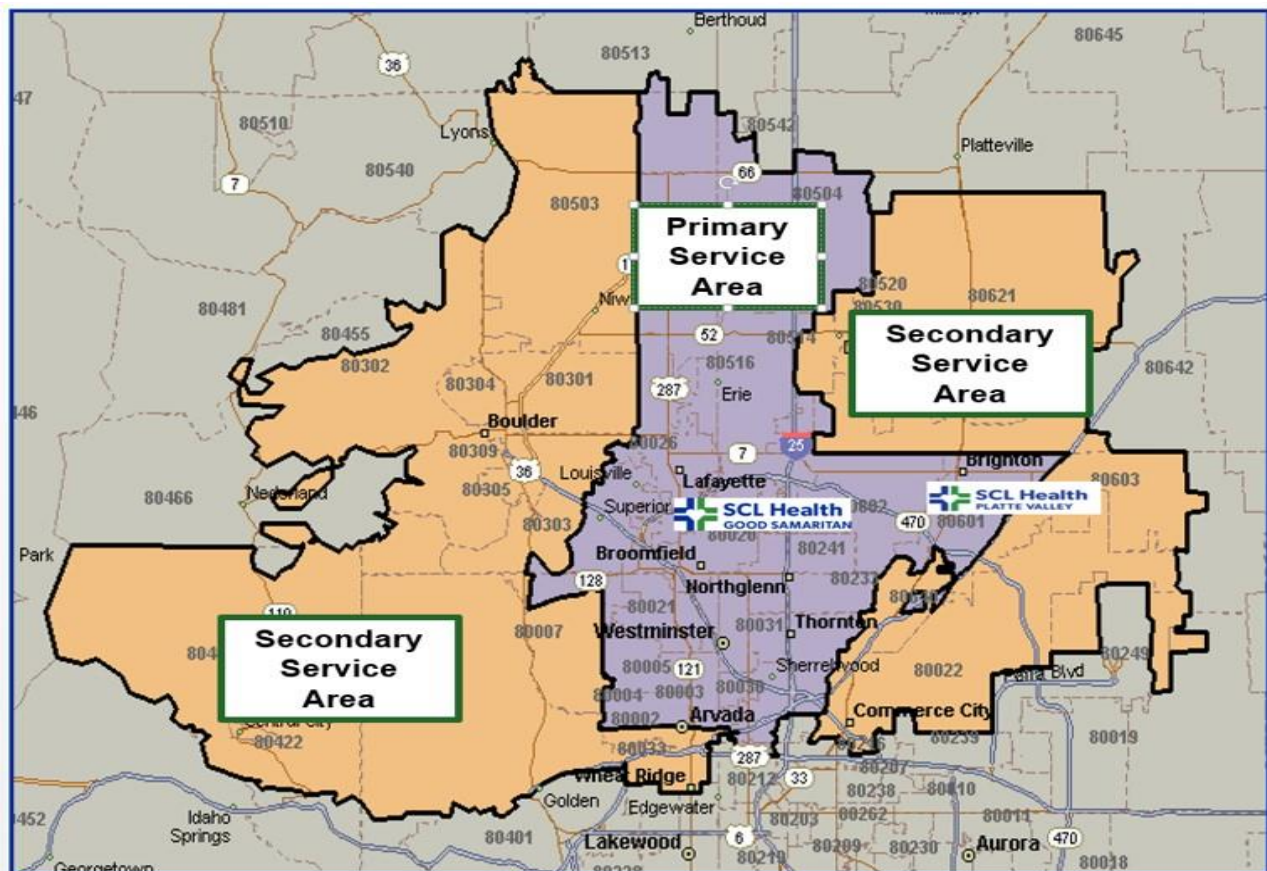
Good Samaritan Medical Center is located at 200 Exempla Circle, Lafayette, CO 80026. The primary service area includes 18 cities in 6 counties. A majority of patient admissions at Good Samaritan Medical Center originate from these cities.

Good Samaritan Medical Center Service Area

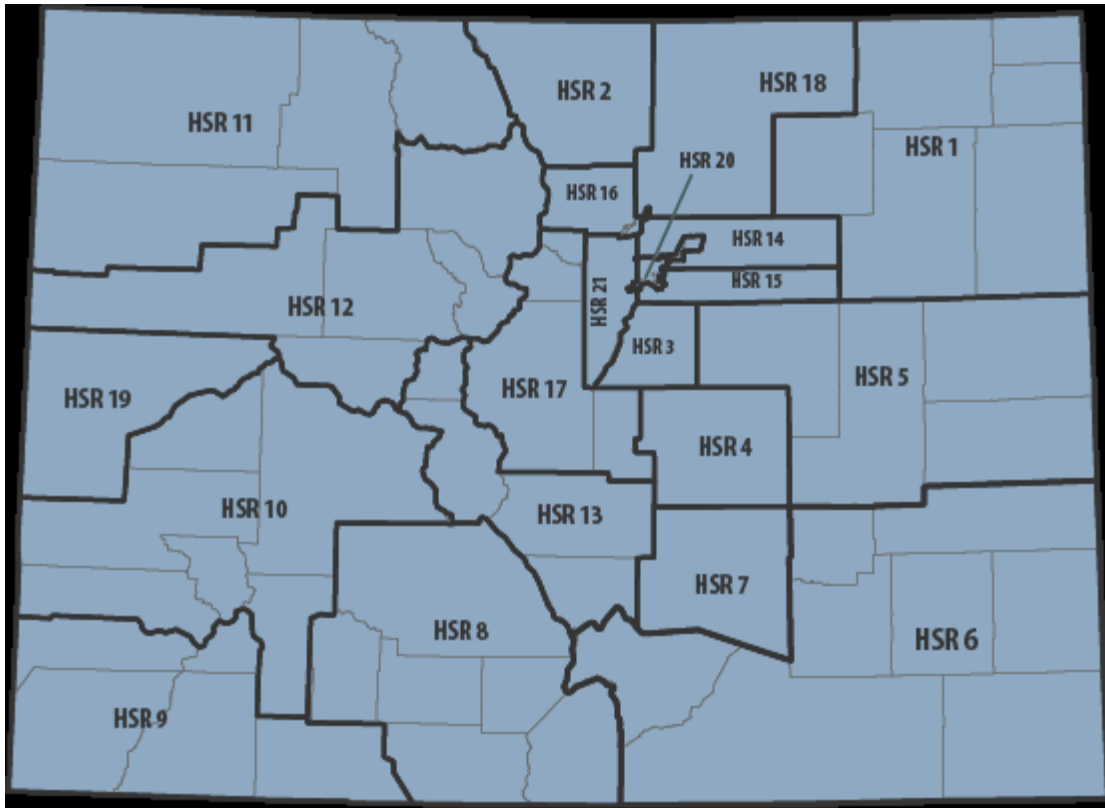
City	ZIP Code	County
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Brighton	80603	Weld
Broomfield	80020, 80023	Broomfield
Broomfield	80021	Jefferson
Commerce City	80022	Adams
Dacono	80514	Weld
Denver	80221, 80229, 80233, 80234, 80241, 80260	Adams
Erie	80516	Boulder
Fort Lupton	80621	Weld

City	ZIP Code	County
Frederick	80530	Weld
Golden	80403	Jefferson
Henderson	80640	Adams
Lafayette	80026	Boulder
Longmont	80501, 80503	Boulder
Longmont	80504	Weld
Louisville	80027	Boulder
Westminster	80030, 80031	Adams
Wheat Ridge	80033	Jefferson

Good Samaritan Medical Center Service Area Map



The Health Statistic Regions (HSR) for Good Samaritan Medical Center are HSR 14 for Adams County, HSR 16 for Boulder County, HSR 15 for Broomfield County, HSR 17 for Gilpin County, HSR 21 for Jefferson County, and HSR 18 for Weld County.



Project Oversight

The Community Health Needs Assessment process was overseen by:
Peggy Jarrett, MPH, BSN, RN
Regional Director of Community Health Improvement
Platte Valley and Good Samaritan Medical Centers

Consultant

Biel Consulting, Inc. completed the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Biel has 20 years of experience conducting hospital Community Health Needs Assessments and is a specialist in the field of community benefit for nonprofit hospitals. She was assisted by Trixie Hidalgo, MPH and Sevanne Sarkis, JD, MHA, ME. www.bielconsulting.org

Data Collection Methodology

Quantitative and qualitative data collection methods were used to identify the community health needs.

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present a community profile, social determinants of health, health access, birth indicators, leading causes of death, health behaviors, preventive practices, chronic and communicable diseases, mental health, and substance abuse. For the purposes of the Community Health Needs Assessment, when examining data by Health Statistics Region (HSR), ZIP Code level data were totaled. When available, data sets are presented in the context of the service area counties and Colorado to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the Colorado Department of Public Health and Environment, U.S. Census American Community Survey, Colorado Health Information Data Set (CoHID), County Health Rankings, Colorado Department of Education, and SCL Health, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Good Samaritan Medical Center data findings as compared to Healthy People 2020 objectives where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

GSMC conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center. Sixteen interviews were completed in August and September, 2018. For the interviews, community stakeholders identified by GSMC were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health, or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the medical center." Input was

obtained from area public health departments.

The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community.
- Challenges and barriers relative to the identified health needs (i.e. what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?).
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community.
- Potential resources to address the identified health needs, such as services, programs and/or community efforts.
- Additional comments and concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/>. Public comment was solicited on the reports; however, to date no comments have been received.

Identification and Prioritization of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data; specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of health needs. The initial list included:

- Access to health care
- Chronic disease (arthritis, asthma, cancer, diabetes, heart disease/stroke, lung disease)
- Dental care
- Housing
- Overweight and obesity
- Mental health
- Substance abuse
- Unintended injuries

A group of Hospital leaders and departmental representatives, as well as community leaders, was convened on August 7, 2018 to prioritize the preliminary list and narrow the list to seven key issues that would be further discussed through community interviews. The group received a summary of the secondary data compiled from local, county and state sources. Following the presentation, the attendees were given time in small groups to discuss the issues and were asked to rank the twelve issues (on a scale of 1-10) based on the following two questions:

Based on your understanding of the community health findings that have been discussed, please rate each of the following health issues based on:

1. The scope and severity of the health issue, and
2. The ability of the Hospital to have a positive impact on the health issue.

Total scores for each health issue were calculated and divided by the total number of responses for which data were provided, resulting in an overall average for each health need separately by question. This resulted in two scores for each health issue. The combined score was arrived at by averaging the two scores. Calculations from this group activity resulted in the following prioritization.

Significant Health Needs	Priority Ranking Scope and Severity	Priority Ranking Impact on Community	Priority Ranking Combined Score
Mental health/substance abuse	9.41	6.91	8.16
Heart disease/stroke	8.14	8.05	8.10
Access to health care	8.09	6.87	7.48
Unintended injuries	7.23	7.46	7.35
Cancer	7.32	7.19	7.26
Obesity	7.41	5.19	6.30
Lung disease	5.82	6.53	6.18
Housing	9.19	2.50	5.85
Diabetes	5.55	5.55	5.55
Dental care	5.41	3.37	4.39
Asthma	3.59	4.00	3.80
Arthritis	2.78	3.78	3.28

The results of this prioritization process then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Significant Health Needs

The following significant community health needs were determined using both primary and secondary data collection methods:

- Access to health care
- Cancer
- Cardiovascular disease
- Lung disease
- Mental health and substance abuse
- Overweight and obesity
- Unintentional injuries

Priority Health Needs

Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the medical center should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources

available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Among the interviewees, overweight and obesity, mental health and substance abuse, and cardiovascular disease had the highest scores for severe impact on the community. Mental health and substance abuse had the highest ranking for worsened over time. Interviewees identified there were insufficient resources available for mental health and substance abuse, overweight and obesity, and access to health care.

Significant Health Needs	Severe and Significant Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	72.7%	45.5%	58.3%
Cancer	63.6%	27.2%	18.2%
Cardiovascular disease	80.0%	0%	20.0%
Lung disease	55.6%	11.1%	22.2%
Mental health and substance abuse	83.4%	75.0%	91.7%
Overweight and obesity	88.9%	55.6%	62.5%
Unintentional injuries	40.0%	30.0%	27.3%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, mental health and substance abuse, overweight and obesity, and access to health care were ranked as the top priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Needs Ranked by Importance Score

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health and substance abuse	4.00
Overweight and obesity	3.56
Access to health care	3.50
Cardiovascular disease	2.92
Cancer	2.75
Unintentional injuries	2.73
Lung disease	2.50

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Health Needs

Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2015, GSMC conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The medical center's Implementation Strategy associated with the 2015 CHNA addressed access to health care and mental health through a commitment of community benefit programs and resources. The impact of the actions that Good Samaritan Medical Center used to address these significant health needs can be found in Attachment 5.

Community Profile

Population

On average, from 2012 – 2016, the population of the Good Samaritan Medical Center service area was 1,072,775.

Population by ZIP Code, Service Area and County

	ZIP Code	Total Population
Arvada	80002	18,461
Arvada	80003	36,341
Arvada	80004	37,152
Arvada	80005	28,634
Arvada	80007	8,691
Black Hawk	80422	4,686
Boulder	80301	25,099
Boulder	80302	28,484
Boulder	80303	2,321
Boulder	80304	26,732
Boulder	80305	17,643
Boulder	80310	6,642
Brighton	80601	37,139
Brighton	80602	31,403
Brighton	80603	12,260
Broomfield	80020	48,928
Broomfield	80021	32,245
Broomfield	80023	19,654
Commerce City	80022	46,985
Dacono	80514	4,729
Denver	80221	40,484
Denver	80229	54,121
Denver	80233	49,579
Denver	80234	26,861
Denver	80241	33,760
Denver	80260	34,801
Erie	80516	23,492
Fort Lupton	80621	11,893
Frederick	80530	4,236
Golden	80403	18,498
Henderson	80640	13,308
Lafayette	80026	28,903

	ZIP Code	Total Population
Longmont	80501	42,667
Longmont	80503	32,918
Longmont	80504	50,807
Louisville	80027	32,989
Westminster	80030	16,293
Westminster	80031	36,283
Wheat Ridge	80033	24,653
GSMC Service Area		1,072,775
Adams County		479,977
Boulder County		313,961
Broomfield County		62,449
Gilpin County		5,708
Jefferson County		558,810
Weld County		278,065

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

The population in the GSMC service area was 50.1% male, and 49.9% female.

Population by Gender

	Male	Female
GSMC Service Area	50.1%	49.9%
Adams County	50.3%	49.7%
Boulder County	50.2%	49.8%
Broomfield County	49.6%	50.4%
Gilpin County	52.9%	47.1%
Jefferson County	49.7%	50.3%
Weld County	50.3%	49.7%
Colorado	50.2%	49.8%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

In the GSMC service area, 27% of the population were children and youth, ages 0-19, 34.9% were ages 20-44, 26.0% were ages 45-64, and 12% were ages 65 and over.

Population by Age

	GSMC Service Area		Adams County	Boulder County	Broomfield County
	Number	Percent			
Age 0-4	69,104	6.0%	7.7%	5.0%	5.9%
Age 5-19	241,568	21.0%	22.4%	19.7%	20.2%
Age 20-24	79,957	6.9%	6.7%	10.8%	6.0%
Age 25-44	322,286	28.0%	30.6%	26.1%	29.5%
Age 45-64	298,720	26.0%	23.1%	26.2%	26.5%
Age 65+	138,832	12.0%	9.5%	12.2%	12.0%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

Population by Age, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Age 0-4	5.0%	5.3%	7.4%	6.3%
Age 5-19	15.7%	17.8%	22.5%	19.6%
Age 20-24	2.4%	6.1%	7.0%	7.1%
Age 25-44	28.0%	26.5%	27.7%	28.4%
Age 45-64	37.3%	29.5%	24.2%	25.9%
Age 65+	11.7%	14.6%	11.2%	12.7%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

Henderson (23.9%) and Commerce City (23.7%) had high percentages of youth, ages 5-17. Boulder had lower percentages of youth in the service area. Wheat Ridge (19.3%) had the highest percentage of seniors in the service area and Henderson (5.3%) had the lowest percentage of seniors in the service area.

Population by Youth, Ages 5-17, Seniors, and Median Age

	ZIP Code	Ages 5 -17	Ages 65+	Median Age
Arvada	80002	14.0%	12.3%	38.3
Arvada	80003	16.1%	13.2%	37.0
Arvada	80004	15.0%	17.8%	41.4
Arvada	80005	17.4%	16.0%	43.7
Arvada	80007	18.5%	14.5%	42.5
Black Hawk	80422	15.7%	11.5%	44.3
Boulder	80301	13.3%	13.0%	39.2
Boulder	80302	5.3%	9.5%	24.9
Boulder	80303	10.1%	15.9%	31.1
Boulder	80304	16.0%	12.4%	38.5
Boulder	80305	12.2%	12.7%	33.8
Brighton	80601	21.0%	9.5%	33.4
Brighton	80602	21.5%	8.4%	36.0

	ZIP Code	Ages 5 -17	Ages 65+	Median Age
Brighton	80603	19.0%	9.4%	35.4
Broomfield	80020	18.0%	10.4%	37.5
Broomfield	80021	14.4%	10.8%	35.5
Broomfield	80023	21.7%	15.4%	41.9
Commerce City	80022	23.7%	7.9%	31.1
Dacono	80514	21.7%	8.1%	32.2
Denver	80221	16.9%	10.1%	34.0
Denver	80229	20.2%	7.7%	30.6
Denver	80233	19.1%	10.1%	33.7
Denver	80234	15.9%	11.8%	35.8
Denver	80241	20.0%	9.2%	35.0
Denver	80260	21.0%	10.6%	32.3
Erie	80516	20.1%	9.2%	38.0
Fort Lupton	80621	18.9%	12.4%	37.9
Frederick	80530	17.3%	10.2%	36.2
Golden	80403	16.1%	14.7%	44.1
Henderson	80640	23.9%	5.3%	29.6
Lafayette	80026	16.9%	11.4%	39.1
Longmont	80501	17.7%	12.9%	35.3
Longmont	80503	19.0%	14.7%	42.8
Longmont	80504	19.9%	11.0%	36.6
Louisville	80027	20.1%	10.1%	39.1
Westminster	80030	17.4%	11.3%	34.2
Westminster	80031	17.5%	13.6%	36.5
Wheat Ridge	80033	12.5%	19.3%	42.8
Adams County		20.0%	9.5%	33.3
Boulder County		15.2%	12.1%	36.0
Broomfield County		20.0%	9.5%	33.3
Gilpin County		14.7%	11.7%	44.8
Jefferson County		15.5%	14.6%	40.5
Weld County		19.5%	11.2%	34.0
Colorado		17.0%	12.7%	36.4

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S0101. <http://factfinder.census.gov>

No data available for Boulder 80310 (University of Boulder Residence Halls zip code)

Sexually Identify as LGBTQ

6.5% of adults in Boulder County and 4.3% in Broomfield County identified themselves as lesbian, gay, or bisexual. These were higher rates than found in the state (4.1%).

Sexually Identify as LGBTQ

	Percent
Adams County	3.3%
Boulder County	6.5%
Broomfield County	4.2%
Gilpin County	2.8%
Jefferson County	2.9%
Weld County	2.5%
Colorado	4.1%

Source: Colorado Department of Public Health and Environment. 2013-2015. <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Race and Ethnicity

The service area population was predominately White (64.7%). 23.1% of the population were Hispanic or Latino, 3.5% were Asian, and 3.4% were American Indian or Alaskan Native. 1.1% of the population in the service area were Black or African American.

Race/Ethnicity

	GSMC Service Area	Adams County	Boulder County	Broomfield County
White	64.7%	35.7%	78.4%	78.1%
Hispanic/Latino	23.1%	61.9%	13.7%	11.9%
Asian	3.5%	0.7%	4.5%	6.2%
American Indian Alaskan Native	3.4%	0.2%	0.2%	0.3%
Other or Multiple Races	1.9%	1.0%	2.3%	2.5%
Black/African American	1.1%	0.3%	0.8%	0.9%
Native Hawaiian Pacific Islander	0.0%	0.2%	0.1%	0.0%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

Race/Ethnicity, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
White	86.1%	78.9%	66.7%	69.0%
Hispanic/Latino	9.4%	15.0%	28.8%	21.1%
Asian	0.2%	2.6%	1.3%	2.9%

	Gilpin County	Jefferson County	Weld County	Colorado
American Indian Alaskan Native	1.1%	0.5%	0.5%	0.5%
Other or Multiple Races	2.9%	1.9%	1.7%	2.5%
Black/African American	0.3%	1.0%	1.0%	3.9%
Native Hawaiian Pacific Islander	0.0%	0.0%	0.1%	0.1%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

Golden had the highest percentage of Whites (93.4%) in the service area. 62.3% of Denver (80221) were Hispanic or Latino. Louisville (10.8%) and Boulder (80310) (10.5%) had the highest percentage of Asians in the service area. Commerce City had the highest percentage of Blacks/African Americans (3.6%) in the service area.

Race/Ethnicity by Place

	ZIP Code	White	Hispanic or Latino	Asian	Black/African American
Arvada	80002	71.0%	27.4%	0.7%	0.7%
Arvada	80003	71.3%	23.9%	3.3%	1.2%
Arvada	80004	85.3%	12.5%	0.7%	1.3%
Arvada	80005	88.2%	8.2%	2.9%	0.5%
Arvada	80007	90.0%	7.2%	2.4%	0.1%
Black Hawk	80422	89.2%	10.3%	0.0%	0.3%
Boulder	80301	85.6%	10.7%	3.0%	0.5%
Boulder	80302	84.9%	7.8%	5.6%	1.5%
Boulder	80303	84.7%	9.4%	4.5%	1.1%
Boulder	80304	86.5%	9.6%	3.3%	0.4%
Boulder	80305	88.9%	5.0%	5.2%	0.8%
Boulder	80310	77.2%	10.6%	10.5%	1.5%
Brighton	80601	56.3%	39.5%	1.9%	2.1%
Brighton	80602	75.2%	18.2%	6.0%	0.4%
Brighton	80603	63.4%	32.8%	0.4%	3.1%
Broomfield	80020	81.0%	12.2%	5.7%	0.9%
Broomfield	80021	80.4%	12.3%	5.9%	1.2%
Broomfield	80023	82.2%	8.2%	8.1%	1.3%
Commerce City	80022	42.9%	51.8%	1.5%	3.6%
Dacono	80514	60.5%	38.0%	1.0%	0.3%
Denver	80221	34.9%	62.3%	1.6%	0.9%
Denver	80229	39.5%	55.3%	3.3%	1.7%
Denver	80233	66.1%	29.2%	3.0%	1.4%
Denver	80234	65.8%	25.9%	6.0%	2.0%
Denver	80241	73.9%	17.6%	6.2%	2.1%

	ZIP Code	White	Hispanic or Latino	Asian	Black/African American
Denver	80260	38.6%	57.4%	2.7%	1.1%
Erie	80516	86.4%	8.9%	4.1%	0.3%
Fort Lupton	80621	55.5%	42.9%	0.9%	0.5%
Frederick	80530	81.4%	17.8%	0.6%	0.0%
Golden	80403	93.4%	5.4%	1.1%	0.0%
Henderson	80640	52.0%	45.1%	1.7%	1.0%
Lafayette	80026	80.0%	14.7%	4.9%	0.2%
Longmont	80501	59.0%	38.2%	1.2%	1.4%
Longmont	80503	86.3%	9.0%	4.1%	0.4%
Longmont	80504	78.4%	18.1%	2.5%	0.8%
Louisville	80027	81.8%	6.7%	10.8%	0.4%
Westminster	80030	50.9%	42.6%	5.0%	1.3%
Westminster	80031	70.2%	22.2%	5.8%	1.6%
Wheat Ridge	80033	77.3%	20.5%	1.6%	0.5%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP05. <http://factfinder.census.gov>

Citizenship

Among area counties, 15.3% of Adams County residents and 10.7% of Boulder County residents were foreign born. This was higher than 9.8% of the state population who were foreign born. Of the foreign born in Adams County, 69.5% were not U.S. citizens. In Weld County, 65.8% of the foreign born population was not a US citizen.

Foreign Born Residents and Citizenship

	Foreign Born	Foreign Born and Not a Citizen
Adams County	15.3%	69.5%
Boulder County	10.7%	59.6%
Broomfield County	8.8%	45.8%
Gilpin County	4.4%	36.5%
Jefferson County	6.7%	49.2%
Weld County	8.7%	65.8%
Colorado	9.8%	60.6%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP02. <http://factfinder.census.gov>

Language

In the GSMC service area, 75.6% of the population speaks only English and 12.8% speak Spanish. 2.5% of the area population speaks an Asian and Pacific Islander language and 2.3% speak an Indo-European language.

Language Spoken at Home, Population 5 Years and Older

	GSMC Service Area	Adams County	Boulder County	Broomfield County
Speaks only English	75.6%	71.1%	83.7%	88.3%
Speaks Spanish	12.8%	23.6%	9.3%	5.1%
Speaks Asian/Pacific Islander language	2.5%	2.8%	2.8%	3.5%
Speaks other Indo-European language	2.3%	1.9%	3.7%	2.8%
Speaks other language	0.8%	0.6%	0.5%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP02. <http://factfinder.census.gov>

Language Spoken at Home, Population 5 Years and Older, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Speaks only English	94.7%	89.2%	80.8%	83.0%
Speaks Spanish	4.2%	6.3%	17.1%	11.9%
Speaks Asian/Pacific Islander language	0.2%	1.8%	0.9%	1.9%
Speaks other Indo-European language	0.9%	2.4%	0.9%	2.2%
Speaks other language	0.0%	0.3%	0.3%	0.8%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP02. <http://factfinder.census.gov>

English Learners

The percentage of students who were English learners in area schools was 22.9% in Adams County and 16.7% in Weld County, which was higher than the state rate of English learners in schools (14%).

English Learners by County*

	Percent
Adams County	22.9%
Boulder County	11.6%
Jefferson County	7.8%
Weld County	16.7%
Colorado	14.0%

Source: Colorado Department of Education, 2017-2018 school view <http://www.cde.state.co.us/cdereval/pupilcurrent>
No Broomfield County or Gilpin County data were available.

Social Determinants of Health

Healthy People 2020 defines social determinants of health as “conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹ Social Determinants of Health typically include five broad focus areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment.

Poverty

Poverty thresholds are used for calculating official poverty population statistics and are updated each year by the Census Bureau. For 2016, the federal poverty threshold for one person was \$11,880, and \$24,300 for a family of four.

In the service area, 13.4% of the population in Boulder County, 12.9% of Adams County and 12.6% of Weld County residents were living at or below 100% of the Federal Poverty Level (FPL). 33.4% of Adams County residents and 30.9% of Weld County residents were considered low-income (living at or below 200% FPL). These poverty rates were higher than Colorado rates of poverty.

Ratio of Income to Poverty Level, Total Population

	Below 100% Poverty	Below 200% Poverty
Adams County	12.9%	33.4%
Boulder County	13.4%	25.8%
Broomfield County	5.9%	15.3%
Gilpin County	7.1%	21.5%
Jefferson County	8.1%	20.3%
Weld County	12.6%	30.9%
Colorado	12.2%	28.6%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S1701. <http://factfinder.census.gov>

Examining poverty levels by community paints an important picture of the population within the service area. 10.7% of the service area population was living at 100% of FPL. Children suffer from poverty at higher rates as 12.6% of children in the service area were living in poverty. 6.7% seniors in the GSMC service area were living in poverty. Areas with high rates of poverty were Boulder (80302, 80303), Denver (80260) and Longmont (80501). 18% of Commerce City seniors were living in poverty.

¹ <https://www.cdc.gov/socialdeterminants/faqs/index.htm>

Poverty Levels of Total Population, Children under Age 18, Adults, and Seniors

	ZIP Code	Total Population	Children 0-17	Seniors 65+ Older
Arvada	80002	13.2%	21.2%	8.4%
Arvada	80003	8.9%	12.8%	4.4%
Arvada	80004	7.1%	8.8%	7.2%
Arvada	80005	4.0%	5.0%	1.9%
Arvada	80007	1.4%	0.6%	0.7%
Black Hawk	80422	6.6%	2.9%	0.0%
Boulder	80301	9.3%	9.9%	9.5%
Boulder	80302	36.2%	7.4%	7.7%
Boulder	80303	22.3%	6.6%	5.0%
Boulder	80304	9.6%	7.1%	6.5%
Boulder	80305	14.3%	3.3%	3.1%
Brighton	80601	10.5%	12.5%	4.8%
Brighton	80602	3.1%	2.6%	3.8%
Brighton	80603	14.4%	18.1%	13.5%
Broomfield	80020	6.3%	7.2%	5.5%
Broomfield	80021	6.0%	5.3%	4.3%
Broomfield	80023	3.4%	2.5%	2.9%
Commerce City	80022	17.6%	24.0%	18.0%
Dacono	80514	7.5%	2.2%	10.7%
Denver	80221	17.0%	26.2%	9.9%
Denver	80229	13.9%	18.2%	9.2%
Denver	80233	7.9%	9.3%	8.4%
Denver	80234	11.7%	20.1%	4.6%
Denver	80241	3.8%	4.0%	3.8%
Denver	80260	20.0%	28.9%	10.8%
Erie	80516	4.3%	4.8%	5.1%
Fort Lupton	80621	8.7%	11.8%	13.2%
Frederick	80530	3.8%	2.4%	0.0%
Golden	80403	5.3%	2.0%	3.9%
Henderson	80640	8.6%	8.9%	14.2%
Lafayette	80026	8.1%	10.6%	5.3%
Longmont	80501	18.8%	30.5%	10.9%
Longmont	80503	8.0%	8.4%	5.8%
Longmont	80504	7.4%	11.3%	5.4%
Louisville	80027	4.9%	3.8%	5.8%
Westminster	80030	16.2%	23.8%	12.4%
Westminster	80031	7.9%	10.9%	2.9%

	ZIP Code	Total Population	Children 0-17	Seniors 65+ Older
Wheat Ridge	80033	10.8%	12.9%	7.1%
GSMC Service Area		10.7%	12.6%	6.7%
Adams County		12.9%	17.7%	8.1%
Boulder County		13.4%	12.0%	6.4%
Broomfield County		5.9%	6.3%	4.6%
Gilpin County		7.1%	5.6%	0.9%
Jefferson County		8.1%	10.7%	5.2%
Weld County		12.6%	15.7%	7.3%
Colorado		12.2%	15.7%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S1701. <http://factfinder.census.gov>

*Given the small population size, there were no data available for Boulder 80310 (University of Colorado Residence Halls).

Income Inequality

The Gini Index of Income Inequality is a measure that represents income or wealth distribution among a population. An index of 0 equals perfect equality, where everyone has an equal share and ranges to 1 (or 100%) where only one group or recipient has all the income/wealth. With a score of 40.5, Adams County had a higher level of income equality than Boulder County, which had a score of 47.8. However, all counties with the exception of Boulder County had a lower score than the state, which indicated lower levels of income inequality (higher income equality).

Gini Index of Income Inequality

Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
40.5	47.8	42.7	42.1	43.6	42.3	45.9

Source: Colorado Department of Public Health and Environment, ACS 2012-2016. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

Unemployment

Within the service area, unemployment rates ranged from a low of 2.3% in Dacono and Arvada (80007) to a high of 6.5% in Westminster (80030).

Unemployment Rate for Population, 16 years and Older

	ZIP Code	Total Population	Unemployment Rate
Arvada	80002	15,335	2.9%
Arvada	80003	29,042	5.6%
Arvada	80004	30,497	3.7%
Arvada	80005	22,890	2.8%
Arvada	80007	6,733	2.3%
Black Hawk	80422	3,767	2.4%

	ZIP Code	Total Population	Unemployment Rate
Boulder	80301	21,307	3.1%
Boulder	80302	26,537	4.3%
Boulder	80303	21,775	3.7%
Boulder	80304	21,651	3.6%
Boulder	80305	15,086	4.2%
Boulder	80310	6,642	5.4%
Brighton	80601	27,780	3.2%
Brighton	80602	23,086	2.6%
Brighton	80603	9,121	2.7%
Broomfield	80020	38,485	4.0%
Broomfield	80021	26,746	3.0%
Broomfield	80023	14,889	3.0%
Commerce City	80022	32,457	4.6%
Dacono	80514	3,598	2.3%
Denver	80221	32,252	5.4%
Denver	80229	39,739	4.3%
Denver	80233	38,105	3.5%
Denver	80234	21,463	5.3%
Denver	80241	25,866	3.4%
Denver	80260	25,278	3.9%
Erie	80516	17,471	2.4%
Fort Lupton	80621	9,135	3.6%
Frederick	80530	3,215	3.1%
Golden	80403	14,969	2.4%
Henderson	80640	9,150	4.6%
Lafayette	80026	23,196	3.5%
Longmont	80501	32,756	5.0%
Longmont	80503	26,172	3.4%
Longmont	80504	38,521	4.9%
Louisville	80027	25,672	3.1%
Westminster	80030	12,746	6.5%
Westminster	80031	28,098	4.7%
Wheat Ridge	80033	20,794	3.5%
Adams County		479,977	4.3%
Boulder County		313,961	3.9%
Broomfield County		62,449	3.2%
Gilpin County		5,708	2.7%
Jefferson County		558,810	3.6%
Weld County		278,065	4.1%
Colorado		5,359,295	4.0%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP03. <http://factfinder.census.gov>

Free and Reduced Price Meals

The number of students eligible for the free and reduced price meals program is one indicator of the socioeconomic status of a school district's student population. The percent of students in Adams County eligible for the Free and Reduced Price Meal (FRPM) program is 49.4%, and in Weld County, 48.7% of students were eligible for the program. Adams County and Weld County have higher percentages of FRPM-eligible children than found in the state (41.6%).

Eligibility for Free and Reduced Price Meals (FRPM) Program by County

	Percent of Eligible Students
Adams County	49.4%
Boulder County	25.0%
Gilpin County	35.2%
Jefferson County	31.3%
Weld County	48.7%
Colorado	41.6%

Source: Colorado Department of Education, 2017-2018 school view <http://www.cde.state.co.us/cdereval/pupildcurrent>

*No data available for Broomfield County.

Households

The median household income for the service area ranged from \$13,750 in Boulder (80310- University of Colorado Residence Halls) to \$136,295 in Arvada (80007).

Median Household Income

	ZIP Code	Median Income
Arvada	80002	\$53,186
Arvada	80003	\$59,098
Arvada	80004	\$70,968
Arvada	80005	\$89,189
Arvada	80007	\$136,295
Black Hawk	80422	\$69,759
Boulder	80301	\$72,214
Boulder	80302	\$47,603
Boulder	80303	\$52,679
Boulder	80304	\$85,832
Boulder	80305	\$84,797
Boulder	80310	\$13,750
Brighton	80601	\$63,781
Brighton	80602	\$101,105
Brighton	80603	\$71,998

	ZIP Code	Median Income
Broomfield	80020	\$83,056
Broomfield	80021	\$75,427
Broomfield	80023	\$112,949
Commerce City	80022	\$58,649
Dacono	80514	\$48,277
Denver	80221	\$50,761
Denver	80229	\$53,872
Denver	80233	\$65,979
Denver	80234	\$64,636
Denver	80241	\$83,302
Denver	80260	\$43,125
Erie	80516	\$109,624
Fort Lupton	80621	\$53,633
Frederick	80530	\$74,949
Golden	80403	\$97,276
Henderson	80640	\$80,041
Lafayette	80026	\$74,424
Longmont	80501	\$49,507
Longmont	80503	\$80,705
Longmont	80504	\$82,808
Louisville	80027	\$103,461
Westminster	80030	\$46,236
Westminster	80031	\$72,664
Wheat Ridge	80033	\$49,081
Adams County		\$61,444
Boulder County		\$72,282
Broomfield County		\$83,334
Gilpin County		\$67,544
Jefferson County		\$72,017
Weld County		\$62,820
Colorado		\$62,520

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, B19013. <http://factfinder.census.gov>

There are 654,742 occupied housing units in the service area. In the service area, 32.8% of households were 2-person households. The percentage of 4+ person households in the service area was 34.0%, which was higher than area counties and the state.

Household Size

	GSMC Service Area	Adams County	Boulder County	Broomfield County
Households	654,742	158,748	123,669	24,581
1 person households	16.5%	22.0%	28.0%	25.4%
2 person households	32.8%	30.3%	36.7%	33.4%
3 person households	16.6%	16.5%	15.7%	15.6%
4+ person households	34.0%	31.1%	19.7%	25.5%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S2501. <http://factfinder.census.gov>

Household Size, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Households	25,808	225,320	96,616	2,051,616
1 person households	36.5%	27.6%	20.6%	27.5%
2 person households	42.8%	37.9%	33.7%	35.2%
3 person households	8.3%	15.3%	16.0%	15.2%
4+ person households	12.5%	19.3%	29.6%	22.1%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S2501. <http://factfinder.census.gov>

In the service area, 3.2% of the population received Supplemental Security Income (SSI) benefits, 1.6% received Public Assistance Income and 7.5% of service area households received food stamps/SNAP. Adams County had a higher percentage of supportive benefits for SSI and food stamps than other area counties. Weld County had the highest percentage of households with Public Assistance Income (2.2%).

Household Supportive Benefits

	GSMC Service Area	Adams County	Boulder County	Broomfield County
Households	654,742	158,748	123,669	24,581
Supplemental Security Income	3.2%	4.3%	2.2%	2.4%
Public Assistance Income	1.6%	2.1%	1.6%	1.5%
Food stamps/SNAP	7.5%	11.2%	5.3%	3.7%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP03. <http://factfinder.census.gov>

Household Supportive Benefits, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Households	25,808	225,320	96,616	2,051,616
Supplemental Security Income (SSI)	4.1%	2.8%	3.3%	3.5%
Public Assistance Income	0.8%	1.4%	2.2%	2.1%
Food stamps/SNAP	9.6%	5.2%	9.7%	8.6%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, DP03. <http://factfinder.census.gov>

Educational Attainment

Of the population age 25 years and older in the service area, 9.4% had no high school diploma; 20.1% were high school graduates.

Educational Attainment of Adults 25 Years and Older

	GSMC Service Area	Adams County	Boulder County	Broomfield County
Population 25 years and older	759,838	303,509	202,434	42,402
Less than 9 th grade	4.0%	8.1%	2.4%	1.7%
Some high school, no diploma	5.4%	9.7%	3.2%	2.2%
High school graduate	20.1%	28.5%	12.9%	15.0%
Some college, no degree	19.5%	22.8%	16.2%	20.6%
Associate degree	7.2%	8.5%	6.0%	7.9%
Bachelor degree	21.8%	15.2%	31.7%	32.9%
Graduate or professional degree	14.2%	7.1%	27.6%	19.5%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S1501. <http://factfinder.census.gov>

Educational Attainment of Adults 25 Years and Older, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Population 25 years and older	4,394	395,230	175,279	3,590,350
Less than 9 th grade	0.9%	1.8%	5.5%	3.7%
Some high school, no diploma	1.1%	4.1%	7.5%	5.3%
High school graduate	24.3%	20.9%	27.0%	21.7%
Some college, no degree	32.7%	22.8%	24.4%	22.2%
Associate degree	6.6%	8.2%	8.9%	8.4%
Bachelor degree	23.3%	26.7%	18.5%	24.4%
Graduate or professional degree	11.0%	15.5%	8.2%	14.3%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S1501. <http://factfinder.census.gov>

High school graduation rates are the percentage of high school graduates that graduated four years after starting ninth grade. In the service area the high school graduation rates ranged from 75.0% in Adams County to 87.7% in Boulder County. The Healthy People 2020 objective for high school graduation is 87%.

High School Graduation Rates, 2017-2018

	Percent
Adams County	75.0%
Boulder County	87.7%
Gilpin County	87.0%
Jefferson County	83.5%
Weld County	82.1%
Colorado	79.0%

Source: Colorado Department of Education, 2017-2018 school view <http://www.cde.state.co.us/cdereval/puplcurrent>

*No data available for Broomfield County.

Homelessness

The point-in-time (PIT) count is an annual survey of the number and characteristics of homeless persons at a single point in time. The majority of homeless persons were sheltered. However, 81.8% of homeless individuals in Broomfield County were unsheltered. Approximately 25% of homeless individuals in the area counties were chronically homeless, except for Weld County where 15% were chronically homeless.

Homeless Point-in-Time Count, Colorado January 2017

	Sheltered	Unsheltered	Chronically Homeless
Adams County	61.7%	38.0%	23.2%
Boulder County	78.5%	21.5%	25.8%
Broomfield County	18.2%	81.8%	26.7%
Jefferson County	74.8%	25.2%	25.0%
Weld County	83.0%	17.0%	15.0%
Colorado	64.7%	35.3	20.7%

Source: State-wide data posted on U.S. Department of Housing and Urban Development, Homelessness Resource Exchange, 2015. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_CO_2017.pdf; Adams County, <http://www.adcogov.org/news/homelessness-report-presented-commissioners>, 2016 du.edu/burnescenter | BurnesCenter@du.edu, 2017 PIT County https://www.mdhi.org/pit_reports

*No data available for Gilpin County.

Crime

Violent crimes include murder, manslaughter, rape, assaults and robbery. Nonviolent crimes include burglary, theft, motor vehicle theft and arson. The Adams County Sheriff Department reported the highest number of criminal offenses (4,234), followed by Jefferson County (4,106).

Offenses by County

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Total offenses	4,234	929	1,825	76	4,106	1,308	203,765
Violent crimes	1,247	334	233	27	1,192	457	54,052
Nonviolent crimes	2,987	595	1,592	49	2,914	851	149,713

Source: Colorado Bureau of Investigations, Crime in Colorado 2016 <http://crimeinco.cbi.state.co.us/cic2k16/agencylist.php>

Community Input – Social Determinants of Health

Stakeholder interviews identified the most important socioeconomic, behavioral and environmental factors contributing to poor health in the community. Following are their comments summarized and edited for clarity:

- Poverty is at the core of a majority of the health issues in our community. When people don't have resources, education, access, and knowledge of certain resources, that all impacts their overall health.
- It can be easy to judge a person because they are not taking their medications, eating correctly, or not getting preventive care. There needs to be a deeper understanding of what drives people in their behaviors.
- Housing has outpaced peoples' salaries, so it's hard to get housing, let alone pay for health care, and afford things that promote a healthy lifestyle. Medical care is secondary to being able to provide for the basic necessities.
- Economic stress can manifest itself in emotional and physical health issues.
- There is a lack of realization or awareness of resources in the community. People just assume existing resources are out of their reach.
- In Broomfield we are experiencing more oil and gas development closer to our neighborhoods so it's an issue of proximity and emissions. This is impacting the more affluent neighborhoods and older adults.
- Generally, people feel that in this part of Colorado, a lot of people are wealthy. But there are pockets of the population that are left behind and hidden and we don't have sufficient programs to address those populations.
- People will hold off on care or only show up at the ED once the problem is exacerbated. The acuity rate at the ED has increased exponentially.
- In terms of socioeconomics, there is a huge disparity in income levels in our community. A lot of people really struggle to make ends meet.
- Environmentally, there is a retail swamp of tobacco and alcohol retailers that influences behavior choices.
- For Hispanics, in general, there is a misconception that we can reach them if we translate something into Spanish. But there are much deeper cultural reasons for why Hispanics are not accessing services or are not responding to prevention or outreach services. Other considerations include culture, family dynamics, and how Hispanics look at health in general.

Access to Health Care

Health Insurance

Health insurance coverage is considered a key component to access health care. In the service area, 89.7% of the population was insured. Insurance coverage was higher in Broomfield County (94.5%) and lower in Adams County (84.4%).

Health Insurance Coverage Civilian Non-Institutionalized Population

	ZIP Code	Percent
Arvada	80002	87.7%
Arvada	80003	90.6%
Arvada	80004	94.4%
Arvada	80005	94.1%
Arvada	80007	98.3%
Black Hawk	80422	88.9%
Boulder	80301	92.5%
Boulder	80302	96.2%
Boulder	80303	93.2%
Boulder	80304	91.8%
Boulder	80305	95.6%
Boulder	80310	98.8%
Brighton	80601	83.0%
Brighton	80602	94.1%
Brighton	80603	86.9%
Broomfield	80020	95.0%
Broomfield	80021	92.9%
Broomfield	80023	96.7%
Commerce City	80022	87.6%
Dacono	80514	85.5%
Denver	80221	80.1%
Denver	80229	79.8%
Denver	80233	89.1%
Denver	80234	88.4%
Denver	80241	91.5%
Denver	80260	72.9%
Erie	80516	95.8%
Fort Lupton	80621	90.3%
Frederick	80530	93.8%
Golden	80403	96.0%
Henderson	80640	87.0%
Lafayette	80026	91.7%
Longmont	80501	83.8%

	ZIP Code	Percent
Longmont	80503	95.1%
Longmont	80504	91.9%
Louisville	80027	96.0%
Westminster	80030	83.4%
Westminster	80031	88.6%
Wheat Ridge	80033	89.3%
GSMC Service Area		89.7%
Adams County		84.4%
Boulder County		92.6%
Broomfield County		94.5%
Gilpin County		89.4%
Jefferson County		92.0%
Weld County		89.0%
Colorado		89.1%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S2701. <http://factfinder.census.gov>

The percentage of uninsured children under the age of 18 was highest Adams County and Gilpin County (8.2%). Broomfield County had the lowest rate of uninsured children in the service area (3.0%).

Uninsured Children, Under Age 18

	Number	Percent
Adams County	10,979	8.2%
Boulder County	2,562	4.0%
Broomfield County	450	3.0%
Gilpin county	92	8.2%
Jefferson County	5,161	4.4%
Weld County	5,637	7.5%
Colorado	77,634	6.2%

Source: U.S. Census Bureau, American Community Survey, 2016 5-Year Estimates, S2701. <http://factfinder.census.gov>

The percentage of children who were eligible but not enrolled (EBNE) in Medicaid or CHP+ was highest in Adams County (4.2%) and lowest in Gilpin County (1.5%). The percentage of working adults eligible but not enrolled in Medicaid was highest in Adams County (4.7%) and lowest in Gilpin County (0.9%).

Health Insurance Eligible But Not Enrolled

	Adams County	Boulder County	Broomfield County
Children EBNE in Medicaid or CHP+	4.2%	3.5%	1.7%
Working-age adults EBNE in Medicaid	4.7%	2.8%	2.6%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Health Insurance Eligible But Not Enrolled, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Children EBNE in Medicaid or CHP+	1.5%	2.8%	3.6%	4.8%
Working-age adults EBNE in Medicaid	0.9%	3.2%	3.9%	3.9%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Among adults in Boulder County and Broomfield County, 20.8% had an unmet medical need because they were not able to afford care or because they were unable to schedule medical appointments. With the exception of Jefferson County, the area counties had higher rates of adults with unmet medical needs than the state (14%).

Adults with Unmet Medical Need Due to Cost or Unable to Schedule Appointment

	Percent
Adams County	17.0%
Boulder and Broomfield Counties [^]	20.8%
Jefferson County	12.4%
Weld County	16.0%
Colorado	14.0%

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/rankings/data/CO>
[^]Boulder and Broomfield regions are combined. No data available for Gilpin County.

Sources of Care

Community members who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary Emergency Department visits. The Healthy People 2020 objective is that 94.3% of children should have a specific source of ongoing care and that 83.9% of the population has a usual primary care provider. None of the area counties met these objectives. Jefferson County had the highest rate of health care access for children (66.4%) and Broomfield County had the highest rate for adults (81.2%) among area counties. Adams County had the lowest rates of children with a medical home (53.3%) among area counties. Gilpin County had the lowest rate of adults with a medical home (68.8%) among the service area counties.

Access to Health Care

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Children, 1-14, with a medical home	53.3%	58.9%	*	*	66.4%	59.5%	62.5%
Adults with a personal doctor	71.0%	78.9%	81.2%	68.8%	81.1%	75.4%	75.6%

Source: Colorado Department of Public Health and Environment, BRFSS 2014-2016. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>. * No data available.

The primary care physician ratio represents the number of persons to one provider. The ratio of the population to primary care physicians was highest in Gilpin County (2,910:1), and lowest in Boulder County (820:1). Gilpin, Adams and Weld Counties had higher population to primary care physicians (fewer providers) than the state.

Primary Care Physicians, Number and Ratio, 2015

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Number of primary care physicians	212	389	72	2	457	138	4,109
Ratio of population to primary care physicians	2,320:1	820:1	900:1	2,910:1	1,240:1	2,070:1	1,262:1

Source: County Health Rankings, 2018 <http://www.countyhealthrankings.org/app/colorado/2018/overview>

Emergency Department Utilization

Good Samaritan Medical Center tracks Emergency Department (ED) utilization through EPIC, its Electronic Medical Record system. 56% of ED visits were from females and 44% were male. For ED visits, males had higher rates of commercial insurance coverage. Females had higher rates of Medicaid and Medicare coverage.

GSMC ED Utilization, Payer Source* by Gender

	Kaiser	Medicaid	Commercial	Medicare
All ED visits	50.5%	17.0%	15.6%	11.4%
Females	50.7%	18.2%	15.1%	11.8%
Males	50.3%	15.7%	16.2%	10.8%

Source: SCL Health, EPIC, ED Utilization, 2017 *Does not total 100% as not all payer sources are listed.

From January – December of 2017, the top four ED diagnoses for females and males were: 1) chest pain, 2) falls, 3) shortness of breath, and 4) cough.

GSMC Top Ten Primary Diagnoses for ED Visits

All ED Visits	Female ED Visits	Male ED Visits
Chest pain	Chest pain	Chest pain
Fall	Fall	Fall
Shortness of breath	Shortness of breath	Shortness of breath
Cough	Cough	Cough
Hypoxia	Hyponatremia	Hypoxia
Hyponatremia	Hypoxia	Dehydration
Dehydration	Dehydration	Acute kidney injury
Hypokalemia	Hypokalemia	Hyponatremia
Acute kidney injury	Hypertension	Hypertension
Hypertension	Acute kidney injury	Hypokalemia

Source: SCL Health, EPIC, ED Utilization, 2017

Dental Care

The ratio of the population to dentists was higher than the state (1,370:1) in Weld County (2,594:1) and Adams County (1,690:1). Boulder County had more dentists as indicated by the lowest ratio of population to dentists (1,030:1) in the service area.

Dentists, Number and Ratio, 2016

	Adams County	Boulder County	Broomfield County	Jefferson County	Weld County	Colorado
Number of dentists	294	313	61	519	104	3,846
Ratio of population to dentists	1,690:1	1,030:1	1,090:1	1,100:1	2,594:1	1,370:1

Source: County Health Rankings, 2016 <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/88/data>

*No data available for Gilpin County.

The Healthy People 2020 objective is for 55.3% of the population to have dental insurance. Adams County (61.6%), Boulder County (61.3%), Broomfield County (71.1%), Jefferson County (69.3%), and Weld County (60.4%) exceeded this rate of dental insurance for adults. In most cases, the rate of adults visiting the dentist closely relates to dental insurance coverage.

11.4% of children in Adams County had teeth that were in fair or poor condition, 8.4% of children in Weld County had teeth in fair or poor condition. Among children, ages 1-14, 82% in Weld County and 83.8% in Boulder County had a preventive dental visit in the past year. 9.9% of children in Adams County and 10.4% in Weld County did not receive needed dental care.

Access to Dental Care

	Adams County	Boulder County	Broomfield County	Gilpin County
Adult dental insurance	61.6%	61.3%	71.1%	*
Adult dental visit in last year	63.8%	74.0%	71.5%	58.4%
Children, ages 1-14, whose teeth are in fair or poor condition	11.4%	6.1%	*	*
Children, ages 1-14, preventive dental visit in last year	90.9%	83.8%	*	*
Children who needed but did not get dental care	9.9%	5.6%	*	*

Source: Colorado Department of Public Health and Environment, BRFSS 2014-2016. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

*No data

Access to Dental Care, Continued

	Jefferson County	Weld County	Colorado
Adult dental insurance	69.3%	60.4%	61.9%
Adult dental visit in last year	71.3%	60.4%	67.0%
Children, ages 1-14, whose teeth are in fair or poor condition	4.3%	8.4%	6.0%
Children, ages 1-14, preventive dental visit in last year	91.7%	82.0%	86.5%
Children who needed but did not get dental care	4.9%	10.4%	7.8%

Source: Colorado Department of Public Health and Environment, BRFSS 2014-2016. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

Community Input – Access to Care

Stakeholder interviews provided insights on issues related to access to care. Following are their comments summarized and edited for clarity:

- Access to insurance is the number one thing. Can you afford to be insured and is that a priority for you? It's about affordability; that is the barrier to access. There are also some navigation issues. Even if you are accessing care, the navigation piece within the health system and the complications with insurance and fully understanding costs, are issues. There is a real lack of understanding about how the system and billing works and it prevents people from seeking care.
- There is a prevalence of high deductible health plans. Anything that is not considered prevention, people have to pay for out of pocket. For those without a job or adequate insurance, a \$10,000 deductible is a barrier.

- Under the current health care model, we have no financial incentive to focus on preventive measures; we only get paid when patients show up at the hospital. There is no alignment in our systems that incentivize us to focus on prevention.
- There is lack of decent public transportation. If you live in Brighton, it's going to take you all day, and that is not a happy thing if you've got kids. And the cost of public transportation is also a barrier for many individuals.
- Often our clients have no job flexibility so it creates a lot of stress for them when they have to take time off from work as it can cost them their jobs.
- If you have a government health plan, your options for care may be limited.
- Right now, there is fear around accessing services. People fear that signing up for services and programs that their kids are eligible for, will identify and flag undocumented parents. People are concerned that once they are in the system, they can be tracked down and deported.
- People who are the most disconnected from resources tend to be those who are working multiple jobs. So expanded clinic hours are needed to fit into people's busy schedules. With preventive health care, we need to make sure people make time for it now so it will alleviate more issues in the future.

Birth Indicators

Births

In 2016, there were 7,206 births in Adams County, and in Boulder County 2,725 births, Broomfield County 718 births, Gilpin County 41 births, Jefferson County 6,033 births, and Weld County 4,318 births.

Births

	Number of Births
Adams County	7,206
Boulder County	2,725
Broomfield County	718
Gilpin County	41
Jefferson County	6,033
Weld County	4,318
Colorado	66,611

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016.

<https://www.colorado.gov/pacific/coepht/birth-data-statistics>

In Adams County, 13.9% of births were to teens under the age of 20. 14.2% of births in Weld County and 11.1% of births in Jefferson County were to teenage mothers. These rates of teen birth were higher than in the state (10.5%).

Births to Teenage Mothers (Under Age 20)

	Number of Teenage Births	Percent
Adams County	1,007	13.9%
Boulder County	88	3.2%
Broomfield County	11	1.5%
Gilpin County	0	0%
Jefferson County	169	11.1%
Weld County	612	14.2%
Colorado	7,021	10.5%

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016.

<https://www.colorado.gov/pacific/coepht/birth-data-statistics>

Prenatal Care

Adequate prenatal care can prevent health risks in women and prevent health problems for mother and child. The Healthy People 2020 objective is for 77.9% of women to receive care in the first trimester. All counties in the service area, with the exception of Gilpin County (76.9%), met this objective. When examining geographic areas with a small population, such as with Gilpin County, it is important to use caution when

drawing conclusions from data; a small occurrence of a health issue may result in a high rate. Late or no prenatal care rates in Adams County (19.7%), Gilpin County (23.1%) and Weld County (20.7%) exceeded the state rate (17.8%).

Prenatal Care Later than 1st Trimester or No Prenatal Care

	Later Prenatal Care	Live Births	Percent
Adams County	1,420	7,206	19.7%
Boulder County	448	2,725	16.9%
Broomfield County	106	718	15.5%
Gilpin County	9	41	23.1%
Jefferson County	765	6,033	13.2%
Weld County	898	4,318	20.7%
Colorado	11,892	66,611	17.8%

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016.

<https://www.colorado.gov/pacific/coepht/birth-data-statistics>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The Healthy People 2020 objective is to reduce low birth weight births to 7.8% of live births. All counties in the service area fell short of the Healthy People 2020 objective for low birth weight (under 2,500 g). Broomfield County (10.3%) and Gilpin County (17.1%) exceeded the state rate (8.9%) for low birth weight babies.

Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Percent
Adams County	630	7,206	8.7%
Boulder County	226	2,725	8.3%
Broomfield County	74	718	10.3%
Gilpin County*	7	41	17.1%
Jefferson County	480	6,033	8.0%
Weld County	340	4,318	7.9%
Colorado	5,972	66,611	8.9%

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016

*When examining geographic areas with a small population, such as with Gilpin County, it is important to use caution when drawing conclusions from data; a small occurrence of a health issue may result in a high rate.

Infant Mortality

The infant mortality rate is the number of deaths of infants under one year old per 1,000 live births. The Healthy People 2020 objective is to reduce the infant mortality rate to 6.0 per 1,000 live births. The infant mortality rate in Adams County (6.5 per 1,000 live

births) and Weld County (6.3) were higher than the Healthy People 2029 objective. The infant mortality rate in Boulder County (4.8) and Jefferson County (5.1) achieved the Healthy People 2020 Objective and were lower than the state rate (5.6).

Infant Mortality Rate per 1,000 Live Births

	Number	Live Births	Rate
Adams County	45	7,206	6.5
Boulder County	13	2,725	4.8
Jefferson County	31	6,033	5.1
Weld County	24	4,318	6.3
Colorado	321	66,611	5.6

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016

Maternal and Child Health Program, Prevention Services Division, Colorado Department of Public Health and Environment, MCH Issue Brief, 2014

*No data for Broomfield County or Gilpin County

Breastfeeding

Breastfeeding provides considerable benefits to a baby and mother. The Colorado Department of Public Health and Environment recommends babies are fed only breast milk for the first six months of life. The Colorado 2020 target is for 84.5% of infants to be breastfed for some amount of time. All service area counties had high rates of breastfeeding that met this target rate.

Infants Who Were Ever Breastfed

	Percent
Adams County	96.8%
Boulder County	95.6%
Jefferson County	96.7%
Weld County	92.0%
Colorado	93.4%

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2013-2014.

www.colorado.gov/cdphe/mch-data-and-reports. PRAMS Estimates; <http://www.cohid.dphe.state.co.us>

*No data for Broomfield County or Gilpin County

Mortality/Leading Causes of Death

Age-Adjusted Death Rate

The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

When adjusted for age, the death rate ranged from 775.9 per 100,000 persons for Adams County to 508.4 for Broomfield County. The Adams County death rate (775.9) and Weld County (662.0) exceeded the state age-adjusted death rate (661.2).

Age-Adjusted Death Rate, per 100,000 Persons

	Deaths	Crude Rate	Rate
Adams County	3,107	624.3	775.9
Boulder County	1,803	560.0	567.5
Broomfield County	338	510.2	508.4
Gilpin County	29	489.4	511.2
Jefferson County	4,380	766.1	660.5
Weld County	1,769	606.9	662.0
Colorado	37,488	676.9	661.2

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2016. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs.

www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsql

Mortality Rates

The top two causes of death for all service area counties were cancer and heart disease. Lung disease and unintentional injuries ranked as the third and fourth highest causes of death. Stroke was the fifth highest cause of death for all service area counties except Jefferson County where Alzheimer's disease was the fifth highest cause of death and Gilpin County where Pneumonia and Influenza was the fifth highest cause of death.

Mortality Rates, Age-Adjusted, per 100,000 Persons, 2016

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Malignant neoplasms (cancer)	157.9	119.7	148.6	139.4	133.7	147.7	135.1
Heart disease	136.5	115.2	118.1	132.0	132.5	131.1	126.3
Unintentional injuries	53.8	46.5	37.5	61.6	49.2	44.1	47.0

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Chronic lower respiratory disease	60.4	33.5	42.7	45.2	49.9	49.1	46.5
Cerebrovascular disease	33.1	32.8	30.2	0.0	32.3	33.5	32.9
Alzheimer's disease	31.1	24.8	24.0	*	35.7	30.6	28.3
Diabetes mellitus	18.9	9.0	8.4	0.0	12.0	19.5	15.3
Drug-induced death	18.6	11.2	21.1	0.0	17.4	13.6	16.6
Chronic liver disease and cirrhosis	13.9	10.2	8.5	11.1	8.9	11.9	12.4
Suicide	17.6	16.3	13.6	0.0	17.1	19.5	19.1
Motor Vehicle	15.8	8.5	4.8	0.0	7.9	7.9	8.4
Pneumonia and influenza	16.4	12.8	6.8	37.8	12.8	13.6	12.4

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2016. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs.

www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsq

Cancer Mortality

The cancer mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specified population during a year. Cancer mortality is usually expressed as the number of deaths due to cancer per 100,000 persons. Adams County had the highest cancer death rates in the service area for digestive system cancer (82.3 per 100,000 persons), colorectal cancer (37.8) and lung cancer (40.6). Jefferson County had the highest area death rates for oral cavity cancer (14.2) and breast cancer (69.0). Gilpin County had the highest area death rates for respiratory system cancer (63.8).

Cancer Age-Adjusted Death Rates, per 100,000 Persons

	Oral Cavity	Digestive System	Respiratory System	Breast	Colorectal	Lung
Adams County	12.4	82.3	54.8	57.5	37.8	40.6
Boulder County	11.2	67.8	33.7	64.3	29.6	23.9
Broomfield County	10.8	67.8	38.7	71.4	19.3	15.2
Gilpin County	10.9	21.2	63.8	37.3	14.5	*
Jefferson County	14.2	68.9	44.6	69.0	31.3	27.1
Weld County	8.7	66.6	45.7	53.2	30.2	26.6
Colorado	11.2	68.6	43.4	64.6	32.8	27.3

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2016. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs.

www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsq

Health Behaviors

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Colorado evaluated 58² counties and ranked each county by health outcomes factors with 1 being the county with the best factors to 58 for the county with the poorest factors. Boulder County ranked second, Broomfield County ranked third and Jefferson County ranked eighth among the ranked counties in Colorado. Weld County ranked 17th, Gilpin County ranked 25th and Adams County ranked 28th.

Health Outcomes Rankings

	County Rankings (out of 58)
Adams County	28
Boulder County	2
Broomfield County	3
Gilpin County	25
Jefferson County	8
Weld County	17

Source: County Health Rankings, 2017 <http://www.countyhealthrankings.org/app/Colorado>

Fair or Poor Health

When asked to self-report on health status, 17.1% of adults in Adams County and 14.8% in Weld County indicated they were in fair or poor health. These rates were higher than found in the state (13.7%).

Fair or Poor Health, Adults

	Percent
Adams County	17.1%
Boulder County	10.2%
Broomfield County	11.5%
Gilpin County	9.8%
Jefferson County	10.0%
Weld County	14.8%
Colorado	13.7%

Source: Colorado Department of Public Health and Environment, Community Level Estimates for Colorado BRFSS 1316/ http://www.cohealthmaps.dphe.state.co.us/cdphe_community_level_estimates/

The functional status and quality of life indicators indicated that Adams County residents had an average of 3.6 days of poor physical health in the past 30 days, Boulder County 3.2 days, Broomfield County 2.6 days, Gilpin County 5.1 days, Jefferson County, 3.2, and Weld County 3.3 days. Adams and Gilpin Counties had scores higher than the state average.

² Six counties were not included in the rankings.

Poor Physical Health

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Days of poor physical health	3.6	3.2	2.6	5.1	3.2	3.3	3.4

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016

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

Sexual Activity

In Adams County, 62.2% of adults used effective birth control. 72.1% of Boulder County adults, 67.3% of Jefferson County adults, and 75.2% of Weld County adults used effective birth control. Adams County (62.2%) had the lowest rate of effective birth control use and was lower than the state (66.9%). Unintended pregnancies were highest in Weld County (42.5%) and Jefferson County (40.4%). Adams County (36.6%) and Boulder County (28.8%) had lower rates of unintended pregnancy than found in the state (38.9%).

Sexual Activity

	Adams County	Boulder County	Jefferson County	Weld County	Colorado
Adult use of effective birth control*	62.2%	72.1%	67.3%	75.2%	66.9%
Unintended pregnancy resulting in live birth^	36.6%	28.8%	40.4%	42.5%	38.9%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), *2012, 2014, 2015.^2012-2014. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs.

www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli

*No data available for Broomfield County or Gilpin County.

Senior Falls

Falls are a leading cause of injury among older adults. In the past year, 36.8% of Boulder County adults reported a fall. This was higher than the state rate of 27.4% adults who fell. 25% of adults in Jefferson County, 24.3% of adults in Adams County and 19.9% of Weld County adults fell in the past year.

Percent of Adults Ages 65+ Reporting a Fall in the Past 12 months

	Percent
Adams County	24.3%
Boulder County	36.8%
Jefferson County	25.0%
Weld County	19.9%
Colorado	27.4%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most

current year estimates from State Demography Office, Colorado Department of Local Affairs.
www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsql *No data for Broomfield County or Gilpin County.

Overweight and Obesity

In the service area, Weld County had the highest rate of adult obesity. Over one-quarter of adults (27.9%) were obese and 65.7% were overweight or obese. At 15.1%, Weld County had the highest rate of child obesity in the service area. Adams County had the highest percentage of children who were overweight or obese (32.2%). Even with the high rates of obesity among children, 12.8% of Adams County children were considered underweight. Boulder County (14.1%) and Jefferson County (18.3%) had lower rates of adult obesity. Jefferson County (19.2%) had the lowest area rates of childhood overweight and obesity.

Obesity and Overweight, 2016

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Adult obesity	26.1%	14.1%	21.5%	24.4%	18.3%	27.9%	20.9%
Adult overweight or obese	63.5%	44.1%	55.2%	41.3%	55.7%	65.7%	56.8%
Child obesity	10.2%	8.5%	*	*	7.1%	15.1%	10.1%
Child overweight or Obese	32.2%	23.3%	*	*	19.2%	27.0%	23.5%
Child underweight	12.8%	7.4%	*	*	8.8%	7.4%	9.9%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016

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

*No data available.

Nutrition

Broomfield County had a rate of 10.5 fast food restaurants per 10,000 residents. At a rate of 5.5 per 10,000 persons, Weld County had the lowest rate of fast food restaurants in the service area.

Rate of Fast Food Restaurants, per 10,000 Residents

	Rate
Adams County	6.5
Boulder County	8.4
Broomfield County	10.5
Jefferson County	7.7
Weld County	5.5
Colorado	7.4

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators,

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

*No data available for Gilpin County.

8.8% of children, ages 1-14, in Adams County, 10.7% of children in Boulder County, 6.1% of children in Jefferson County and 14.1% of children in Weld County consumed

fruit two or more times a day and vegetables three or more times a day. 18.5% of children, ages 1-14, in Adams County, 13.9% in Boulder County, 12.7% of children in Jefferson County and 15.6% of children in Weld County consumed one or more sugar sweetened beverage per day.

Consumption of Fruits and Vegetables and Sugar Sweetened Beverages

	Adams County	Boulder County	Jefferson County	Weld County	Colorado
Child fruit and vegetable consumption	8.8%	10.7%	6.1%	14.1%	11.4%
Child sugar sweetened beverage consumption	18.5%	13.9%	12.7%	15.6%	16.3%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Physical Activity

54.6% of adults of Adams County, 71.4% of adults in Boulder County, 56.1% of adults in Broomfield County, 73.5% of adults in Gilpin County, 62.6% of adults in Jefferson County, and 52.6% of Weld County adults engaged in physical activity over 150 minutes in a given week. 23.5% of adults in Adams County were sedentary and did not participate in any leisure time physical activity. 10.8% of adults in Boulder County, 11.4% of adults in Broomfield County, 16.7% of adults in Gilpin County, 14.0% of adults in Jefferson County, and 21% of adults in Weld County were sedentary.

34.2% of Adams County children, ages 5-14, were physically active for at least 60 minutes a day for the past 7 days, 53.9% of children in Boulder County, 43.7% of children in Jefferson County and 37.5% of Weld County children were physically active. 77.7% of children, ages 1-14, in Adams County, 86.7% in Boulder County, 57.1% in Jefferson County and 87.6% of Weld County children spent two hours or less in front of TV, video or computer screens on weekdays.

Physical Activity

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Adult physical activity 150+ minutes	54.6%	71.4%	56.1%	73.5%	62.6%	52.6%	60.7%
Adult physical inactivity	23.5%	10.8%	11.4%	16.7%	14.0%	21.0%	17.4%
Child physical activity	34.2%	53.9%	*	*	43.7%	37.5%	44.0%
Child screen time 2 hours or less on weekdays	77.7%	86.7%	*	*	57.1%	87.6%	84.7%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>.

*No data available.

Community Input – Overweight and Obesity

Stakeholder interviews provided insights on issues related to overweight and obesity. Following are their comments summarized and edited for clarity:

- When people have a difficult time making ends meet, they have fewer choices with their remaining income after housing costs. That might lead to eating in a less healthy way, not being able to take time off from work to go to a medical appointment, or, if they are working multiple jobs, they may not be able to exercise.
- Affording good nutritious food and participating in healthy activities can be economically out of reach for many people.
- There are issues with access to healthy foods in poorer communities and lack of education around nutrition and exercise. We need more supports and incentives for people to follow a healthier lifestyle.
- We need culturally relevant advice. I could see my primary care physician and she could say you should stop eating rice and beans, not understanding that those are cultural things and eliminating them is not going to happen for most Hispanics. Practitioners need to understand those cultural pieces and provide clients with realistic diet options.
- Doctors need to have difficult conversations about obesity and engage patients in addressing their obesity. With mental health treatment, many medications pack on the pounds and then we, as practitioners, do not assertively address it with the consumer.
- If you don't know where you are going to sleep, it's very disruptive to kids. It's also incredibly disruptive to adults and it decreases the chances of that family having a meal cooked with whole foods. If you don't have a kitchen and utensils, McDonald's is how you're going to survive. And that is not good for you if do it every single day. It contributes to obesity, heart disease, high cholesterol, etc.
- Food banks try to have healthier items, but where there are opportunities to really increase healthy food use are community gardens. They provide access to a variety of foods and exposure and education about what to do with the fresh fruits and vegetables.

Preventive Practices

Health Screenings

Health screenings focus on preventive care and use tests, physical examinations or other procedures to detect disease early in people who may not show symptoms.

Among women 40 and older, 60.6% in Adams County, 62.1% in Boulder County, 65.9% in Broomfield County, 64.0% in Jefferson County, and 57.1% in Weld County obtained mammogram breast cancer screening. Boulder County, Broomfield County and Jefferson County exceeded the state rate for mammogram (61.4%).

Pap smears are used for cervical cancer screening. 77.1% of women, 18 and older, in Adams County, 81.4% in Boulder County, 77.9% in Broomfield County, 78.0% in Jefferson County, and 74.7% in Weld County obtained a Pap smear. With the exception of Weld County, all other service area counties exceeded the state rate for Pap smears (75.9%).

In Adams County, 63.1% of adults, 50-75 years, 65.6% in Boulder County, 74.5% in Broomfield County, 60.3% in Gilpin County, 70.4% in Jefferson County, and 60.6% of adults in Weld County obtained recommended colorectal screening. Other than Broomfield County (74.5%), these rates did not meet the Healthy People 2020 objective of 70.5% of adults, 50-75 years old, receiving colorectal screening.

73.4% of Adams County adults, 79.8% Boulder County, 81.6% Broomfield County, 66.1% Gilpin County, 80.7% Jefferson County, and 72.6% of Weld County adults had cholesterol screening in the past five years. Boulder County, Broomfield County and Jefferson County exceeded the state rate for cholesterol screening (76.3%).

Health Screenings of Adults

	Adams County	Boulder County	Broomfield County	Gilpin County
Mammogram, women 40+ last 2 years*	60.6%	62.1%	65.9%	~
Pap Smear, women 18+, last 3 years*	77.1%	81.4%	77.9%	~
Colorectal screening, adults,50-75 years old who had colonoscopy within 10 years OR sigmoidoscopy within 5 years and fecal occult blood test (FOBT) within 3 years OR FOBT within the last 1 year*	63.1%	65.6%	74.5%	60.3%
Cholesterol Screening, last 5 years ^	73.4%	79.8%	81.6%	66.1%

Source: Colorado Department of Public Health and Environment, *2012,2014, ^2011,2013,2015. ~No data available. <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>. Colorado Department of Public Health and Environment, Health Indicators Domains <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>, 2013-2015

Health Screenings of Adults, Continued

	Jefferson County	Weld County	Colorado
Mammogram, women 40+ last 2 years*	64.0%	57.1%	61.4%
Pap Smear, women 18+, last 3 years*	78.0%	74.7%	75.9%
Colorectal screening, adults,50-75 years old who had colonoscopy within 10 years OR sigmoidoscopy within 5 years and fecal occult blood test (FOBT) within 3 years OR FOBT within the last 1 year*	70.4%	60.6%	66.5%
Cholesterol Screening, last 5 years ^	80.7%	72.6%	76.3%

Source: Colorado Department of Public Health and Environment, *2012,2014, ^2011,2013,2015.

<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>. Colorado Department of Public Health and Environment, Health Indicators Domains <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>, 2013-2015

Sun Protection

70.8% of children, ages 1-14, in Adams County, 81.4% of children in Boulder County, 75.6% of children in Jefferson County, and 76.2% of children in Weld County used some type of sun protection when outside. Among adults in Adams County, 70.0% used sunscreen, 76.1% of adults in Boulder County, 70.8% of adults in Broomfield County, 71.1% of adults in Jefferson County and 67.8% of adults in Weld County used sunscreen/sunblock when outside.

Sun Protection/Sunscreen Use

	Adams County	Boulder County	Broomfield County	Jefferson County	Weld County	Colorado
Children, ages 1-14, who always/ nearly always use a method of sun protection when outside for more than 15 minutes between 11 am and 3 pm on a sunny summer day.*	70.8%	81.4%	*	75.6%	76.2%	76.2%
Adults, ages 18+, who always/nearly always use sunscreen or sunblock when outside.^	70.0%	76.1%	70.8%	71.1%	67.8%	70.8%

Source: Colorado Department of Public Health and Environment, *2012,2014,2015. ^2012,2014. *No data available.

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

Immunizations

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. No area counties met this objective. In Adams County 39.5% of adults received the flu immunization. 46.3% of adults in Boulder County, 47.1% of adults in Broomfield County,

58.4% of adults in Gilpin County, 47.5% of adults in Jefferson County, and 42.4% of Weld County adults received a flu shot.

32.9% adults in Adams County received the pneumonia immunization, 33.5% of adults in Boulder County, 31.4% of adults in Broomfield 61.1% of adults in Gilpin County, 34.4% of adults in Jefferson County and 28.8% of Weld County adults received a pneumonia immunization.

Adult Immunizations

	Adams County	Boulder County	Broomfield County
Adult flu immunization	39.5%	46.3%	47.1%
Adult pneumonia immunization	32.9%	33.5%	31.4%

Source: Colorado Department of Public Health and Environment, Health Indicators Domains <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>, 2013-2015 Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. Rates are per 100,000 pop and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsml

Adult Immunizations, Continued

	Gilpin County	Jefferson County	Weld County	Colorado
Adult flu immunization	58.4%	47.5%	42.4%	44.5%
Adult pneumonia immunization	61.1%	34.4%	28.8%	33.9%

Source: Colorado Department of Public Health and Environment, Health Indicators Domains <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>, 2013-2015 Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsml

Community Input – Unintentional Injuries

Stakeholder interviews provided insights on issues related to unintentional injuries.

Following are their comments summarized and edited for clarity:

- The senior population is especially vulnerable to injuries.
- The elderly and the intellectually disabled populations are living more independently but are not aware of what to do if an injury or fall occurs.
- With job injuries we have to make sure people are not being taken advantage of by their employers or insurance companies and make sure they are fully served. People need to become more aware of their benefits and health care available to them.
- When someone does have a work-related injury and they are undocumented, low-income, or uninsured and they go to their employer for help, sometimes the employer might not help. Most of the time, people will go to ED. We see patients where employers refuse to take care of them.
- People like to do extreme sports. An aging population that can potentially get hurt with balance problems trying to do more than they are physically capable of.
- Our state law does not require people to wear a helmet so people don't wear

helmets at all.

- There is a lot of distracted driving and texting so we are seeing more fatalities on the road.
- Gun violence is an issue that is really important to recognize as a health and safety risk in our community.
- The cost of urgent care and ED is so expensive. We have incidents here where people get injured and they don't want to get into an ambulance because of the cost.
- Motor vehicle accidents among teens are an issue. You can get a permit at age 15 and start driving at 16. But the adolescence brain does not fully develop until ages 24-27. We can we do more prevention strategies around motor vehicle accidents.
- People aren't using helmets for bike riding, with electric scooters, skateboards, long boards or hover boards.
- There has been an increase in auto injuries. Pairing alcohol and pot is very dangerous for being on the road. There are data that show once there is legalization of pot that car accidents go up.

Chronic and Communicable Diseases

Chronic Disease

Chronic diseases last more than three months, cannot be prevented by vaccines or cured by medication, and they do not disappear.

Among service area counties, Gilpin County had the highest rate of adults with arthritis (52.4%). Adams County had the highest rates of adult asthma (9.7%) and adult diabetes (8.9%) in the service area. Weld County had the highest rate of heart disease (3.2%) in the service area.

Chronic Diseases

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Arthritis	20.6%	21.7%	24.6%	52.8%	24.5%	21.6%	22.6%
Adult asthma	9.7%	7.7%	6.5%	9.5%	9.4%	9.1%	8.7%
Adult diabetes	8.9%	4.8%	7.1%	8.1%	5.6%	7.0%	6.8%
Heart disease	2.6%	2.8%	2.0%	0.5%	2.9%	3.2%	2.8%

Source: Colorado Department of Public Health and Environment, Community Level Estimates for Colorado BRFSS 1316/
http://www.cohealthmaps.dphe.state.co.us/cdphe_community_level_estimate

Community Input – Lung Disease

Stakeholder interviews provided insights on issues related to lung disease. Following are their comments summarized and edited for clarity:

- The Denver metro region is a nonattainment area for ozone. So, for individuals who have lung diseases, ozone can exacerbate it and make it worse.
- Getting affordable inhalers into people’s hands and getting them to use them is a challenge. Inhalers are expensive enough that people are afraid to use them and then think they won’t have it when they have a serious attack. Affordable medications are a big issue.
- Some patients live in places that trigger their asthma.
- Smoking and radon exposure are major contributors to lung disease, as well as genetics. We need to focus on prevention and linkages to services. In Colorado, we have higher radon levels than are typically acceptable with health standards. We need to do a better job of educating the community on the need for testing and mitigating exposure. It is the second leading cause of lung cancer in Broomfield and the entire state. Smoking is the leading cause.
- Overall, there has been a decrease in smoking in Broomfield. We have a fairly low rate with our adult population. However, we are seeing a transition from traditional tobacco to e-cigarettes. Colorado e-cigarette and vaping rates among high school youth are one of highest in the country.

- We've seen an increase in the number of people using vaping pens and patients thinking that they are not at risk. We need education on the risks.
- We have poor air quality and high levels of radon, which causes lung disease. A lot of people might not know what radon is and or how to mitigate against it in their homes. There is opportunity for more education.

Cancer

In the service area, Weld County had the lowest cancer incidence rate (388.1 per 100,000 persons) and Jefferson County had the highest cancer incidence rate (428.8). Gilpin had the highest incidence of breast cancer in the service area (138.6). Adams County had higher rates of cervical cancer (8.6), colon and rectum cancer (39.9) and lung and bronchus cancer (53.6) than the other service area counties and the state. Broomfield County had the highest area rates of melanoma (27.1) and Jefferson County had the highest rate of prostate cancer (124.7). These rates of cancer also exceeded state rates.

Cancer Incidence Rate, Age-Adjusted, per 100,000 Persons

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Invasive cancer for all sites combined	408.3	392.3	422.3	412.5	428.8	388.1	409.3
Breast cancer (females)	113.0	134.5	119.3	138.6	126.2	119.3	122.6
Cervical cancer	8.6	4.5	*	*	4.1	5.9	5.7
Colon and rectum cancer	39.9	29.1	25.8	*	32.7	36.1	34.0
Lung and bronchus cancer	53.6	34.3	47.5	*	44.0	42.8	44.1
Melanoma cancer	15.7	24.9	27.1	*	26.9	16.9	21.7
Prostate cancer	101.7	111.4	117.0	*	124.7	90.0	110.7

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators> *No data available.

Community Input – Cancer

Stakeholder interviews provided insights on issues related to cancer. Following are their comments summarized and edited for clarity:

- Cancer care is such an involved process that it is difficult for people emotionally to get through it or make good decisions on what to do and which treatment to pick or realize when treatment is no longer an option. Support groups and patient navigators are important resources.
- People who are under-insured or uninsured can't always get follow-up care for cancer treatment.
- There is a lot of concern about how oil and gas drilling will impact people's health. Often, that drilling may take place in a lower-income area. That is increasing the risk

for a community that is already in a higher risk category.

- There are robust services here. However, we don't have very good prevention, or education. We need to identify those at higher risk and create an understandable and effective referral system, including programs and plans that can help them.
- We are diagnosing more cancer in the ED so we may not be doing enough preventive screenings and early detection in the community.

Cardiovascular Disease

High cholesterol and blood pressure are precursors to other chronic diseases, including heart disease and stroke. In the service area, residents of Boulder County, Broomfield County, Gilpin County, and Jefferson County have elevated cholesterol rates that exceeded the state rate (33.6%). Adams County and Broomfield County residents have higher rates of elevated blood pressure than the state (25.8%).

Elevated Cholesterol and Blood Pressure

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Elevated cholesterol	31.1%	34.9%	38.2%	40.2%	35.8%	32.5%	33.6%
Elevated blood pressure	26.4%	21.3%	29.4%	24.0%	23.8%	23.1%	25.8%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Cardiovascular Disease Hospitalization

Hospitalization rates for cardiovascular disease were higher in Adams County (2,499.1 per 100,000 persons) and Weld County (2,578.8) than in the state (2,156.9). Heart failure hospitalization was at a rate of 938.7 per 100,000 persons in Weld County, and a rate of 789.2 in Adams County. These rates exceeded the state rate of 666.5. The rate of hospitalization due to stroke was 285.3 per 100,000 persons in Adams County and 280.9 per 100,000 persons in Weld County. These rates also exceeded the state rate of hospitalization for stroke (250.6).

Cardiovascular Disease Hospitalizations, Age-Adjusted Rate, per 100,000 Persons

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Heart disease hospitalizations	2,499.1	1,880.8	1,835.5	1,571.4	1,976.5	2,578.8	2,156.9
Heart failure hospitalizations	789.2	558.7	513.6	512.0	596.9	938.7	666.5
Stroke hospitalizations	285.3	204.5	219.2	189.4	241.7	280.9	250.6

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2015
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Community Input – Heart Disease

Stakeholder interviews provided insights on issues related to heart disease. Following are their comments summarized and edited for clarity:

- There are more resources now than there have been in past, but there are still educational opportunities to teach the warning signs and symptoms of heart disease. We must re-enforce the message that it is critical to get to services as fast as possible.
- We have some access to cardiologists in Boulder, but when we go east, it becomes more difficult. For the uninsured and the undocumented, they just can't afford the services.
- People don't want to call the ambulance when they are having chest pain because they think they are going to spend a lot of money only to find out it's something else.
- We need to educate people to call an ambulance when they experience chest pain, because then they can get needed resources. Outcomes are better the quicker we can establish care.
- Prevention, lifestyle choices and behaviors play a role in reducing heart disease.
- Some challenges with heart disease are having people understand all those contributing factors including toxic stress, smoking, diet, and exercise.
- The population most at risk is women. They are less likely to take chest pain seriously and may not have the symptoms we associate with a heart attack.

Communicable Disease

Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water.

The rate of HIV incidence rate in Adams County was equal to the state rate (4.9 per 100,000 persons). Among service area counties, Adams County exceeded the state rates for AIDS incidence, and Chlamydia.

Sexually Transmitted Infection, Rate per 100,000 Persons

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
HIV incidence	4.9	2.5	2.7	0.0	3.4	2.3	4.9
AIDS incidence	4.0	2.1	*	0.0	2.1	1.7	3.5
Chlamydia (ages 15-29)	1,731.6	1,087.6	1,306.3	1,075.0	891.4	1,385.5	1,664.3
Gonorrhea (ages 15-29)	200.5	79.8	169.7	*	103.0	104.9	218.6

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>, 2013-2015

Of note among service area communicable diseases, Weld County had the highest rate of pertussis/whooping cough (40 per 100,000 persons) among service area counties. Rates of E. coli equaled or exceeded state rates among all area counties. Adams County and Boulder County had higher rates of tuberculosis (1.5) than the state (1.3). Weld County (9.4) and Boulder County (7.9) had higher rates of West Nile Virus when compared to service area counties.

Incidence of Communicable Diseases, Rate per 100,000 Persons

	Adams County	Boulder County	Broomfield County	Jefferson County	Weld County	Colorado
Hepatitis A	0.1	0.7	0.5	0.4	0.6	0.6
Hepatitis B	0.8	0.4	0.5	0.8	0.2	0.6
Hepatitis C	0.2	0.6	0.0	0.4	0.6	0.6
Pertussis	28.1	37.4	25.2	33.1	40.0	22.4
E. coli	1.1	0.9	1.6	1.3	1.7	0.9
Tuberculosis	1.5	1.5	1.1	0.5	0.5	1.3
West Nile Virus	2.6	7.9	4.3	1.0	9.4	3.4

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2016
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. Among service area counties, Gilpin County had the highest ratio (1,480:1) of population to mental health providers (fewer providers). Boulder County had the best ratio (160:1) among service area counties. This exceeded the state ratio of 392:1.

Mental Health Providers, Number and Ratio

	Adams County	Boulder County	Broomfield County	Gilpin County
Number of mental health providers	1,460	2,009	71	4
Ratio of population to mental health providers	422:1	160:1	940:1	1,480:1

Source: County Health Rankings, 2017, <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/62/data>

Mental Health Providers, Number and Ratio, Continued

	Jefferson County	Weld County	Colorado
Number of mental health providers	1,440	647	13,438
Ratio of population to mental health providers	400:1	616:1	392:1

Source: County Health Rankings, 2017, <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/62/data>

Mental Health Indicators

The number of days that adults and children experienced with poor mental health in the past 30 days was 3.5 in Adams County, 2.8 days in Boulder County, 2.4 days in Broomfield County, 9.6 days in Gilpin County, 3.0 days in Jefferson County, and 3.3 days in Weld County. Gilpin County residents experienced 2.5 days of poor physical and mental health preventing normal activity in the past 30 days. Adams County residents experienced 2.4 days of poor physical and mental health in the past 30 days. These rates exceeded the state rate of 2.1 days of poor physical and mental health.

Mental Health Indicators, Adults and Children

	Adams County	Boulder County	Broomfield County	Gilpin County
Days of poor mental health	3.5	2.8	2.4	9.6
Days of poor physical and mental health preventing normal activity	2.4	2.1	1.3	2.5

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2013-2015
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Mental Health Indicators, Adults and Children, Continued

	Jefferson County	Weld County	Colorado
Days of poor mental health	3.0	3.3	3.3
Days of poor physical and mental health preventing normal activity	1.8	1.8	2.1

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2013-2015
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

In Adams County (3,189.4) and Weld County (3,254.1), the rate of hospitalizations for mental health diagnoses, per 100,000 persons, was higher than in the state (2,833.8). The rate of suicide hospitalizations in Weld County (59.8 per 100,000 persons) exceeded the state rate of (52.0). 21.4% of parents in Adams County and 20.1% in Weld County reported having behavioral or mental health problems with their children, ages 1-14. These were higher rates than found in the state (19.9%). Among postpartum women, 13.1% in Adams County and 10.9% in Weld County experienced symptoms of depression. These rates were higher than found in the state (9.6%).

Mental Health Indicators

	Adams County	Boulder County	Broomfield County	Gilpin County
Rate of mental health hospitalizations (per 100,000 persons)	3,189.4	2,184.1	2,294.3	2,112.7
Rate of suicide hospitalizations (per 100,000 persons)	45.4	37.7	35.1	43.7
Parents reporting behavioral or mental health problems of children ages 1-14	21.4%	20.1%	*	*
Postpartum depressive symptoms	13.1%	7.4%	*	*

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2013-2015 *No data.
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

Mental Health Indicators, Continued

	Jefferson County	Weld County	Colorado
Rate of mental health hospitalizations (per 100,000 persons)	2,718.3	3,254.1	2,833.8
Rate of suicide hospitalizations (per	45.8	59.8	52.0

	Jefferson County	Weld County	Colorado
100,000 persons)			
Parents reporting behavioral or mental health problems of children ages 1-14	17.7%	15.1%	19.9%
Postpartum depressive symptoms	5.9%	10.9%	9.6%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2013-2015
<https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>

The percentage of the adult population reporting more than 14 days of poor mental health per month was highest at 10% in Adams County. In Broomfield County and Jefferson County 8% of adults reported frequent mental distress, these rates were lower than the state rate (9%).

Frequent Mental Distress, Adults

	Percent
Adams County	10%
Boulder County	9%
Broomfield County	8%
Gilpin County	9%
Jefferson County	8%
Weld County	9%
Colorado	9%

Source: County Health Rankings, 2016, <http://www.countyhealthrankings.org/app/colorado/2016/measure/outcomes/145/data>

Community Input – Mental Health

Stakeholder interviews provided insights on issues related to mental health. Following are their comments summarized and edited for clarity:

- Prescriber psychiatrist shortages are a huge barrier to receiving care. You might be able to get a therapist appointment in few weeks, but to get an appointment with a psychiatrist who can prescribe medications, it could take 6 months.
- Even though there are parity laws for mental health and substance abuse, in practice there is not parity. It is often a carve-out that goes through a different part of your health insurance and it's not covered and/or the deductible is so high that it deters people from getting the treatment that they need, when they need it. When someone is motivated to get treatment that is the best time to give them treatment. When you try to give treatment to someone who is not motivated and not at that place, it's less effective.
- Too often, people go right into the ED. Where else are they going to go when there is no bridge strategy between the ED and community resources for these behavioral health patients? Hospitals are becoming the primary place to seek crisis services due to a lack of sufficient community-based services.

- For people dealing with co-occurring issues, such as mental health and substance abuse, we need to move upstream and address issues contributing factors like early childhood adverse events and early childhood services. The idea is to focus on prevention.
- It is critical to think about the culture we create around people's ability to reach out and get support for mental health. Let's provide co-location of behavioral health and physical health to support someone's wellness.
- Inpatient services are insufficient. There are fewer beds available now than there were 15 years ago for behavioral health. A hospital closed down, Centennial Peaks, so after a 72-hour hold, you just have to hope there will be a bed.
- Integration is an issue. When you talk about mental health, you don't even think about it as being part of health. Instead, it's separated. Is that a root cause of why people struggle with it so much?
- There is recent legislation around combining behavioral health with Medicaid. But there are not sufficient providers. If it is hard to get in and people are already struggling, to make that first step and make the call only to find out the first available appointment is in two months, a lot can happen in 2 months. We do not have sufficient behavioral level services, especially at the intake level when people are ready to make a change.

Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

Marijuana Use³

Among service area counties, Boulder County had the highest rate of adult marijuana use (20.1%). 3.4% of children in Boulder County homes and 3% of children in Adams County homes were exposed to marijuana.

Marijuana Use

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Colorado
Adult marijuana use	10.7%	20.1%	15.6%	13.0%	13.8%	13.5%
Presence of marijuana in a home with children	3.0%	3.4%	*	*	0.6%	3.2%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. *No data available for Weld County. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl

The percentage of medical marijuana users ranged from 10.1% in Boulder County to less than 1% (0.2%) in Gilpin County. With the exception of Broomfield County and Gilpin County residents, the other area counties had higher medical marijuana use than found in the state (1.6%).

Use of Medical Marijuana

	Percent
Adams County	6.4%
Boulder County	7.0%
Broomfield County	1.0%
Gilpin County	0.2%
Jefferson County	10.1%
Weld County	3.4%
Colorado	1.6%

Source: medical.marijuana@state.co.us, www.colorado.gov/cdphe/medicalmarijuana March 2018 Program Statistics

Alcohol Use

Binge drinking is defined as five or more drinks on one occasion for men and four or

³ Information on the impact of marijuana can be found in a new report *The Legalization of Marijuana in Colorado: The Impact*. Volume 5, September 2018. Report available at www.RMHIDTA.org, click on the reports tab.

more drinks for women. Gilpin County (27.4%), Broomfield County (20.5%), Boulder County (19.1%) and Jefferson County (18.8%) had higher rates of binge drinking than found in the state (18.2%). Heavy drinking is defined as greater than 15 drinks per week for men and greater than 8 drinks a week for women. Jefferson County (8.2%) and Boulder County (6.8%) adults engaged in heavy drinking over the past year at rates higher than in the state (6.5%).

Alcohol Use

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Binge drinking	9.7%	19.1%	20.5%	27.4%	18.8%	17.7%	18.2%
Heavy drinking	4.7%	6.8%	4.2%	1.8%	8.2%	5.9%	6.5%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs.
www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsq

Cigarette Smoking

The Healthy People 2020 objective is 12% of the population who smoke cigarettes. Boulder County (11.4%) and Broomfield County (11.5%) residents met this objective. In Gilpin County, 32.7% of adults smoked cigarettes. 3.5% of children in Adams County were exposed to cigarette smoke in cars. This was higher than the state rate (3.3%). None of the area counties exceeded the state rate (2.8%) for children exposed to cigarette smoke in homes. 5.7% of pregnant women in Adams County, 4% in Boulder County, 4.4% in Jefferson County and 6.5% in Weld County smoked during their pregnancies.

Cigarette Use

	Adams County	Boulder County	Broomfield County	Gilpin County	Jefferson County	Weld County	Colorado
Adult cigarette use [^]	19.3%	11.4%	11.5%	32.7%	14.6%	16.9%	16.3%
Child cigarette smoke exposure in cars	3.5%	0.2%	*	*	3.2%	3.0%	3.3%
Child cigarette smoke in homes	1.3%	1.2%	*	*	2.0%	2.3%	2.8%
Pregnant mothers who smoked in 3 rd trimester	5.7%	4.0%	*	*	4.4%	6.5%	7.6%

Source: [^] Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2013-2014. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. *No available data.

www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsq

Colorado Department of Public Health and Environment, Colorado Health Indicators, *2013-2015

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

Community Input – Substance Abuse

Stakeholder interviews provided insights on issues related to substance abuse.

Following are their comments summarized and edited for clarity:

- With substance abuse, there is stigma and a lot of co-occurring disorders.
- There is a lack of inpatient short-term facilities for adults and youth in the community. The jail population is one of the areas we see a real need for diverting people from jail to treatment centers.
- With the opioid crisis, we are seeing a lot of kids being removed from their homes because the parents can't stay sober.
- Resources for methadone are very difficult to find. It's a big challenge that our major treatment center for low-income and Medicaid recipients closed down. We need more sources for treatment, more counselors; we also need counselors who speak Spanish.
- People don't feel they have alternative resources to handle chronic pain so they find themselves getting into abusive narcotics. They don't mean to, but they can't manage their pain any other way. Also, practitioners don't do a good job of follow-up with patients that have been prescribed pain medications to ensure there are other therapies in place to help patients successfully move off medications.
- We know alcohol is a key driver of poor health. However, alcohol is not getting a lot of attention because it's socially acceptable. But it's one of the main causes of death and disease.
- We need more education and publicity around proper ways to dispose of leftover prescription drugs. There are many drop-off places, but there isn't enough public awareness.
- Mental health and substance abuse go hand in hand and can play off one another. We see a lot of self-medicating happening because people can't or won't access mental health care.
- There is a lack of focus on a national and local level to deal with the opioid crisis. Doctors keep prescribing it and pharmaceutical companies keep making it.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the GSMC service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators in the service area that do not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 75% – 87.7%	High school graduation rate 87%
Health insurance rate 89.7%	Health insurance rate 100%
Heart disease deaths 136.5 Adams County; 115.2 Boulder County	Heart disease deaths 103.4 per 100,000 persons
Cancer deaths 157.9 Adams County; 119.7 Boulder County	Cancer deaths 161.4 per 100,000 persons
Stroke deaths 33.5 Weld County; 30.2 Broomfield County	Stroke deaths 34.8 per 100,000 persons
Unintentional injury deaths 61.6 Gilpin County; 37.5 Broomfield County	Unintentional injury deaths 36.4 per 100,000 persons
Liver disease deaths 13.9 Adams County; 8.5 Broomfield County	Liver disease deaths 8.2 per 100,000 persons
Suicides 19.5 Weld County; 13.6 Broomfield County	Suicides 10.2 per 100,000 persons
On-time (1st Trimester) prenatal care 76.9% Gilpin County; 86.8% Jefferson County	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 17.1% Gilpin County; 7.9% Weld County	Low birth weight infants 7.8% of live births
Infant death rate 4.8 Boulder County; 6.5 Adams County	Infant death rate 6.0 per 1,000 live births
Breastfeeding 92% Weld County; 96.8% Adams County	Colorado 2020 Objective Breastfeeding 84.5% infants breastfed
Adult obese 14.1% Boulder County; 27.9% Weld County	Adult obese 30.5%
Adults who are sedentary 10.8% Boulder County; 23.5% Adams County;	Adults who are sedentary 32.6%
Annual influenza vaccination 39.5% Adams County; 58.4% Gilpin County	Annual influenza vaccination 70%
Adults, 50-75, colorectal screening 60.3% Gilpin County; 74.5% Broomfield County	Adults, 50-75, colorectal screening 70.5%
Cigarette smoking by adults 32.7% Gilpin County; 11.4% Boulder County	Cigarette smoking by adults 12%

Attachment 2. Community Interviewees

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Name	Title	Organization
Jill Atkinson, PhD, LP	Director of Integrated Outpatient Services	Community Reach Center
Peter Benkowski	Vice President Strategy Business Development	Good Samaritan Medical Center
Lisa Bitzer	Client and Business Services Manager	Via Mobility
Marcy Campbell	Boulder County Public Health	Communities That Care Facilitator
Susan Caskey	Division Director, IMPACT Care Management Division	Boulder County Housing and Human Services, Continuum of Human Services
Suzanne Crawford	Director of Development	Sister Carmen Community Center
Hillary Hintsch	Health Planning and Evaluation Manager	Boulder County Public Health
Michael McHale	President and Chief Operating Officer	Mental Health Partners
Megan Noel	Health Planning and Evaluation Specialist	Boulder County Public Health
Dinah Pollard	Senior Center Supervisor	Lafayette Recreation Center
Darrell Rott	Director of Mission and Ministry	Avista Hospital
Jean Schuppe	Director Nursing Services	Good Samaritan Medical Center
Jeanette Smith	Director Diagnostics and Treatment Services – Cardiology	Good Samaritan Medical Center
Jason Vahling, MPH	Public Health Director	Broomfield Public Health and Environment
Susan Wortman MA-J	Development Director	Clinica Family Health
Doug Yeiser	President and Chief Operating Officer	Foothills United Way

Attachment 3. Community Prioritization Attendees

Name	Title	Organization
Jennifer Alderfer	Chief Executive Officer	Good Samaritan Medical Center
Katrine Arnedo	Director of Volunteer Engagement	Foothills United Way
Peter Benkowski	VP Strategy and Business Development	Good Samaritan Medical Center
Lisa Bitzer	Client and Business Services Manager	Via Mobility Services
Jan Bonner	Executive Director	Good Samaritan Medical Center Foundation
Patti Ellisor	V.P., Chief Nursing Officer	Good Samaritan Medical Center
Rachel Hamasaki	Marketing Program Manager	Good Samaritan Medical Center
Alison Harvey	Public Health Planning and Communications Administrator	Broomfield Public Health and Environment
Susan Hébert	VP Mission Integration	Good Samaritan Medical Center
John Higgins	Chief Financial Officer	Good Samaritan Medical Center
Kelli Hintch	Health Planning and Evaluation Manager	Boulder County Public Health
Karen Irish	Senior Director	Cancer Centers of Colorado
Jennifer Loesz Marriot	Vice President, Clinic Care	Mental Health Partners
Michael McHale	President and Chief Executive Officer	Tru Community Care
Todd Mydler	Chief Medical Officer	Good Samaritan Medical Center
Megan Noel	Health Planner	Boulder County Public Health
Jean Schuppe	Director Nursing Services	Good Samaritan Medical Center
Dayna Scott	Executive Director	Broomfield FISH
Jeanette Smith	Director Diagnostic and Treatment Services	Good Samaritan Medical Center
Lauren Stenger	Trauma Outreach, Injury Prevention Education Coordinator	Good Samaritan Medical Center
Susan Wortman	Development Director	Clinica Family Health

Attachment 4. Community Resources

Good Samaritan Medical Center solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to 2-1-1 Colorado at <https://211colorado.communityos.org/cms/node/142>.

Significant Health Needs	Community Resources
Access to care	211, Access-a-ride RTD, Adams County Health Alliance, Adams County Health Department, Adams County Housing Authority, Adams County Police Crisis Intervention Program, Association for Community Living (ACL Boulder), Avista Boulder Medical Center, Boulder Community Health, Boulder Respite Services, Boulder Senior Services, Boulder Valley Women’s Health Center, Broomfield County Public Health, Clinica Family Health, Colorado Community Health Alliance, Community Development Block Grant (CDBG), Early and Periodic Screenings, Diagnostic and Treatment (EPSDT), Early Childhood Partnership of Adams County (ECPAC), Emergency family assistance, Family Resource Center (FRC), Foothills United Way, Healthy Kids Colorado, Kids First Health Care, Lafayette Recreation Center, Let’s Talk Colorado, Mental Health Partners, Mental Health Pod at Adams County Detention Facility, Partners for a Clean Environment (PACE), Public Health Improvement Process (PHIP), Regional Accountable Entity Governing Counsel (RAE), Saint Anthony North, Centura Health, Salud Family Health Services, Sister Carmen Community Center, SNAP Food Assistance, Tri-County Health Department, TRU Community Care, Via Mobility, Volunteer Respite & Companion Volunteer Program, Women Infant and Children Food and Nutrition Service (WIC)
Cancer	American Cancer Society, Anschutz Health and Wellness Center at University of Colorado, Area Agency on Aging, Denver Regional Council of Governments, Avista Adventist Hospital, Centura Health, Boulder Community Health Cancer Center, Clinica Family Health, Colorado Cancer Foundation, Foothills United Way, Salud Family Services, Susan G. Komen, Women’s Wellness Connection Department of Public Health
Heart disease	American Heart Association Metro Denver Chapter, American Stroke Association, B Healthy Broomfield, Boulder Community Health, CDC Tobacco Control Program, Clinica Family Health, Healthy Eating and Active Living (HEAL), Healthy Learning Paths, Lafayette Recreation Center, Million Hearts Campaign, Salud Family Services, Strike out Stroke, Tri-County Healthy Beverages, Worksite wellness
Lung disease	National Jewish Health, Tri-County Health Department Radon Education

Significant Health Needs	Community Resources
Mental health and substance abuse	Aurora Strong Resilience Center, Boulder Community Health, Boulder County Task Force on Mental Health, Colorado Syringe Exchange, Communities that Care Coalition, Community Reach Center, Healthy Futures Coalitions, Interfaith Network on Mental Illness (INMI), Latino Task Force Boulder County, Let's Talk Colorado, Mental Health Partners, Responsibility Grows Here, Rise Above Colorado, Senior Reach, Signal Behavioral Health, Speak Now Colorado, Speak Now!, Substance Abuse and Mental Health Services Administration, Suicide Prevention Coalition of Colorado, Take Meds Seriously, Thrive Center
Overweight and obesity	5-2-1-0 Numbers to Live By!, Fit Family Challenge, Great Outdoors Colorado, Healthy Eating Active Living (HEAL), Heart Smart Kids, Lafayette Recreation Center, Lafayette Youth Advisory Healthy Eating, Live Well Colorado, My Outdoor Colorado, SNAP, Tri-County Health, WIC
Unintentional injuries	Boulder Community Health Urgent Care, Denver Regional Council of Governments, Lafayette Recreation Center, Matter of Balance, Silver Sneakers

Attachment 5. Review of Progress

Good Samaritan Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The medical center addressed: access to care and mental health through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the significant health needs addressed since the completion of the 2015 CHNA.

Improved Access to Care

Goal: Increase access to reliable, timely, cost effective and quality health care that optimizes the overall well-being of community members.

Strategy	Review of Progress
Expand access to health services.	<p>GSMC promoted “Doctor on Demand” for patients, visitors and associates to access health care via their online platform. Pamphlets are readily available in our Emergency Department and throughout the hospital.</p> <p>The Health Library on the SCL Health website provided online access to health information that is trusted and easy to locate.</p> <p>GSMC provided the following programs to increase community awareness of resources, health information, or how to access services:</p> <ol style="list-style-type: none"> 1. Trauma Services through Education, Injury Prevention and Outreach to the community; designation as a Level II Trauma Center. 2. Heart Health education and Chest Pain Accreditation. 3. Stroke programs and services; designation as Primary Stroke Center. 4. Birthing and Family Education. 5. Comprehensive website information.
Work with community partners to increase access to health care.	<p>GSMC partnered with the following organizations to improve access to health services including mental health and substance abuse:</p> <p>Cash Donations were made to each organization in 2017:</p>

Strategy	Review of Progress
	<p><i>Clinica Family Health Services</i></p> <ul style="list-style-type: none"> ○ Access to comprehensive health services. ○ Integration of mental health within clinics. <p><i>Colorado Crisis Services Line</i></p> <ul style="list-style-type: none"> ○ Supporting 24/7/365 crisis line with trained crisis counselors in mental health. <p><i>Community Reach Center (CRC)</i></p> <ul style="list-style-type: none"> ○ Connects individuals to programs and services with mental health needs with emphasis on Adams County. <p><i>EDGE – Mental Health Diversion Program</i></p> <ul style="list-style-type: none"> ○ Crisis team to divert individuals with behavioral health condition before they face arrest. <p><i>INMI – Interfaith Network on Mental Illness</i></p> <ul style="list-style-type: none"> ○ Increase awareness and understanding of mental illness among clergy, staff, lay leaders, and members of faith communities. ○ Educate therapeutic professionals, family members, and the general public about simple things that can help someone struggling with a mental illness, including their spirituality/faith. ○ Help everyone, especially faith communities, more effectively develop and nurture supportive environments for persons dealing with mental illnesses, as well as their families and friends. <p><i>Mental Health Partners</i></p> <ul style="list-style-type: none"> ○ Provides services for the community through primary care, peer support groups, one on one interventions, community knowledge and education around mental health first aid, while providing access to care to those with mental illness. Serves Boulder and Broomfield Counties. <p><i>NAMI – National Association Mental Illness Boulder/Broomfield County</i></p>

Strategy	Review of Progress
	<ul style="list-style-type: none"> ○ Advocacy group that represents families and individuals affected by mental illness. ○ Provides psych education, research and support to those with mental illness through various public education and awareness activities. <p><i>Sister Carmen Center</i></p> <ul style="list-style-type: none"> ○ Provides food, training and education to those of our community in need while providing access to care through imbedding mental health clinicians in their center. <p><i>Rocky Mountain Crisis Partners</i></p> <ul style="list-style-type: none"> ○ Statewide, 24/7, year-round, community-based system of crisis intervention services from which people experiencing mental health and/or substance abuse crises can be assessed, safely and effectively stabilized, and efficiently linked to appropriate follow-up care and services. <p>TRU Community Care</p> <ul style="list-style-type: none"> ○ TRU is a community hospice that addresses needs in and around Boulder. Programs extend beyond hospice to include supportive services for those with advanced illness and their families. And a hospice service area that reaches outside Boulder and Broomfield Counties to encompass surrounding regions, too. The CNO of GSMC served as a board member. <p>GSMC partnered with Broomfield County and Community Pediatricians offering 'Fit Kids' program to the community. Registered 10 youth to participate with their families to address healthy living.</p>
Expand access to health services through reliable transportation	<p>Via Mobility provided access to care for patients through providing rides to the hospital. GSMC supports this program through an annual donation.</p> <p>Worked on a New SCL Health contract with LYFT for timely patient transportation services.</p>

Mental Health

Goal: Decrease the burden and stigma surrounding mental health in order to optimize overall health of the individual and decrease safety concerns.

Strategy	Review of Progress
Evaluate the feasibility of developing a sustainable telehealth model for access to behavioral health services.	<p>Research was completed in 2017 assessing the feasibility of accessing the SCL Health contract for InSight telepsychiatric services. InSight is the nation's leading telepsychiatric services provider. The goal is to provide telepsych services for GSMC patients and community members along with Lutheran Medical Center and Saint Joseph Hospital. Financial feasibility requires all three hospitals to participate and we continue to work to achieve this collaboration.</p> <p>GSMC continues to provide psychiatric consults through a contract with Kaiser Permanente.</p>
Evaluate development of behavioral health navigators to connect to available community resources.	<p>The opportunity now exists for GSMC to partner with Foothills United Way to promote the 2*1*1 phone number so that our community has one way to access mental health services. The 2*1*1 phone number has been used nationally for more than 20 years.</p> <p>Extensive assessments were completed with community leaders regarding the development of behavioral health navigators.</p>
Integrate behavioral health services into SCLP primary care clinics.	<p>Mental Health Partners (MHP) partnered with GSMC in 2016 and provided behavioral health services in three SCLP Primary Clinics in the GSMC service area. More than 2,200 patient encounters were documented. This partnerships dissolved in 2017 because of cost constraints. GSMC continues to look into viable alternatives.</p> <p>Community Reach Center and SCLP have had discussions about creating a similar model for the SCLP clinics in Adams County.</p>
Mental Health First Aid (MHFA)	<p>GSMC provided 18 Mental Health First Aid (MHFA) trainings to the community in 2017. 301 individuals were trained through this program in partnership with Mental Health Partners, Community Reach Center and Jefferson Center for Mental Health.</p> <p>Jennifer Lavie was trained as MHFA Instructor providing 4 modules to the community: Adult,</p>

Strategy	Review of Progress
	<p>Older Adults, Public Safety and Veterans. Jennifer partnered with Community Reach Center, instructors from Jefferson Center for Mental Health and the National Organization for Mental Health First Aid to pilot an MHFA Fire EMS module, providing reviews and feedback to the National Organization for publication of this new module to be rolled out in 2018.</p> <p>Participated in Boulder County Behavioral Health Task Force to work with the community to address mental health in Boulder County, setting a goal of training an additional 2,000 individuals in MHFA throughout Boulder County.</p>