



# Community Health Needs Assessment

October 2018

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## Executive Summary

Platte Valley Medical Center became the first private general medical-surgical hospital in Adams and Southern Weld Counties in 1960. In 2007, Platte Valley Medical Center (PVMC) moved to a 50-acre campus at I-76 and 144th Avenue. Today, PVMC is a 98-bed community hospital and a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc. The hospital offers a Primary Stroke Center, an Accredited Chest Pain Center and Advanced Cardiovascular Program, a Level II Special Care Nursery, and innovative surgical, orthopedic and women’s services.

PVMC 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 PVMC service area includes six communities (including eight ZIP Codes) in Adams County and Weld County, Colorado.

**Platte Valley Medical Center Service Area**

City	ZIP Code	County
Brighton	80601, 80602	Adams
Brighton	80603	Weld
Commerce City	80022	Adams
Ft. Lupton	80621	Weld
Henderson	80640	Adams
Hudson	80642	Weld
Keenesburg	80643	Weld

### 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 Adams County, Weld County, and Colorado to help frame the scope of an issue as it relates to the broader community. The report includes benchmark comparison data that compares Platte Valley 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 Platte Valley Medical Center. Sixteen (16) interviews were completed in July 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 PVMC service area was 116,630 from 2012 to 2016. Adams County had a population of 479,977 and Weld County's population was 278,065.
- Children and youth, ages 0-19 made up approximately one-third of the population (32.2%); 35.7% were 20-44 years of age; 23.2% were 45-64; and 8.9% of the population were seniors, ages 65 or older.
- 63.6% of the population in the service area was White and 26.5% were Hispanic/Latino. Asians made up 2.4% of the population in the service area, while Blacks or African Americans were 2% of the population. The service area had a higher percentage of Whites and a lower percentage of Hispanic/Latinos than the state.
- Almost three-quarters (74.5%) of the service area population speaks English only; 23.6% of the population speaks Spanish, and 1.8% speaks an Asian/Pacific Islander language.

### Social Determinants of Health

- In the service area, over 11.3% of the population was living at or below 100% of the Federal Poverty Level (FPL) and 28.9% 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 \$53,633 in Fort Lupton to \$101,105 in Brighton.
- 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, 16.6% had not attained a high school diploma, which was higher than the state (9%).
- The high school graduation rates ranged from 70.2% in Weld County S/D RE-8 to 77.4% in Brighton School District 27J. The Healthy People 2020 objective for high school graduation is 87%.
- 23.2% of homeless individuals in Adams County and 15.0% in Weld County were chronically homeless compared to the state (20.7%).

- Community input identified a myriad of reasons for people not accessing care: stigma and shame, legal status, fear of the unknown, a lack of knowledge and education, transportation issues and homelessness.
- Stakeholder interviews identified the stress that housing instability places on families. Socioeconomic status impacts the health of a community.

### Access to Health Care

- 87.8% 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's become a barrier to accessing care.
- Community input noted that when people are trying to meet their basic needs, juggling multiple jobs and raising families on limited resources, preventive health care is not a priority.
- The percentage of uninsured children under the age of 18 was 8.2% for Adams County and 7.5% for Weld County, which were higher than the state rate (6.2%).
- 17% of adults in Adams County and 16% of adults in Weld County had an unmet medical need because they were not able to afford care.
- The ratio of the population to primary care physicians in Adams County was 2,320:1, and in Weld County it was 2,070:1. Both counties had higher ratios/fewer primary care physicians than Colorado at 1,240:1. A national benchmark is a ratio of 1,030 residents to 1 primary care physician.
- Lack of transportation and residency status were also barriers to accessing care.

### Birth Indicators

- In 2016, there were 7,206 births in Adams County. Weld County had 4,318 births.
- In Adams County, 13.9% of births were to mothers who are teens under the age of 20.14.2% of births in Weld County were to teenage mothers. These rates of teen birth were higher than in the state (10.5%).
- Pregnant women in the service area entered prenatal care within the first trimester at a rate of 80.3% in Adams County and 79.3% in Weld County. This rate exceeded 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 6.3 in Weld County, compared to the state (5.6). Adams and Weld County rates were higher than the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.
- 91% of infants born in Adams County and 93% of infants born in Weld County were breastfed at birth, which exceeded the Colorado 2020 objective of 84.5% of infants being breastfed for some amount of time.

### Leading Causes of Death

- In Adams County and Weld County, the top causes of death were cancer and heart disease followed by unintentional injuries, lung disease, stroke and Alzheimer's disease.
- Adams County had higher rates of cancer deaths than Weld County or the state for oral cavity cancer, digestive system cancer, respiratory system cancer, colorectal cancer and lung cancer.

### 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 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. 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

- Falls are a leading cause of injury among older adults. 24.3% of seniors in Adams County and 19.9% in Weld County reported falling at least once in the past year.
- Community stakeholders noted seniors, due to frailty and limited mobility, are more prone to falls.
- Community input noted that speeding, distracted driving and alcohol were all factors in traffic accidents.

### Chronic Disease

- Among adults in Adams County, 8.9% had been diagnosed with diabetes, which was a higher rate than found in Weld County (7.0%) and the state (6.8%).
- Community input noted that self-management for diabetes is a significant issue. Healthy eating may be cost prohibitive when people are on a limited income.
- 3.2% of Weld County adults had been diagnosed with heart disease. This was a higher rate of heart disease than found in Adams County (2.6%) and the state (2.7%).
- 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 exceeded the state rate of hospitalization due to stroke (250.6).
- Community input indicated that one challenge with stroke care is obtaining care



as quickly as possible. However, people will often wait to call the ambulance due to their inability to pay.

### Cancer

- Incidence rates for cervical cancer and colon and rectum cancer were higher in Adams County and Weld County than in the state.
- Adams County had higher rates of lung and bronchus cancer (53.6) than in Weld County (42.8) and the state (44.1).
- Community stakeholders mentioned that in a smaller community access to specialists is limited.
- Community input also noted that cancer care was very costly and care can be more difficult to obtain depending on payor status.

### Mental Health

- In Adams County, the ratio of the population to mental health providers was 422:1. In Weld County the ratio was 616:1. Both counties had fewer mental health providers than Colorado with a 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 the shortage of bilingual mental health service providers.

### Substance Abuse

- The number of medical marijuana users in Adams County (6.5%) and Weld County (3.3%) was higher than in Colorado (1.6%).
- 19.3% of adults in Adams County and 16.9% in Weld County smoked cigarettes. This was higher than the Healthy People 2020 objective of 12% of the population who smoke cigarettes.
- 5.7% of pregnant women in Adams County and 6.5% in Weld County smoked during their pregnancies.
- In Adams County, 9.7% of adults engaged in binge drinking over the past year and 17.7% of Weld County adults engaged in binge drinking.
- Community input noted available substance abuse treatment options were

insufficient to address the need.

### **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

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 top six significant community health needs:

- Access to health care
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health/substance abuse
- Unintentional injuries

Community stakeholders were asked through in-depth phone interviews, 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. Cardiovascular disease
3. Access to health care
4. Diabetes
5. Cancer
6. Unintentional injuries

## Introduction

### Background and Purpose

Platte Valley Medical Center (PVMC) became the first private general medical-surgical hospital in Adams and Southern Weld Counties in 1960. For 47 years, PVMC was located on seven acres at 18th and Bridge Street in Brighton. In 2007, PVMC moved to a 50-acre campus at I-76 and 144th Avenue. Today, PVMC is a 98-bed community hospital and a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc. The hospital offers a Primary Stroke Center, an Accredited Chest Pain Center and Advanced Cardiovascular Program, a Level II Special Care Nursery, and innovative surgical, orthopedic and women's services. The mission of Platte Valley Medical Center is *"to foster optimal health for all."*

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

Platte Valley Medical Center is located at 1600 Prairie Center Parkway Brighton, Colorado 80601. The primary service area includes six communities (including eight ZIP Codes) in Adams County and Weld County, Colorado. A majority of patient admissions at Platte Valley Medical Center originate from these cities.

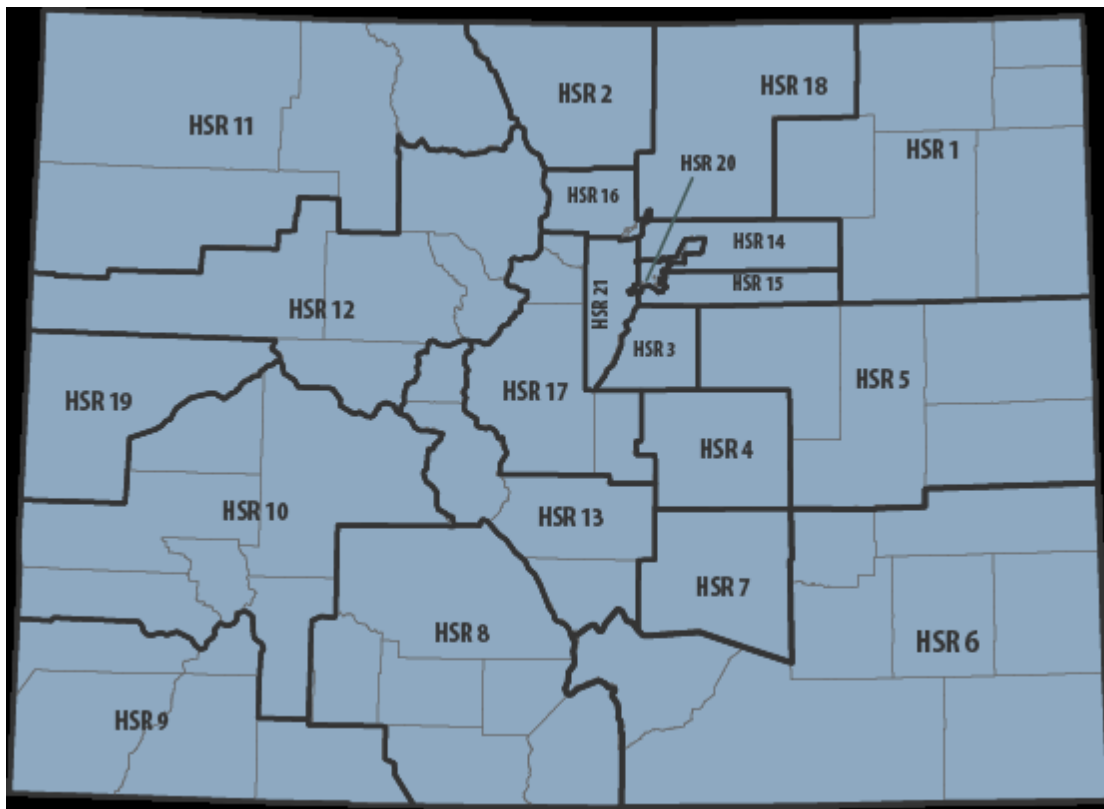
**Platte Valley Medical Center Service Area**

City	ZIP Code	County
Brighton	80601, 80602	Adams
Brighton	80603	Weld
Commerce City	80022	Adams
Ft. Lupton	80621	Weld
Henderson	80640	Adams
Hudson	80642	Weld
Keenesburg	80643	Weld

Platte Valley Medical Center Service Area Map



The Health Statistic Regions (HSR) for Platte Valley Medical Center is HSR 14 for Adams County, and HSR 18 for Weld County.



### **Project Oversight**

The Community Health Needs Assessment process was overseen by:  
Peggy Jarrett, BSN, MPH, 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, MEd. [www.bielconsulting.org](http://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 Adams County, Weld County, 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 Platte Valley 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

PVMC 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 July 2018. For the interviews, community stakeholders identified by PVMC 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/platte-valley-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 June 18, 2018 to prioritize the preliminary list and narrow the list to six key issues that would be further discussed through community interviews. (See Attachment 3 for a list of the participants.) 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	9.62	8.75	9.19
Heart disease/stroke	9.06	8.89	8.96
Access to health care	7.86	9.35	8.61
Cancer	8.61	7.95	8.28
Diabetes	7.21	8.06	7.64
Unintended injuries	7.85	6.75	7.30
Lung disease	6.70	7.78	7.24
Obesity	7.30	6.95	7.13
Housing	7.70	5.10	6.40
Dental care	5.95	4.65	5.30
Asthma	4.65	5.50	5.08
Arthritis	4.40	4.70	4.55

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
- Diabetes
- Mental health and substance abuse
- 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, cardiovascular disease, and mental health and substance abuse 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.

Significant Health Needs	Severe and Significant Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	88.9%	14.3%	44.4%
Cancer	57.1%	16.7%	50.0%
Cardiovascular disease	100%	16.7%	50.0%
Diabetes	77.8%	25.0%	42.0%
Mental health and substance abuse	100%	70.0%	90.0%
Unintentional injuries	55.6%	37.5%	25.0%

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 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	3.77
Cardiovascular disease	3.42
Access to health care	3.38
Diabetes	3.33
Cancer	3.25
Unintentional injuries	3.17

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 2016, PVMC 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 2016 CHNA addressed access to health care, mental health and substance abuse, and heart disease and stroke through a commitment of community benefit programs and resources. The impact of the actions that Platte Valley 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 Platte Valley Medical Center service area was 116,630. Adams County had a population of 479,977 and Weld County's population was 278,065.

### Total Population

	PVMC Service Area	Adams County	Weld County	Colorado
Total population	116,630	479,977	278,065	5,530,105

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

### Population by ZIP Code

	ZIP Code	Population
Brighton	80601, 80602, 80603	37,139
Commerce City	80022	46,985
Ft. Lupton	80621	11,893
Henderson	80640	13,308
Hudson	80642	4,037
Keenesburg	80643	3,268

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

In the service area, 51.4% of the population was male and 48.6% were female.

### Population by Gender

	PVMC Service Area	Adams County	Weld County	Colorado
Male	51.4%	50.3%	50.3%	50.2%
Female	48.6%	49.7%	49.7%	49.8%

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

3.3% of Adams County adults and 2.5% of Weld County adults identified themselves as lesbian, gay or bisexual.

### Sexual Identity

	Adams County	Weld County	Colorado
Adults who identify as lesbian, gay or bisexual	3.3%	2.5%	4.1%

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

Youth, ages 0 – 19 make up 32.2% of the population in the service area. 58.9% of the population was 20 to 64 years old and 8.9% were 65 years and older. The service area

had a higher percentage of youth and lower percentage of seniors than found in area counties or the state.

### Population by Age

	PVMC Service Area		Adams County		Weld County		Colorado	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age 0-4	13,576	8.5%	37,094	7.7%	20,509	7.4%	335,492	6.3%
Age 5-19	38,047	23.7%	107,323	22.4%	62,694	22.5%	1,051,785	19.6%
Age 20-24	8,529	5.3%	32,051	6.7%	19,583	7.0%	380,668	7.1%
Age 25-44	48,678	30.4%	146,884	30.6%	76,911	27.7%	1,522,376	28.4%
Age 45-64	37,189	23.2%	110,900	23.1%	67,355	24.2%	1,389,934	25.9%
Age 65+	14,274	8.9%	45,725	9.5%	31,013	11.2%	678,040	12.7%

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

Henderson had the largest percentage of youth, ages 5-17 (23.9%) and smallest percentage of seniors (5.3%) in the service area. Hudson had the smallest percentage of youth (14.8%). Keenesburg had the highest percentage of seniors (15.6%) in the service area.

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

	ZIP Code	Ages 5 -17	Ages 65+	Median Age
Brighton	80601	21.0%	9.5%	33.4
Brighton	80602	21.5%	8.4%	36.0
Brighton	80603	19.0%	9.4%	35.4
Commerce City	80022	23.7%	7.9%	31.1
Ft. Lupton	80621	18.9%	12.4%	37.9
Henderson	80640	23.9%	5.3%	29.6
Hudson	80642	14.8%	13.5%	41.3
Keenesburg	80643	22.5%	15.6%	42.6
<b>Adams County</b>		<b>20.0%</b>	<b>9.5%</b>	<b>33.3</b>
<b>Weld County</b>		<b>19.5%</b>	<b>11.2%</b>	<b>34.0</b>
<b>Colorado</b>		<b>17.0%</b>	<b>12.7%</b>	<b>36.4</b>

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

### Race and Ethnicity

In the service area, 63.6% of the population was White, 26.5% were Hispanic/Latino, 2.4% are Asian, and 2% were Black/African American. The service area had a higher percentage of Whites and lower percentage of Hispanic/Latinos than the state.

## Race/Ethnicity

	PVMC Service Area	Adams County	Weld County	Colorado
White	63.6%	35.7%	66.7%	42.5%
Hispanic/Latino	26.5%	61.9%	28.8%	49.5%
Other or Multiple Races	3.8%	1.0%	1.7%	2.4%
Asian	2.4%	0.7%	1.3%	1.9%
Black/African American	2.0%	0.3%	1.0%	2.5%
American Indian Alaskan Native	1.5%	0.2%	0.5%	1.0%
Native Hawaiian Pacific Islander	0.2%	0.2%	0.1%	0.2%

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

Over half of the population in Commerce City (50.2%) was Hispanic or Latino. Brighton had the highest percentage of Asians in the service area.

## Race/Ethnicity by Place (City and ZIP Code)

	ZIP Code	White	Hispanic Latino	Asian	Black/African American
Brighton	80601	55.0%	38.6%	1.9%	2.1%
Brighton	80602	73.3%	17.8%	5.9%	0.4%
Brighton	80603	62.7%	32.4%	0.5%	3.1%
Commerce City	80022	41.6%	50.2%	1.5%	3.5%
Ft. Lupton	80621	54.8%	42.4%	0.9%	0.5%
Henderson	80640	50.4%	43.7%	1.7%	1.0%
Hudson	80642	74.1%	20.6%	0.0%	0.9%
Keenesburg	80643	77.2%	21.3%	0.0%	0.1%

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

## Citizenship

In the Platte Valley Medical Center service area, 12.6% of residents were foreign born. Of these, 62.9% were not citizens.

## Foreign Born Residents and Citizenship

	PVMC Service Area	Adams County	Weld County	Colorado
Foreign born	12.6%	15.3%	8.7%	9.8%
Foreign born and not a citizen	62.9%	69.5%	65.8%	60.6%

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

## Language

Almost three-quarters of the population (74.5%) in the Platte Valley Medical Center service area speak English only in the home; 23.6% of the population speaks Spanish in the home, 1.8% speaks an Asian/Pacific Islander language in the home.

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

	PVMC Service Area	Adams County	Weld County	Colorado
Speaks only English	74.5%	71.1%	80.8%	83.0%
Speaks Spanish	23.6%	23.6%	17.1%	11.9%
Speaks Asian/Pacific Islander language	1.8%	2.8%	0.9%	1.9%
Speaks other Indo-European language	2.3%	1.9%	0.9%	2.2%
Speaks other language	1.2%	0.6%	0.2%	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.

### English Learners by County

	Percent
Adams County	22.9%
Weld County	16.7%
Colorado	14.0%

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

## 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.”<sup>1</sup> 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, over 11.3% of the population was living at or below 100% of the Federal Poverty Level (FPL), and 28.9% were considered low-income (living at or below 200% FPL). These poverty rates were lower than the county rates of poverty.

#### Ratio of Income to Poverty Level, Total Population

	Below 100% Poverty	Below 200% Poverty
PVMC Service Area	11.3%	28.9%
Adams County	12.9%	33.4%
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. 14.7% of children in the Platte Valley Medical Center service area were living in poverty. 10.1% of seniors in the service area were living in poverty. Keenesburg had the highest rate of poverty among children (31.2%) in the service area. Commerce City seniors had the highest rate of poverty (18%) among service area cities.

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

	ZIP Code	Total Population	Children 0-17	Adults 18-64	Seniors 65 + Older
Brighton	80601	10.5%	12.5%	10.4%	4.8%
Brighton	80602	3.1%	2.6%	3.2%	3.8%
Brighton	80603	14.4%	18.1%	12.9%	13.5%
Commerce City	80022	17.6%	24.0%	13.9%	18.0%

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



	ZIP Code	Total Population	Children 0-17	Adults 18-64	Seniors 65 + Older
Ft. Lupton	80621	8.7%	11.8%	6.5%	13.2%
Henderson	80640	8.6%	8.9%	7.9%	14.2%
Hudson	80642	10.2%	14.8%	9.3%	6.0%
Keenesburg	80643	16.9%	31.2%	14.0%	2.6%
<b>PVMC Service Area</b>		<b>11.3%</b>	<b>14.7%</b>	<b>9.7%</b>	<b>10.1%</b>
<b>Adams County</b>		<b>12.9%</b>	<b>17.7%</b>	<b>11.5%</b>	<b>8.1%</b>
<b>Weld County</b>		<b>12.6%</b>	<b>15.7%</b>	<b>12.1%</b>	<b>7.3%</b>
<b>Colorado</b>		<b>12.2%</b>	<b>15.7%</b>	<b>11.8%</b>	<b>7.4%</b>

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

### 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 Weld County, which had a score of 42.3. However, both counties had a lower score than the state, which indicated lower levels of income inequality (higher income equality).

### Income Inequality

	Adams County	Weld County	Colorado
Gini Index of Income Inequality	40.5	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, Commerce City (6.7%) and Henderson (6.2%) had the highest unemployment rates. Hudson had the lowest unemployment rate (1.0%) in the service area.

### Unemployment Rate for Population, 16 years and Older

	ZIP Code	Total Population	Unemployment Rate
Brighton	80601	27,780	4.9%
Brighton	80602	23,086	3.4%
Brighton	80603	9,121	3.7%
Commerce City	80022	32,457	6.7%
Ft. Lupton	80621	9,135	5.3%

	ZIP Code	Total Population	Unemployment Rate
Henderson	80640	9,150	6.2%
Hudson	80642	3,256	1.0%
Keenesburg	80643	2,476	3.6%
<b>Adams County</b>		<b>479,977</b>	<b>4.3%</b>
<b>Weld County</b>		<b>278,065</b>	<b>4.1%</b>
<b>Colorado</b>		<b>5,359,295</b>	<b>4.0%</b>

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 was 49.4%. In Weld County, 48.7% of students were eligible for the program. These were higher percentages than found in the state.

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

	Percent Eligible Students
Adams County	49.4%
Weld County	48.7%
Colorado	41.6%

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

### Households

The median household income for the service area ranged from \$53,633 in Fort Lupton to \$101,105 in Brighton (80602).

### Median Household Income

	ZIP Code	Median Household Income
Brighton	80601	\$63,781
Brighton	80602	\$101,105
Brighton	80603	\$71,998
Commerce City	80022	\$58,649
Ft. Lupton	80621	\$53,633
Henderson	80640	\$80,041
Hudson	80642	\$72,083
Keenesburg	80643	\$64,970
<b>Adams County</b>		<b>\$61,444</b>

	ZIP Code	Median Household Income
<b>Weld County</b>		<b>\$62,820</b>
<b>Colorado</b>		<b>\$62,520</b>

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

There were 49,540 occupied housing units in the Platte Valley Medical Center service area. The percentage of 4+ person households in the service area was 34% and was higher than Adams County, Weld County or the state.

### Household Size

	PVMC Service Area	Adams County	Weld County	Colorado
Households	49,540	158,748	96,616	2,051,616
1 person households	16.5%	22.0%	20.6%	27.5%
2 person households	2.8%	30.3%	33.7%	35.2%
3 person households	16.6%	16.5%	16.0%	15.2%
4+ person households	34.0%	31.1%	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, 4.0% of service area households received SSI benefits, 1.8% received Public Assistance Income and 8.7% of residents received Food Stamps/SNAP.

### Household Supportive Benefits

	PVMC Service Area	Adams County	Weld County	Colorado
Households	49,540	158,748	96,616	2,051,616
Supplemental Security Income (SSI)	4.0%	4.3%	3.3%	3.5%
Public Assistance Income	1.8%	2.1%	2.2%	2.1%
Food Stamps/SNAP	8.7%	11.2%	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 and over, 16.6% had not attained a high school diploma, which was higher than the state (9%). In the service area, 29.0% of adults, 25 years and older, were high school graduates. 16.3% of the population in the service area had a college degree.

## Educational Attainment of Adults 25 Years and Older

	PVMC Service Area	Adams County	Weld County	Colorado
Population 25 years and older	100,141	303,509	175,279	3,590,350
Less than 9 <sup>th</sup> grade	7.8%	8.1%	5.5%	3.7%
Some high school, no diploma	8.8%	9.7%	7.5%	5.3%
High school graduate	29.0%	28.5%	27.0%	21.7%
Some college, no degree	22.7%	22.8%	24.4%	22.2%
Associate degree	8.3%	8.5%	8.9%	8.4%
Bachelor degree	16.3%	15.2%	18.5%	24.4%
Graduate or professional degree	7.2%	7.1%	8.2%	14.3%

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

High school graduation rates are calculated as 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 70.3% in Weld County S/D RE-8 to 77.4% in Brighton School District 27J. The Healthy People 2020 objective for the high school graduation rate is 87%.

## High School Graduation Rates, 2017-2018

	Percent
School District 27J	77.4%
Weld County School District RE-3J	70.8%
Weld County S/D RE-8	70.3%
<b>Adams County</b>	<b>75.0%</b>
<b>Weld County</b>	<b>87.7%</b>
<b>Colorado</b>	<b>79.0%</b>

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

## 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. Adams County was part of the Metro Denver Homeless Initiative PIT count<sup>2</sup>. Weld County was reported in the Balance of State Continuum of Care PIT Count, which covered the non-metro and rural areas of Colorado<sup>3</sup>.

The majority of homeless persons were sheltered. 23.2% of homeless individuals in

<sup>2</sup><https://d3n8a8pro7vhm.cloudfront.net/mdhi/pages/93/attachments/original/1498775558/2017-Metro-Denver-PIT-Final.pdf?1498775558>

<sup>3</sup> <http://posadapueblo.org/images/pdfs/2017-PIT-Report.pdf>

Adams County were chronically homeless and 15.0% in Weld County were chronically homeless.

### Homeless Point-in-Time Count, January 2017

	Adams County	Weld County	Colorado
Sheltered	67.9%	83.0%	64.7%
Unsheltered	32.1%	17.0%	35.3%
Chronically homeless	23.2%	15.0%	20.7%

Source: State-wide data posted on U.S. Department of Housing and Urban Development, Homelessness Resource Exchange, [https://www.hudexchange.info/resource/reportmanagement/published/CoC\\_PopSub\\_State\\_CO\\_2017.pdf](https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_CO_2017.pdf); Adams County, MDHI [https://d3n8a8pro7vhm.cloudfront.net/mdhi/pages/231/attachments/original/1498773252/2017-PIT-County-Draft\\_Adams.pdf?1498773252](https://d3n8a8pro7vhm.cloudfront.net/mdhi/pages/231/attachments/original/1498773252/2017-PIT-County-Draft_Adams.pdf?1498773252); Weld County, Colorado Coalition for the Homeless <http://posadapueblo.org/images/pdfs/2017-PIT-Report.pdf>

### Community Input – Homelessness

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

- Denver has cleared out the homeless encampments along some of the Platte River. The river acts as a regional trail that serves as a super highway. So, the homeless are just being pushed further north and consequently, we've seen an increase in the number of homeless.
- Medication management for people in crisis is difficult.
- Housing is a huge issue in metro Denver and Brighton. It will take a community effort to address it with the Housing Authority and community partners, including Platte Valley Medical Center.
- Annual homeless survey results demonstrate that people who want access to resources were actively seeking help and treatment. But some populations don't want resources for mental health, substance abuse, shelter or food banks.

### Crime

Violent crimes include murder, manslaughter, rape, assaults and robbery. Nonviolent crimes include burglary, theft, motor vehicle theft and arson. The Weld County Sheriff Department and Adams County Sheriff Department reported criminal offenses. The majority of offenses were for nonviolent crimes.

### Offenses by County

	Adams County	Weld County
Total offenses	4,234	1,308
Violent crimes	1,247	457
Nonviolent crimes	2,987	851

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:

- There is a housing crisis and the resulting housing instability impacts the health of those in the community.
- Even with high levels of employment, salaries are not keeping up with the cost of living. And affordable childcare is an ongoing issue. The cost of living and the cost of housing are starting to squeeze people.
- In Brighton affordable housing is increasingly an issue as well as food insecurity and transportation.
- People are just trying to meet their basic needs. Health screenings aren't necessarily a priority when people are juggling multiple jobs, raising families and have limited resources. Often, there is a lack of emphasis or importance placed on health.
- There is some fear in accessing care for people who are not legal residents. There are organizations that service these populations without residency being a requirement, but they may not be aware of the opportunities.
- There are myriad reasons for people not accessing care: stigma and shame, legal status, fear of the unknown, a lack of knowledge and education, transportation issues, homelessness.
- The price of healthy eating impacts this community. A lot of families eat from the McDonald's dollar menu versus going to the grocery store for healthy food. It's more expensive to eat healthy.
- Housing is a big issue; it seems to be fundamental to social determinates of health.

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to access health care. In the service area, 87.8% of the population were insured. Insurance coverage was higher in Weld County (89%) than in Adams County (84.4%). Health insurance coverage ranged from 94.1% in Brighton (ZIP Code 80602) to 80.7% in Keenesburg.

#### Health Insurance Coverage Civilian Non-Institutionalization Population

	ZIP Code	Percent
Brighton	80601	83.0%
Brighton	80602	94.1%
Brighton	80603	86.9%
Commerce City	80022	87.6%
Ft. Lupton	80621	90.3%
Henderson	80640	87.0%
Hudson	80642	85.9%
Keenesburg	80643	80.7%
<b>PVMC Service Area</b>		<b>87.8%</b>
<b>Adams County</b>		<b>84.4%</b>
<b>Weld County</b>		<b>89.0%</b>
<b>Colorado</b>		<b>89.1%</b>

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 8.2% for Adams County and 7.5% for Weld County. Both counties have higher percentages of children who are uninsured when compared to the state (6.2%).

#### Uninsured Children, Under Age 18

	Number	Percent
Adams County	10,979	8.2%
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 4.2% in Adams County and 3.6% in Weld County, which was lower than the state rate (4.8%). The percentage of working adults eligible but not enrolled in Medicaid in Adams County was 4.7% and 3.9% in Weld County.

### Health Insurance Eligible But Not Enrolled

	Adams County	Weld County	Colorado
Children EBNE in Medicaid or CHP+	4.2%	3.6%	4.8%
Working-Age Adults EBNE in Medicaid	4.7%	3.9%	3.9%

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

17% of adults in Adams County and 16% of adults in Weld County had an unmet medical need because they were not able to afford care.

### Adults with Unmet Medical Needs Due to Cost

	Percent
Adams County	17%
Weld County	16%
Colorado	14%

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/rankings/data/CO>

### Community Input – Health Insurance

Stakeholder interviews provided insights on issues related to health insurance.

Following are their comments summarized and edited for clarity:

- Health insurance deductibles and copays are so high that it's become a barrier to accessing care.
- The poverty threshold for Medicaid has created a barrier for many people.
- Overall, more people have health insurance now than three or four years ago. But there are still have barriers in terms of cost and being underinsured. Health insurance is not covering what people need it to cover.
- There is a large “eligible but not enrolled for Medicaid” population. These residents often wait until something is serious before they obtain care.
- Some people who are in their 20s and 30s opt-out of insurance because they don't access services but they are also missing out on prevention.
- Even with health insurance, the cost of health care has gotten so costly that families have to make really tough decisions about whether they can afford to access care.
- Care for seniors is complicated: they often have multiple things wrong with them, face insurance limitations in terms of who they can go to and what is covered, and prohibitive copays. Moreover, not everyone speaks English, so all these challenges and barriers are magnified for this population.
- Those who are afraid to reveal their undocumented status are not accessing health care and available community services. For instance, kids are not getting enrolled in the Head Start program, even though they have legal status. Families are not coming forward to take advantage of support programs including food stamps and WIC. This will impact these families over a generation.



## 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. In Adams County, 53.3% of children and 71% of adults have a medical home. 59.5% of Weld County children have a medical home and 73.5% of adults have a doctor. 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 have a usual primary care provider.

## Access to Health Care

	Adams County	Weld County	Colorado
Children, ages 1-14, with a medical home	53.3%	59.5%	62.5%
Adults who have a personal doctor	71.0%	73.5%	75.6%

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

The primary care physician ratio represents the number of persons to one provider. The ratio of the population to primary care physicians in Adams County was 2,320:1, and in Weld County it was 2,070:1. Both counties have higher ratios/fewer primary care physicians than Colorado at 1,240:1. A national benchmark is a ratio of 1,030:1 population to primary care physician.

## Primary Care Physicians, Number and Ratio, 2015

	Adams County	Weld County	Colorado
Number of primary care physicians	212	138	4,109
Ratio of population to primary care physicians	2,320:1	2,070:1	1,262:1

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

## Emergency Department Utilization

Platte Valley Medical Center tracks Emergency Department (ED) utilization through EPIC, its Electronic Medical Record system. In 2017, the top three ED diagnoses were: 1) chest pain, 2) abdominal pain, and 3) epigastric pain. 55% of ED visits were from females and 45% were male. For ED visits, males had higher rates of commercial insurance coverage and charity care or self-pay. Females had higher rates of Medicaid and Medicare coverage.

## PVMC ED Utilization, Payer Source\* by Gender

	Medicaid	Commercial	Medicare	Charity Self-Pay	Kaiser
All ED visits	37.7%	26.2%	18.2%	12.0%	4.3%
Females	41.1%	24.8%	19.0%	9.0%	4.5%
Males	33.6%	27.9%	17.2%	15.8%	0

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

Chest pain and abdominal pain were the top two diagnoses for females and males in the PVMC ED. Females presented to the ED at higher rates than males for bladder and urinary tract infections. Males had higher rates of motor vehicle accidents and fevers.

### PVMC Top Ten Primary Diagnoses for ED Visits

All ED Visits	Female ED Visits	Male ED Visits
Chest pain	Chest pain	Chest pain
Abdominal pain	Abdominal pain	Abdominal pain
Epigastric pain	Acute cystitis	Motor vehicle accident
Motor vehicle accident	Epigastric pain	Epigastric pain
Acute cystitis (bladder inflammation)	Urinary tract infection	Fever
Fall	Fall	Cough
Cough	Cough	Fall
Urinary tract infection	Motor vehicle accident	Dehydration
Fever	Dehydration	Acute cystitis
Dehydration	Fever	Urinary tract infection

Source: SCL Health, EPIC, ED Utilization, June- Dec 2017

### Dental Care

The ratio of the population to dentists in Adams County was 1690:1. In Weld County the ratio was 2,594:1. Both counties have higher ratios/fewer dentists than Colorado at 1,370:1.

### Dentists, Number and Ratio, 2015

	Adams County	Weld County	Colorado
Number of dentists	294	104	3,846
Ratio of population to dentists	1690:1	2,594:1	1370:1

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

The Healthy People 2020 objective is for 55.3% of the population to have dental insurance. Adams County (61.6%) and Weld County (60.4%) exceeded this rate of dental insurance for adults. 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, 90.9% in Adams County and 82% in Weld County had a preventive dental visit in the past year. However, 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	Weld County	Colorado
Adult dental insurance	61.6%	60.4%	61.9%
Adult dental visit in last year	63.8%	60.4%	67.0%
Children, ages 1-14, whose teeth are in fair or poor condition	11.4%	8.4%	6.0%
Children, ages 1-14, preventive dental visit in last year	90.9%	82.0%	86.5%
Children who needed but did not get dental care	9.9%	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 and Delayed Care

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

- Access to specialty care that is affordable, accessible and timely for the underinsured, uninsured and those on Medicaid is an issue.
- The area lacks a robust transit system so transportation to health care services is a barrier and an issue for the community.
- Eligibility for insurance and language barriers are significant challenges.
- Clinic hours of operation can be a barrier. For a working family, it may be challenging to get to the clinic between 8am and 5pm when their employer doesn't provide paid time off.
- For seniors, access to dentists and the ability to pay for oral health is a concern because Medicare does not cover dental care.
- The community doesn't have enough access to primary care clinics and urgent care facilities.
- Health care is available but it's sometimes difficult to access adequate care for those who are uninsured or on Medicaid.
- With our "eligible but not enrolled for Medicaid" population, they don't want the government to know where they are and they don't want the government's help. It's the "I'll do it myself" mentality that influences a lack of uptake of services in the area.
- Even though there are housing developments taking over farmland, there is still a part of Brighton that is all agricultural. Therefore, there is a large migrant and seasonal farm worker population that experience access issues.
- For those that live in rural areas, access is an issue due to a lack of providers and distance to care.

## Birth Indicators

In 2016, there were 7,206 births in Adams County. Weld County had 4,318 births.

### Births

	Number of Births
Adams County	7,206
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 were to teenage mothers. These rates are 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%
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. Adams County and Weld County women exceeded this objective. 80.3% of women in Adams County received care in the first trimester (19.7% did not) and 79.3% of pregnant women in Weld County received care in the first trimester (20.7% did not).

### Prenatal Care Later than 1<sup>st</sup> Trimester or No Prenatal Care

	Late Prenatal Care	Live Births	Percent
Adams County	1,420	7,206	19.7%
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. Adams County (8.7%) and Weld County (7.9%) do not meet the Healthy People 2020 objective for low birth weight (under 2,500 g) births.

### Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Percent
Adams County	630	7,206	8.7%
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. <https://www.colorado.gov/pacific/coepht/birth-data-statistics>

### Infant Mortality

The infant mortality rate is the number of deaths of infants (less than one year old) per 1,000 live births. The Healthy People 2020 objective is an infant mortality rate of 6.0 per 1,000 live births. The infant mortality rate in Adams County was 6.5 and in Weld County it was 6.3. These rates are higher than the state and Healthy People 2020 objective.

### Infant Mortality Rate per 1,000 Live Births

	Rate
Adams County*	6.5
Weld County^	6.3
Colorado^	5.6

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, <https://www.colorado.gov/cdphe/mch-data-and-reports>. \* 2016 report data from 2010-2014; ^ 2017 report data from 2011-2015.

### Breastfeeding

Breastfeeding provides considerable benefits to 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. 91% of infants born in Adams County were breastfed and 93% of infants born in Weld County were breastfed. These rates exceeded the Colorado 2020 target.

### Infants Who Were Ever Breastfed

	Percent
Adams County	91%
Weld County	93%

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2015. [www.colorado.gov/cdphe/mch-data-and-reports](http://www.colorado.gov/cdphe/mch-data-and-reports).

## 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 rates. When adjusted for age, the death rate for Adams County was 775.9 per 100,000 persons and in Weld County the death rate was 662.0 per 100,000 persons.

### Age-Adjusted Death Rate, per 100,000 Persons

	Deaths	Crude Rate	Age-Adjusted Rate
Adams County	3,107	624.3	775.9
Weld County	1,769	606.9	662.0
Colorado	37,489	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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

### Mortality Rates

In Adams County and Weld County the top causes of death are: cancer, heart disease, unintentional injuries, lung disease, stroke and Alzheimer's disease.

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

	Adams County	Weld County	Colorado
Malignant neoplasms (cancer)	157.9	147.7	135.1
Heart disease	136.5	131.1	126.3
Unintentional injuries	53.8	44.1	47.0
Chronic lower respiratory disease	60.4	49.1	46.5
Cerebrovascular disease	33.1	33.5	32.9
Alzheimer's disease	31.1	30.6	28.3
Diabetes mellitus	18.9	19.5	15.3
Drug-induced death	18.6	13.6	16.6
Chronic liver disease and cirrhosis	13.9	11.9	12.4
Suicide	17.6	19.5	19.1
Motor Vehicle	15.8	7.9	8.4

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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

## 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 higher rates of cancer death than Weld County or the state for oral cavity cancer, digestive system cancer, respiratory system cancer, colorectal cancer and lung cancer.

### 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
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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

## 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 58<sup>4</sup> 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. Adams County ranked 28, and Weld County ranked 17.

### Health Outcomes Rankings

	County Rankings (out of 58)
Adams County	28
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 are higher than found in the state (13.7%).

### Fair or Poor Health, Adults

	Percent
Adams County	17.1%
Weld County	14.8%
Colorado	13.7%

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

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, which was higher than Weld County (3.3 days), and the state (3.4 days).

### Functional Status and Quality of Life

	Adams County	Weld County	Colorado
Days of poor physical health	3.6	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. 75.2% of Weld County adults used effective birth control. Even with higher rates of birth control, Weld County also had higher rates of unintended pregnancy (42.5%).

<sup>4</sup> Six counties were not included in the rankings.



## Sexual Activity

	Adams County	Weld County	Colorado
Adult use of effective birth control*	62.2%	75.2%	66.9%
Unintended pregnancy resulting in live birth^	36.6%	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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

## Senior Falls

Falls are a leading cause of injury among older adults. 24.3% of seniors in Adams County and 19.9% in Weld County reported falling at least once in the past year.

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

	Percent
Adams County	24.3%
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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

## Community Input – Falls and Injuries

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

- The elderly are more prone to falls. The challenge is to develop a coherent prevention plan.
- The major highway and many local roads are overcrowded, which results in increased traffic accidents. The main factors that are responsible for driving injuries include speeding, distracted driving and alcohol use.
- The local outdoor area has risky recreational activities such as climbing, kayaking, water sports, hunting, etc. that result in injuries.
- Money can be a barrier for safety for sports and exercise; kids not wearing proper protective clothing and shoes can result in injuries.
- Unintentional injuries can result in death or complications, costs, and pain and suffering. And it can happen at any age.

## Overweight and Obesity

26.1% of adults and 10.2% of children, ages 5-14, in Adams County and 27.9% of adults and 15.1% of children in Weld County are obese. These rates of obesity are

higher than found in the state. Even with high rates of obesity among children, 12.8% of children in Adams County and 7.4% in Weld County are considered underweight.

### Obesity and Overweight, 2016

	Adams County	Weld County	Colorado
Adult obesity	26.1%	27.9%	20.9%
Adult overweight or obese	63.5%	65.7%	56.8%
Child obesity	10.2%	15.1%	10.1%
Child overweight or obese	32.2%	27.0%	23.5%
Child underweight	12.8%	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>

### Nutrition

Adams County had a rate of 6.5 fast food restaurants and Weld County had 5.5 fast food restaurants per 10,000 persons. This was less than the state rate (7.4).

### Rate of Fast Food Restaurants, per 10,000 Residents

	Rate
Adams County	6.5
Weld County	5.5
Colorado	7.4

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

8.8% of children, ages 1-14, in Adams 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 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	Weld County	Colorado
Child fruit and vegetable consumption	8.8%	14.1%	11.4%
Child sugar sweetened beverage consumption	18.5%	15.6%	16.3%

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

### Physical Activity

Over half of adults of Adams County (54.6%) and Weld County (52.6%) 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. 21% of adults in Weld County were sedentary. Both counties have higher rates of sedentary adults than the state (17.4%). 34.2% of Adams County children, ages 5-14, and 37.5% of Weld County children were physically active for at least 60 minutes a day for the past

7 days. 77.7% of children, ages 1-14, in Adams County and 87.6% of Weld County children spent 2 hours or less in front of TV, video or computer screens on weekdays.

### Physical Activity

	Adams County	Weld County	Colorado
Adult physical activity 150+ minutes	54.6%	52.6%	60.7%
Adult physical inactivity	23.5%	21.0%	17.4%
Child physical activity	34.2%	37.5%	44.0%
Child screen time 2 hours or less on weekdays	77.7%	87.6%	84.7%

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

## Preventive Practices

### Health Screening

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 and 57.1% in Weld County obtained mammogram breast cancer screening. This rate of screening was less than the state (61.4%). Pap smears are used for cervical cancer screening. 77.1% of women, 18 and older, in Adams County and 74.7% in Weld County obtained a Pap smear.

In Adams County, 63.1% of adults, 50-75 years, and 60.6% of adults in Weld County obtained recommended colorectal screening. These rates do 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 and 72.6% of Weld County adults had cholesterol screening in the past five years. This rate was less than the state (76.3%).

### Health Screenings of Adults

	Adams County	Weld County	Colorado
Mammogram, women 40+ last 2 years*	60.6%	57.1%	61.4%
Pap smear, women 18+, last 3 years*	77.1%	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*	63.1%	60.6%	66.5%
Cholesterol screening, last 5 years^	73.4%	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>

### Sun Protection

70.8% of children, ages 1-14, in Adams County and 76.2% in Weld County used some type of sun protection when outside. Among adults in Adams County, 70% used sunscreen and 67.8% of adults in Weld County used sunscreen/sunblock when outside.

### Sun Protection/Sunscreen Use

	Adams 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%	76.2%	76.2%
Adults, ages 18+, who always/nearly always use sunscreen or sunblock when outside.^	70.0%	67.8%	70.8%

Source: Colorado Department of Public Health and Environment, \*2012, 2014, 2015. ^2012, 2014.  
<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. In Adams County 39.5% of the population had a flu shot and in Weld County 42.4% had a flu shot. 32.9% of Adams County and 28.8% of Weld County residents had a pneumonia vaccine.

### Immunizations, Total Population

	Adams County	Weld County	Colorado
Flu shot	39.5%	42.4%	44.0%
Pneumonia vaccine	32.9%	28.8%	32.2%

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](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsql)

## 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.

High cholesterol and blood pressure are precursors to other chronic diseases, including heart disease and stroke. 31.1% of Adams County residents and 32.5% of Weld County residents have high cholesterol. 26.4% of Adams County residents and 23.1% of Weld County residents have high blood pressure levels.

### Elevated Cholesterol and Blood Pressure

	Adams County	Weld County	Colorado
Elevated cholesterol	31.1%	32.5%	33.6%
Elevated blood pressure	26.4%	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>

Among adults in Adams County, 8.9% have been diagnosed with diabetes, which was a higher rate than found in Weld County (7.0%) and the state (6.8%). 3.2% of Weld County adults have been diagnosed with heart disease. This was a higher rate of heart disease than found in Adams County (2.6%) and the state (2.7%). Adults in Adams County (9.7%) and Weld County (9.1%) had higher rates of asthma than found in the state (8.7%). While rates of arthritis among Adams County (20.6%) and Weld County (21.6%) adults were lower than found in the state (22.6%). It was notable that over one-fifth of the population was suffering with arthritis.

### Chronic Diseases

	Adams County	Weld County	Colorado
Arthritis	20.6%	21.6%	22.6%
Adult asthma	9.7%	9.1%	8.7%
Adult diabetes	8.9%	7.0%	6.8%
Heart disease	2.6%	3.2%	2.7%

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

### Community Input – Diabetes

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

- Self-management is a significant issue. Education must be meaningful for people.
- Understanding that whole nutrition component of diabetes is complicated. It is a science in itself how to cook and eat properly, it's not just about reducing sugar

intake.

- This is a huge issue, especially when it co-occurs with depression.
- In our society we want to go to the doctor and have the issue solved. But with diabetes, and prediabetes, it's not about just obtaining a prescription for medication.
- There is a lack of information and knowledge that diabetes is preventable and controllable.
- When healthy food isn't the go-to choice, diabetes becomes more prevalent. Availability and instilling a desire to have healthy food is a huge challenge.
- Once people are identified as pre-diabetic, they are more likely to make a change, but it takes that diagnosis to create that change.

## Cancer

Incidence rates for cervical cancer and colon and rectum cancer were higher in Adams County and Weld County than in the state. Adams County had higher rates of lung and bronchus cancer (53.6) than in Weld County (42.8) and the state (44.1).

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

	Adams County	Weld County	Colorado
Invasive cancer for all sites combined	408.3	388.1	409.3
Breast cancer (females)	113.0	119.3	122.6
Cervical cancer	8.6	5.9	5.7
Colon and rectum cancer	39.9	36.1	34.0
Lung and bronchus cancer	53.6	42.8	44.1
Melanoma cancer	15.7	16.9	21.7
Prostate cancer	101.7	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>

## Community Input – Cancer

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

- Cancer care is very costly and care can be more difficult to obtain depending on payer status.
- Persons who live in smaller communities have to go further into Denver for more specialized care. Rural areas are particularly underserved in terms of specialists.
- With cancer, it's an access question: understanding it, treating it, accessibility to get to location, and cost. Also, people with cancer may have other issues besides cancer, so treating it can be complicated.
- Among the senior population it's a concern if one spouse has cancer and the other is trying to take care of them. Often, the loved one doesn't want to leave the home and get treatment and obtaining in-home support is costly.

- A challenge with cancer is that people don't always want to know if they have cancer. Cancer is quiet; it's not always noticeable until it's too late or very expensive.

### Cardiovascular Disease Hospitalization

Heart disease hospitalization occurred at a rate of 2,578.8 per 100,000 persons in Weld County and a rate of 2,499.1 in Adams County at 2,499.1. These rates of hospitalization due to heart disease were higher than the state rate (2,156.9 per 100,000 persons). 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 in Weld County. These rates also exceeded the state rate of hospitalization due to stroke (250.6).

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

	Adams County	Weld County	Colorado
Heart disease hospitalization	2,499.1	2,578.8	2,156.9
Heart failure hospitalization	789.2	938.7	666.5
Stroke hospitalization	285.3	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 – Cardiovascular Disease

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

- Genetics and lifestyle, cultural influences, eating and exercise all impact cardiovascular health.
- The challenge with strokes is to get care as quickly as possible. It does not cost anything to call 911 but there is a cost for the ambulance service. People may wait to call the ambulance due to their inability to pay for the service.
- Platte Valley has a well-regarded Cath Lab. However, it is not currently available 24/7. If an emergency happens when the Cath Lab isn't open, a person may be transferred to a hospital that is farther away and timeliness is key with stroke care.

### 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.

Rates of AIDS and chlamydia were higher in Adams County than compared to Weld County and the state. Chlamydia had the highest incidence rates of a sexually



transmitted infection: 1,731.6 per 100,000 persons in Adams County, 1,385.5 in Weld County and 1,664.3 in Colorado.

**Sexually Transmitted Infection, Rate per 100,000 Persons**

	Adams County	Weld County	Colorado
HIV incidence	4.9	2.3	4.9
AIDS incidence	4.0	1.7	3.5
Chlamydia (ages 15-29)	1,731.6	1,385.5	1,664.3
Gonorrhea (ages 15-29)	200.5	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>

Of note among service area communicable diseases, Adams County had higher rates of Hepatitis B (0.8 per 100,000 persons) and tuberculosis (1.5 per 100,000 persons) when compared to Weld County and the state. Weld County had higher rates of pertussis/whooping cough (40 per 100,000 persons), E. coli (1.7 per 100,000 persons), and West Nile Virus (9.4 per 100,000 persons) than Adams County and the state.

**Incidence of Communicable Diseases, Rate per 100,000 Persons**

	Adams County	Weld County	Colorado
Hepatitis A	0.1	0.6	0.6
Hepatitis B	0.8	0.2	0.6
Hepatitis C	0.2	0.6	0.6
Pertussis	28.1	40.0	22.4
E. coli	1.1	1.7	0.9
Tuberculosis	1.5	0.5	1.3
West Nile Virus	2.6	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. In Adams County, the ratio of the population to mental health providers was 422:1. In Weld County the ratio was 616:1. Both counties had fewer mental health providers to population ratio than Colorado with a ratio of 392:1.

### Mental Health Providers, Number and Ratio

	Adams County	Weld County	Colorado
Number of mental health providers	1,113	438	13,438
Ratio of population to mental health providers	422:1	616:1	392:1

Source: County Health Rankings, 2015, <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 and 3.3 Weld County.

### Mental Health Indicators, Adults and Children

	Adams County	Weld County	Colorado
Days of poor mental health in past 30 days	3.5	3.3	3.3
Days of poor physical/mental health preventing normal activity	2.4	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 hospitalizations for suicides was 45.4 per 100,000 persons in Adams County and 59.8 in Weld County. 21.4% of parents in Adams County and 15.1% in Weld County reported having behavioral or mental health problems with their children, ages 1-14. 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%).

## Mental Health Indicators

	Adams County	Weld County	Colorado
Rate of mental health hospitalizations (per 100,000 persons)	3,189.4	3,254.1	2,833.8
Rate of suicide hospitalizations (per 100,000 persons)	45.4	59.8	52.0
Parents reporting behavioral or mental health problems of children ages 1-14	21.4%	15.1%	19.9%
Postpartum depressive symptoms	13.1%	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 10% in Adams County and 9% in Weld County.

## Frequent Mental Distress, Adults

	Percent
Adams County	10%
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:

- The area lacks psychiatrics, but with telehealth that is getting a little easier. People are reluctant to drive, especially if they are already suffering in some way.
- The underinsured and the noninsured struggle with services for mental health. It's not that services are not available, but the timeline to get services is not immediate. For some people, the best course of action is to go to the ED.
- There is an increase in the community with undiagnosed mental health challenges. As a result, people may do things that are unsafe or harmful to themselves or others.
- Bilingual services for mental health are limited in the community.
- More access to services for psychiatrists that take Medicaid is needed.
- Kids are experiencing depression, anxiety and social anxiety.
- There remains a huge stigma with mental health. This is true in a working-class environment where the belief is a person should figure it out. Even if people get to the point where they need help, there is no open access.

## Substance Abuse

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

### Marijuana Use

10.7% of adults in Adams County used marijuana, which was lower than the state rate of 13.5%. 3% of children in Adams County homes were exposed to marijuana.

### Marijuana Use\*

	Adams County	Colorado
Adult marijuana use	10.7%	13.5%
Presence of marijuana in a home with children	3.0%	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](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

The number of medical marijuana users in Adams County was 6.5%, and Weld County 3.3%. Medical marijuana use in both counties was higher than in Colorado (1.6%).

### Use of Medical Marijuana

	Percent
Adams County	6.4%
Weld County	3.4%
Colorado	1.6%

Source: [Medical.marijuana@state.co.us](mailto:Medical.marijuana@state.co.us), [www.colorado.gov/cdphe/medicalmarijuana](http://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 more drinks for women. In Adams County, 9.7% of adults engaged in binge drinking over the past year and 17.7% of Weld County adults engaged in binge drinking. Heavy drinking is defined as greater than 15 drinks per week for men and greater than 8 drinks a week for women. 4.7% of Adams County adults and 5.9% of Weld County adults engaged in heavy drinking over the past year.

### Alcohol Use

	Adams County	Weld County	Colorado
Binge drinking	9.7%	17.7%	18.1%
Heavy alcohol consumption	4.7%	5.9%	6.6%

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. [www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)

## Cigarette Smoking

19.3% of adults in Adams County and 16.9% in Weld County smoked cigarettes. This was higher than the Healthy People 2020 objective of 12% of the population who smoke cigarettes. In Adams County 3.5% of children were exposed to smoke in cars and 1.3% of children were exposed to smoke in the home. In Weld County 3.0% of children were exposed to smoke in cars and 2.3% were exposed to smoke in the home. 5.7% of pregnant women in Adams County and 6.5% in Weld County smoked during their pregnancies.

## Cigarette Use

	Adams County	Weld County	Colorado
Adult cigarette use <sup>^</sup>	19.3%	16.9%	16.3%
Child cigarette smoke exposure in cars	3.5%	3.0%	3.3%
Child cigarette smoke in homes	1.3%	2.3%	2.8%
Pregnant mothers who smoked during pregnancy	5.7%	6.5%	7.6%

Source: <sup>^</sup> 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.hspl](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hspl)  
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:

- There is limited inpatient or intensive outpatient substance abuse treatment in the area. For years there has been an issue statewide with a lack of beds for inpatient services.
- A local Detox Center recently closed and that has put more pressure on the community. The local health center is assisting patients, but they are barely meeting the need. We need to increase services versus creating a patchwork of services at a time of a loss; it's put more strain on those that do still serve the community.
- A regional issue is the opioid crisis. The county is working to provide easier access to needle exchange programs and methadone and other treatment services. Law enforcement is administering Narcan. Some schools and libraries are getting Narcan, but it is not yet universally available.
- Alcohol is frequently abused; it's legal and people drink too much. Opioid use and misuse have also been on the uptick.

## Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the PVMC 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
<b>High school graduation rate</b> <b>70.2% – 77.4%</b>	High school graduation rate 87%
<b>Health insurance rate</b> <b>87.8%</b>	Health insurance rate 100%
<b>Heart disease deaths</b> <b>136.5 Adams County; 131.1 Weld County</b>	Heart disease deaths 103.4 per 100,000 persons
Cancer deaths 157.9 Adams County; 147.7 Weld County	Cancer deaths 161.4 per 100,000 persons
Stroke deaths 33.1 Adams County; 33.5 Weld County	Stroke deaths 34.8 per 100,000 persons
<b>Unintentional injury deaths</b> <b>53.8 Adams County; 44.1 Weld County</b>	Unintentional injury deaths 36.4 per 100,000 persons
<b>Liver disease deaths</b> <b>13.9 Adams County; 11.9 Weld County</b>	Liver disease deaths 8.2 per 100,000 persons
<b>Suicides</b> <b>17.6 Adams County; 19.5 Weld County</b>	Suicides 10.2 per 100,000 persons
On-time (1 <sup>st</sup> Trimester) prenatal care 80.3% Adams County; 79.3% Weld County	On-time (1 <sup>st</sup> Trimester) prenatal care 78% of women
<b>Low birth weight infants</b> <b>8.7% Adams County; 7.9% Weld County</b>	Low birth weight infants 7.8% of live births
<b>Infant death rate</b> <b>6.5 Adams County; 6.3 Weld County</b>	Infant death rate 6.0 per 1,000 live births
Breastfeeding 91% Adams County; 93% Weld County	Colorado 2020 Objective Breastfeeding 84.5% infants breastfed
Adult obese 26.1 Adams County; 27.9% Weld County	Adult obese 30.5%
Adults who are sedentary 23.5% Adams County; 21% Weld County	Adults who are sedentary 32.6%
<b>Annual influenza vaccination</b> <b>39.5% Adams County; 42.4% Weld County</b>	Annual influenza vaccination 70%
<b>Adults, 50-75, colorectal screening</b> <b>63.1% Adams County; 60.6% Weld County</b>	Adults, 50-75, colorectal screening 70.5%
<b>Cigarette smoking by adults</b> <b>19.3% Adams County; 16.9% Weld County</b>	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
Norma Acosta	Admissions and Outreach Representative	Front Range Community College
Cristina Balmaceda	Outreach Coordinator	Via Mobility Services
Patty Boyd	Strategic Partnerships Manager	Tri-County Health Department
Lisa Cacciatore	Shopneck Club Director	Boys & Girls Clubs of Metro Denver
Kay Collins	Principal	Foundations Academy
Sue Corbett	Manager	Eagle View Adult Center
Ryan Johnson	Director of Urban Renewal	City of Brighton
Cindy Kronauge, MPH, PhD	Health Data Specialist	Weld County Health Department
Molly Markert	Contract Manager/Community Liaison	Colorado Access
Shawna Miller	Executive Director	Almost Home
Jennifer Morse	Development Director	Salud Family Health
Nicole Nees, MA, LPC, LAC	Program Manager	Community Reach Center
Jody Pierce, LCSW	Executive Director	Pennock Center for Counseling
Kirk Quackenbush, MD	Chief Medical Officer	Platte Valley SCL Health
Mary Thatcher	Homecare Director	The Senior Hub
Charly Whisenhunt	Fort Lupton Director	Boys & Girls Club of Weld County

## Attachment 3. Community Prioritization Attendees

Name	Title	Organization
Cristina Balmaceda	Outreach Coordinator	Via Mobility Services
Carol Baumgartner	Executive Director	PVMC Foundation
Patty Boyd	Strategic Partnerships Manager	Tri-County Health Department
Susan Chavez	Executive Director	Richard Lambert Foundation
Wendy Colón	Director of Emergency Services	PVMC
Sue Corbett	Manager	Eagle View Adult Center
Rachel Freeman	Substance Use Prevention Programs Coordinator	Weld County Department of Public Health
Kurt Gensert	Chief Operating Officer	PVMC
Elsa Gonzalez	Housing Specialist	Brighton Housing Authority
Susan Hébert	V.P. Mission Integration	PVMC
John Hicks	Chief Executive Officer	PVMC
Randi Koch	Trauma Coordinator	PVMC
Leslie Larsen	LCSW	Pennock Center for Counseling
Molly Markert	Contract Manager/Community Liaison	Colorado Access
Daryl Meyers	Director of Community Relations, Chaplain	PVMC
Shawna Miller	Executive Director	Almost Home, Inc
Jennifer Morse	Development Director	Salud Family Health Centers
Hannah Murphy	Director of Nutrition Services	PVMC
Billy Nolan	Stroke and Chest Pain Coordinator	PVMC
Kirk Quackenbush	Chief Medical Officer	PVMC
Charmaine Weis	Director of Marketing	PVMC



## Attachment 4. Community Resources

Platte Valley 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	<ul style="list-style-type: none"> <li>• Adams County Health Department</li> <li>• Adams County Human Services</li> <li>• Advance Urgent Care</li> <li>• Almost Home</li> <li>• Alzheimer’s Association</li> <li>• Arthritis Association</li> <li>• Boys &amp; Girls Clubs</li> <li>• Brighton Housing Authority</li> <li>• Brighton Shares the Harvest</li> <li>• Call-n-Ride</li> <li>• Colorado Access</li> <li>• Colorado University School of Medicine</li> <li>• Community Reach Center</li> <li>• Cultivate Boulder</li> <li>• Denver Regional Mobility and Access Council (DRMAC)</li> <li>• Eagle View Adult Center</li> <li>• Elk Club</li> <li>• GoGoGrandparent</li> <li>• Greeley Guadalupe Respite Center</li> <li>• Health First Colorado Medicaid Enrollment Program</li> <li>• Kids First Health Care School-Based Center</li> <li>• Lyft</li> <li>• Meals on Wheels</li> <li>• North Colorado Health Alliance</li> <li>• North Range Behavioral Health</li> <li>• Parkinson’s Association</li> <li>• Pennock Center for Counseling</li> <li>• Project Angel Heart</li> <li>• Regional Care Collaborative for Medicaid Population</li> <li>• Regional Transportation District (RTD) Public Transportation</li> <li>• Salud Family Health Center FQHC</li> <li>• Senior Hub</li> <li>• Sunrise Community Health FQHC</li> <li>• Tri County Health Department</li> <li>• Tri County Human Services</li> <li>• Uber</li> <li>• Veyo Medicaid Transportation</li> </ul>

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> <li>• Via Mobility</li> <li>• Von Miller Vision</li> <li>• Weld County Health Department</li> <li>• Weld County Human Services</li> <li>• Women Infant and Children Food and Nutrition Service (WIC)</li> <li>• zTrip</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• American Cancer Society</li> <li>• Colorado Access</li> <li>• Eagle View Adult Senior Center</li> <li>• Meals on Wheels</li> <li>• Project Angel Heart</li> <li>• Rocky Mountain Cancer Centers</li> <li>• Rocky Mountain Leukemia and Lymphoma Association</li> <li>• Salud Family Health Center FQHC</li> <li>• Senior Hub</li> <li>• Sunrise Community Health FQHC</li> <li>• Tobacco Free Coalition of Weld County</li> <li>• University of Colorado Health</li> </ul>
Cardiovascular Disease and Stroke	<ul style="list-style-type: none"> <li>• 911</li> <li>• Adams County Health Department</li> <li>• American Heart Association</li> <li>• Colorado Access</li> <li>• Eagle Senior Center</li> <li>• Rocky Mountain Stroke Association</li> <li>• Salud Family Health Center FQHC</li> <li>• Senior Hub</li> <li>• Sunrise Community Health FQHC</li> <li>• Thriving Weld Community Partnership</li> <li>• Tri County Health Department</li> <li>• Weld County Health Department</li> <li>• Worksite Wellness: Well and Weld</li> </ul>
Diabetes	<ul style="list-style-type: none"> <li>• Adams County Human Services</li> <li>• Angel Heart Meals</li> <li>• Boys &amp; Girls Club</li> <li>• Brighton Shares the Harvest</li> <li>• Colorado Access</li> <li>• Cultivate Boulder</li> <li>• Denver Broncos</li> <li>• Eagle View Adult Center</li> <li>• Fuel Up to Play 60 (NFL and National Dairy Council)</li> <li>• Health First Colorado Medicaid Enrollment Program</li> <li>• Meals on Wheels</li> <li>• North Colorado Health Alliance</li> <li>• Regional Care Collaborative for Medicaid Population</li> </ul>

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> <li>• Salud Family Health Clinic FQHC</li> <li>• Senior Hub</li> <li>• Sunrise Community Health FQHC</li> <li>• Tri County Human Services</li> <li>• Weld County Health Department</li> <li>• Weld County Human Services</li> <li>• Women Infant and Children Food and Nutrition Service (WIC)</li> </ul>
Mental Health and Substance Abuse	<ul style="list-style-type: none"> <li>• Adams County Human Services</li> <li>• Almost Home</li> <li>• Boys &amp; Girls Club</li> <li>• Brighton Housing Authority</li> <li>• Brighton Youth Commission on Suicide Prevention</li> <li>• CO Crisis Services</li> <li>• Community Reach Center</li> <li>• Denver Broncos</li> <li>• Eagle View Center</li> <li>• Family Integrated Treatment (FIT) Court</li> <li>• Greeley Guadalupe Respite Center</li> <li>• Heart-Centered Counseling</li> <li>• Meals on Wheels</li> <li>• Mental Health Court</li> <li>• North Colorado Health Alliance</li> <li>• North Range Behavioral Health</li> <li>• Pennock Counseling Center</li> <li>• Richard Lambert Foundation Family Grief and Healing Center</li> <li>• Salud Family Health Center FQHC</li> <li>• Senior Hub</li> <li>• Sunrise Community Health FQHC</li> <li>• Thriving Weld Community Partnership</li> <li>• Tri County Health Department</li> <li>• Tri-County Human Services</li> <li>• United Way of Weld County</li> <li>• Weld County Human Services</li> <li>• Worksite Wellness: Well and Weld</li> </ul>
Unintentional Injuries	<ul style="list-style-type: none"> <li>• Advance Urgent Care and Occupational Medicine</li> <li>• Aging and Disability Resources for Colorado (ADRC)</li> <li>• Ambulance Slip Trip and Fall Education</li> <li>• Area Agency on Aging (DRCOG)</li> <li>• Boys &amp; Girls Clubs</li> <li>• Denver Broncos</li> <li>• Drive Smart Coalition</li> <li>• Eagle View Adult Center</li> <li>• First Responders: Police Departments, Fire departments,</li> </ul>

Significant Health Needs	Community Resources
	<p>Ambulances</p> <ul style="list-style-type: none"> <li>• Friends of Man</li> <li>• Fuel Up to Play 60 (NFL and National Dairy Council)</li> <li>• Matter of Balance</li> <li>• Senior Hub</li> <li>• Strategic Action Planning Group on Aging</li> <li>• Volunteers of America Handyman Program</li> </ul>

## Attachment 5. Review of Progress

Platte Valley 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, mental health and substance abuse, and heart disease and stroke 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 2016 CHNA.

### Improved Access to Care

Vision: The community will have access to reliable, timely, cost effective and quality health care that optimizes their overall well-being.

Goal 1.1: Increase access to knowledge and resources for insurance or financial assistance to improve access to health care in the community.

Goal 1.2: Increase access to timely, quality, health care for the community.

- Provided financial assistance to PVMC patients who did not qualify for the State Safety-Net Health Care Programs, Colorado Indigent Care Program (CICP) or Medicaid, and who did not have the resources to pay for their care.
- Offered financial counseling for persons to obtain financial assistance. We assisted 81 persons with the CICP application, 133 patients with the Medicaid application, and 1 person with an ACA marketplace application.
- Collaborated with 9Health Fair to provide free or low-cost screenings. There was a combined attendance of 1600+ persons in 2017 and 2018. The following free health screenings were provided:
  - cardiac risk assessment
  - bone density
  - breast exam
  - foot exam
  - hearing
  - oral exam
  - pap smear
  - blood pressure check
  - skin cancer exam
  - sleep apnea screen
  - spinal check
  - stress management screen

### Mental Health/Substance Abuse in the Community

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

Goal 2.1: Improve the skills and tools of PVMC staff to manage mental health and substance abuse issues in order to impact the community's safety and well-being.

Goal 2.2: Improve the access to affordable, timely and quality behavioral health services by collaborating with community partners.

Goal 2.3: Increase provider and associate understanding of behavioral health issues as a significant co-morbidity with the potential to substantively impact patients' overall health.

- Evaluated and implemented a program in partnership with Denver Health to provide psychiatric consults via Skype for behavioral health patients presenting in the Emergency Department. Currently the on-site assessments of patients for M-1 holds are being completed by PVMC behavioral health staff. These patients are considered a danger to themselves or others or they have exhibited other serious mental disabilities.
- Provided seven Mental Health First Aid programs that trained 57 people in 2017 and 48 people through September of 2018. This free evidence-based training program supported individual skill development in the recognition of depression, stress, anxiety and thought disorders and identified lower level interventions for individuals presenting with these conditions.
- A social worker was identified to lead the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. SBIRT is a comprehensive approach for identification, intervention and referral of at-risk individuals with substance abuse disorders. This program is still under evaluation and development for implementation.
- Provided educational offerings to the community to learn about mental health and substance abuse issues. Three mental health counselors provided “stress management” screening at the 9Health Fair both in 2017 and 2018; 59 people took advantage of this screening to speak with a counselor. Information and fact sheets related to mental health were distributed. Additionally, Behavioral Healthcare Inc. and Al-Anon provided information and resources to participants at the 9Health Fair.
- Girl’s Night Out sponsored a speaker on mental health. The speaker, Jennifer Tracy, author of the book *Inside ‘The Mind’ of Suicide*, spoke to the 725 participants in attendance. SCL Health provided information regarding the Mental Health First Aid course at the event.

### **Heart Disease/Stroke (Cardiovascular)**

Vision: Reduce disease burden and improve the quality of life associated with cardiovascular issues in our community by providing education and comprehensive clinical care.

Goal 3.1: Provide educational and emotional support to cardiovascular event survivors, their families/friends and the community to improve outcomes, decrease likelihood of additional cardiovascular events and increase knowledge around cardiovascular health.

Goal 3.2: Provide access to screenings to the community with the goal to prevent cardiovascular events.

Goal 3.3: Provide access to quality, timely, comprehensive and evidence-based care that allows community members to receive the latest in state of the art treatment and intervention for cardiovascular related illnesses.

- PVMC hosts a support group for stroke survivors and their caregivers. This monthly support group had an average attendance of 5.4 persons for 2017 and 2018.
- The Stroke support team is working on the implementation of a peer visiting program for new stroke patients and their families which would provide 12-24 visits per year. The program is set to start in the fourth quarter of 2018.
- 725 people attended the Girls' Night Out event in 2017 and 860 people attended in 2018. Information on Early Heart Attack Care (EHAC) was included in all participants' bags.
- 134 people participated in the cardiac risk assessments at the 2017 and 2018 9Health Fairs and received information about EHAC.
- More than 500 people each year visited our booth during the 2017 and 2018 Adams County Fairs and received information on EHAC education.
- The Stroke Coordinator provided a seminar on EHAC at Eagle View Adult Center.
- Distributed EHAC educational information to 94 participants at the Hearts 4 Hearts 5k Runs for 2017 (40) and 2018 (54).
- Provided annual educational event related to stroke and heart disease to local EMS professionals in 2017. 42 persons from 15 agencies received training in stroke care, heart attack care, and learned about the clinical practice guidelines.
- Implemented an ultra-low risk chest pain pathway to prevent unnecessary hospital admissions and reduce the associated costs to the community.
- PVMC was recertified as a Chest Pain Center in 2018.
- PVMC was recertified as a Primary Stroke Center on October 11, 2018.
- The 24/7 cardiovascular STEMI access intervention program is still in development and working towards a completion date in 2019.
- The staff is working on the establishment of a Limb Preservation Center that is estimated to receive certification in 2019.