

2016

# Community Health Needs Assessment



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# 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, Platte Valley Medical Center was located on seven acres at 18th and Bridge Street in Brighton. In 2007, Platte Valley Medical Center 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 SCL Health System. 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 been designated one of the world’s most patient-centered hospitals by Planetree, Inc. The mission of Platte Valley Medical Center is to foster optimal health for all.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals, including government hospital organizations, 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.

## Service Area

Platte Valley Medical Center is located at 1600 Prairie Center Parkway Brighton, Colorado 80601. The primary service area includes six communities in Adams County and Weld County, Colorado. Overall, these cities/zip codes make up a majority of patient admissions at Platte Valley Medical Center.

**Platte Valley Medical Center Service Area**

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

\*Lochbuie is a statutory town that is located within zip code 80603

## Map of the Service Area



### Project Oversight

The Community Health Needs Assessment process was overseen by:

Peggy Jarrett, MPH, BSN, RN  
Director of Community Outreach  
Platte Valley Medical Center

## **Consultants**

Professional Research Consultants, Inc. conducted the primary care data collection for the Community Health Needs Assessment. Professional Research Consultants (PRC) brings excellence to health care through custom market research. It remains the largest privately held market research firm dedicated solely to the health care industry. PRC was founded in 1980 and is headquartered in Omaha, Nebraska.

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 Sandra L. Humphrey.



## Methods

### Identification of Community Health Needs

Secondary data are existing sources of data that were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, birth indicators, leading causes of death, access to health care, chronic and communicable diseases, and health behaviors.

Sources of data include the U.S. Census American Community Survey, Colorado Department of Public Health and Environment, Colorado Behavioral Risk Factor Surveillance System, County Health Rankings, and others. When pertinent, these data sets are presented in the context of Colorado, framing the scope of an issue as it relates to the broader community.

The report includes benchmark comparison data that measures PVMC community data findings with 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.

### Primary Data Collection

Focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by PVMC. Three focus groups engaging 15 community members were completed during October, 2016. For the focus groups, community stakeholders identified by PVMC were contacted and asked to participate in the needs assessment. An electronic survey engaged 64 community stakeholders to provide input on significant health needs. The focus groups and survey engaged individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations that have "current data or other information relevant to the health needs of the community served by the hospital facility." A list of the stakeholder focus groups and results of the process can be found in Attachment 1.

### Public Comment

In compliance with IRS regulations 501r 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 on the CHNA and Implementation Strategy are to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.pvmc.org/about-us/community-benefits/>. Public comment was solicited on the reports, however, to date, no written comments have been received.

### Impact Evaluation

In 2013, Platte Valley Medical Center conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. In developing the hospital's



Implementation Strategy associated with the 2013 CHNA, Platte Valley Medical Center chose to address access to care, cancer and cardiovascular disease through a commitment of community benefit programs and resources. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 2.

## Identification of Health Needs

### Significant Health Needs

The health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically Colorado state rates, County data or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

The identified health needs include:

- Access to health care services
- Diabetes
- Chronic Lower Respiratory Disease
- Heart disease and stroke
- Mental health
- Nutrition, physical activity and weight
- Substance abuse

### Prioritization Process

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

An Online Key Informant Prioritization Survey was implemented to rank the health needs identified in the Community Health Needs Assessment for Adams and Weld counties, Colorado. This method allowed Platte Valley Medical Center to share key findings from the assessment and solicit stakeholder input regarding prioritization of the top identified health issues. This Online Key Informant Prioritization Survey was conducted on behalf of Platte Valley Medical Center by Professional Research Consultants, Inc. (PRC) during August and September, 2016. The process engaged the community to identify populations disproportionately impacted by the health issues, actions needed to address the health needs, and potential resources available to address these needs. Participants were asked to rate the seven health needs on a scale of 1-10, where 1 was *“not very prevalent, with only minimal health consequences”* and “10” is *“extremely prevalent, with very serious health consequences.”* The complete report of the prioritization process, the on-line survey participants, and community resources can be found in Attachment 3.

The community stakeholder on-line survey resulted in the following prioritization of the significant health needs:

1. Mental health
2. Substance abuse
3. Nutrition, physical activity, weight
4. Heart disease and stroke
5. Diabetes
6. Chronic Lower Respiratory Disease
7. Access to health care services

The community focus groups prioritized the significant health needs based on the scope and severity of the problem in the following order:

1. Mental health
2. Substance abuse
3. Heart disease and stroke
4. Access to health services
5. Diabetes
6. Nutrition, physical activity and weight
7. Chronic lower respiratory disease

## Demographics

### Population

The population of the Platte Valley Medical Center service area is 153,835.

### Total Population

Population	Platte Valley Service Area	Adams County	Weld County
Total population	153,835	461,558	265,066

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Of the service area population, 49.6% are male and 50.4% are female.

### Population by Gender

Gender	Platte Valley Service Area	Adams County	Weld County
Male	49.6%	50.3%	50.2%
Female	50.4%	49.7%	49.8%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 30.4% of the population in the service area; 61.4% are adults, ages 18-64; and 8.2% of the population are seniors, ages 65 and over.

### Population by Age

Age Ranges	Platte Valley Service Area	Adams County	Weld County
0 – 4	8.7%	8.1%	7.5%
5 – 17	21.7%	20.0%	19.7%
18 – 24	7.5%	9.2%	10.5%
25 – 44	30.9%	30.8%	27.6%
45 – 64	23.0%	22.9%	24.3%
65 and older	8.2%	9.0%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

When the hospital service area is examined by community, Commerce City has the highest percentage of youth, ages 0-17, at 33%; Hudson has the smallest percentage of youth (21.2%). Keenesburg has the largest percentage of seniors (14.4%) in the service area; Henderson the lowest at 4.6%.

## Population by Youth, Ages 0-17 and Seniors, Ages 65+, and Median Age

	Zip Code	Youth Ages 0 – 17	Seniors Ages 65+	Median Age
Brighton	80601	29.5%	9.2%	33.1
Brighton	80602	30.6%	7.1%	35.1
Brighton	80603	29.0%	9.0%	34.8
Commerce City	80022	33.0%	7.7%	31.0
Ft. Lupton	80621	27.6%	11.2%	36.8
Henderson	80640	32.8%	4.6%	30.7
Hudson	80642	21.2%	7.8%	40.0
Keenesburg	80643	24.0%	14.4%	40.8
<b>Platte Valley Service Area</b>		<b>30.4%</b>	<b>8.2%</b>	<b>35.0</b>
<b>Adams County</b>		<b>28.1%</b>	<b>9.0%</b>	<b>32.8</b>
<b>Weld County</b>		<b>27.3%</b>	<b>10.4%</b>	<b>33.7</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

## Race/Ethnicity

In the PVMC service area, 56.1% of the population is White; 37.4% of the population is Hispanic/Latino; 2.2% are Asian; 1.9% is African American; and 2.3% are American Indian/Alaskan Native or other race/ethnicity. The PVMC service area has a smaller percentage of Whites (56.1%) and larger percentage of Hispanics or Latinos (37.4%) than are found in the state.

## Race/Ethnicity

Race/Ethnicity	Platte Valley Service Area	Adams County	Weld County	Colorado
White	56.1%	52.5%	67.1%	69.4%
Hispanic/Latino	37.4%	38.4%	28.5%	20.9%
Asian	2.2%	3.6%	1.3%	2.8%
Black/African American	1.9%	3.0%	1.0%	3.8%
American Indian/Alaska Native	0.4%	0.5%	0.5%	0.5%
Other	1.9%	2.0%	1.6%	2.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

When race and ethnicity are examined by place, the majority of the population in Commerce City is Hispanic or Latino (50.3%). In Keenesburg, 78.7% of the population is White, the highest in the service area. 5.2% of the population in Brighton 80602 is Asian.

## Race/Ethnicity by Place

	ZCTA	White	Hispanic Latino	Asian	Black
Brighton	80601	55.8%	39.3%	1.1%	1.3%
Brighton	80602	73.4%	17.4%	5.2%	1.5%
Brighton	80603	60.7%	34.1%	0.4%	1.7%
Commerce City	80022	42.2%	50.3%	1.8%	3.5%
Ft. Lupton	80621	53.9%	43.3%	1.2%	0.3%
Henderson	80640	53.3%	39.9%	3.9%	0.6%
Hudson	80642	71.4%	21.2%	0.4%	1.3%
Keenesburg	80643	78.7%	20.0%	0.8%	0.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

## Citizenship

In the PVMC service area, 13% of the population is foreign born and 8.2% of the population is not a U.S. citizen. This is a lower percentage than found in Adams County (10.6%) but higher than in Weld County (5.6%).

### Citizenship

Citizenship	Platte Valley Service Area	Adams County	Weld County
Foreign Born	13.0%	15.1%	8.7%
Not a U.S. citizen	8.2%	10.6%	5.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the Platte Valley Medical Center service area communities. English is spoken in the home among 72.8% of the service area population. Spanish is spoken at home among 23.9% of the population; 1.2% of the population speaks an Indo-European language; and 1.8% of the population speak an Asian language at home.

### Language Spoken at Home for the Population 5 Years and Over

Language	Platte Valley Service Area	Adams County	Weld County	Colorado
<b>Population 5 years and older</b>	<b>137,222</b>	<b>424,235</b>	<b>245,113</b>	<b>4,860,145</b>
English only	72.8%	71.3%	81.3%	83.1%
Speaks Spanish	23.9%	23.3%	16.5%	11.9%
Speaks other Indo-European languages	1.2%	1.8%	1.1%	2.3%
Speaks Asian and Pacific Islander languages	1.8%	2.8%	0.8%	1.9%
Speaks other languages	0.3%	0.7%	0.3%	0.8%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Social and Economic Factors

### Social and Economic Factors Rankings

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Colorado's 64 counties are ranked according to social and economic factors with 1 being the county with the best factors to 64 for that county with the poorest factors. This Ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Adams County is ranked 39, in the bottom quartile of all Colorado counties according to social and economic factors. Weld County is ranked as 32, placing it in the bottom half of all Colorado counties.

### Social and Economic Factors Rankings

	County Rankings (out of 64)
Adams County	39
Weld County	32

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/app/colorado/2015/rankings/factors/4>

### Unemployment

The unemployment rate in the hospital service area averaged over 5 years was 6.8%, which is lower than the state rate of 7.9%.

### Employment Status for the Population 16 and Over,

	Civilian Labor Force	Unemployed	Unemployment Rate
Platte Valley Service Area	77,621	5,323	6.8%
Adams County	243,577	22,636	9.3%
Weld County	135,951	10,213	7.5%
Colorado	2,779,944	219,241	7.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, B23025. <http://factfinder.census.gov>

### Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty level (FPL) for one person was \$11,670 and for a family of four \$23,850. Among the residents in the Platte Valley Medical Center service area, 10.8% are at or below 100% of the federal poverty level (FPL) and 29.6% are at 200% of FPL or below. These rates of poverty are lower than found in the state where 13.1% of residents are at poverty level and 30.2% are at 200% of FPL or below.



## Poverty Levels

Poverty Level	Platte Valley Service Area	Adams County	Weld County	Colorado
<100% FPL	10.8%	14.1%	13.5%	13.1%
<200% FPL	29.6%	35.2%	33.6%	30.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

Examining poverty levels by community paints an important picture of the population within the Platte Valley Medical Center service area. In Commerce City, 18.4% of the population is at poverty level. Commerce City also has the highest rate of poverty among children (24.2%) and seniors (18.2%) in the service area. Brighton 80602 has the lowest rates of poverty in the service area.

## Poverty Levels of Individuals, Children under Age 18, and Seniors 65+

	ZCTA	Individuals	Children	Seniors
Brighton	80601	8.5%	9.2%	7.9%
Brighton	80602	2.0%	3.1%	3.5%
Brighton	80603	8.8%	10.4%	8.1%
Commerce City	80022	15.3%	24.2%	18.2%
Ft. Lupton	80621	10.3%	15.5%	15.1%
Henderson	80640	7.3%	14.8%	5.5%
Hudson	80642	6.7%	8.4%	8.9%
Keenesburg	80643	6.3%	16.3%	2.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

## Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. In both Adams and Weld Counties, 46% of the student population is eligible for the free and reduced price meal program. These rates are higher than the state rate of 34%.

## Free and Reduced Price Meals Eligibility, 2015

	Children Eligible
Adams County	46%
Weld County	46%
Colorado	34%

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/65/data>

## Households

In the Platte Valley Medical Center service area there are 48,531 households. The median household income in the service area ranges from \$52,160 in Ft. Lupton to \$95,346 in Brighton 80602.

### Median Household Income

	ZCTA	Households	Median Household Income
Brighton	80601	11,148	\$61,659
Brighton	80602	9,277	\$95,346
Brighton	80603	4,117	\$67,058
Commerce City	80022	13,493	\$57,451
Ft. Lupton	80621	4,178	\$52,160
Henderson	80640	3,465	\$74,160
Hudson	80642	1,646	\$71,136
Keenesburg	80643	1,207	\$69,856
<b>Platte Valley Service Area</b>		<b>48,531</b>	<b>\$68,457</b>
<b>Adams County</b>		<b>155,047</b>	<b>\$57,421</b>
<b>Weld County</b>		<b>92,369</b>	<b>\$58,100</b>
<b>Colorado</b>		<b>1,998,314</b>	<b>\$59,448</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

### Households by Type

When households are examined by type, 41.9% of household in the PVMC service area have children under the age of 18. 6.6% of households in the service area are female headed with children and 5.8% of households are seniors living alone.

### Households by Type

	Total Households	Family Households with Children under 18	Female Head of Household with own Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Platte Valley Service Area	48,531	41.8%	7.0%	5.6%
Adams County	155,047	36.5%	7.8%	6.4%
Weld County	92,369	34.7%	6.1%	7.2%
Colorado	1,998,314	29.7%	6.2%	8.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Educational Attainment

Among adults, ages 25 and older, in the Platte Valley Medical Center service area, 17.5% have no high school diploma, compared to 9.6% of the population in the state with no high school diploma.

### Population, 25 Years and Older, with No High School Diploma

Platte Valley Service Area	Adams County	Weld County	Colorado
17.5%	18.3%	13.5%	9.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Educational attainment is a key driver of health. In the hospital service area, 17.5% of adults lack a high school diploma. Over one quarter the population (30.5%), ages 25 and older, have a college degree.

### Educational Attainment (Age 25+)

Education	Platte Valley Service Area	Adams County	Weld County	Colorado
<b>Population 25 years and older</b>	<b>95,541</b>	<b>289,449</b>	<b>164,896</b>	<b>3,453,403</b>
Less than 9 <sup>th</sup> Grade	8.7%	7.9%	6.1%	4.0%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	8.8%	10.4%	7.4%	5.6%
High School Graduate	28.8%	29.3%	27.3%	22.0%
Some College, no degree	23.4%	22.6%	24.6%	22.7%
Associate's Degree	8.1%	8.2%	8.7%	8.2%
Bachelor's Degree	15.5%	14.9%	17.7%	23.7%
Graduate/Professional Degree	6.9%	6.8%	8.3%	13.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## High School Graduation Rates

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. The graduation rate in Adams County was 70%, and in Weld County the graduation rate was 81%.

### High School Graduates, 2010-2011

	Percent
Adams County	66%
Weld County	81%
Colorado	75%

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/21/data>

## Homelessness

A point-in-time count of homeless people was conducted in 2015 by the Metro Denver Homeless Initiative (MDHI). The 2012 count estimated 572 homeless individuals in Adams

County. 82% of the homeless in Adams County were sheltered and 18% were unsheltered, 5.4% of the homeless were considered to be chronically homeless. According to the MDHI, "Adams County showed the most dramatic increase in number of homeless persons as well as the proportion of homeless across the Metro counties"<sup>1</sup>.

### Homeless Point-in-Time Count, January 2015

Homeless Type	Adams County		Colorado
	Number	Percent	
Sheltered	469	82.0%	7,134
Unsheltered	103	18.0%	2,819
Chronically homeless	31	5.4%	1,877

Source: State-wide data posted on U.S. Department of Housing and Urban Development, Homelessness Resource Exchange, 2015. [https://www.hudexchange.info/resource/reportmanagement/published/CoC\\_PopSub\\_State\\_CO\\_2015.pdf](https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_CO_2015.pdf); Adams County data posted on Metro Denver Homeless Initiative (MDHI) site, 2015, <http://mdhi.org/wp-content/uploads/2010/07/Adams-County-2015.pdf>

<sup>1</sup> Metro Denver Homeless Initiative. (2012). Point in Time Report. Retrieved from <http://mdhi.org/downloads/>. Pg. 19.

## Birth Indicators

### Births

In 2015, the number of births in the Platte Valley Medical Center service area was 2,379. The number of births in the service area declined slightly over the past five years, while births in both counties and the state increased.

### Live Births and Average Annual Change, Fiscal Years (July 1 - June 30) 2011-2015

	2011	2012	2013	2014	2015	Average Annual Change
Platte Valley Service Area	2,402	2,417	2,341	2,417	2,379	(-1.0%)
Adams County	7,174	7,175	6,930	7,259	7,265	+1.3%
Weld County	3,731	3,845	3,901	3,869	4,288	+14.9%
Colorado	65,052	65,188	65,004	65,814	66,566	+2.3%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2011-2015  
<http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/NativityPub.hsql>

### Teen Births

In 2015, 1.9% of live births in Adams County were to teens, ages 15-17. In Weld County, 1.5% of the births were to teens. Both counties are slightly above the state rate.

### Births to Teenage Mothers, 15-17 Years of Age, 2015

	2015	Percent of Live Births
Adams County	139	1.9%
Weld County	66	1.5%
Colorado	844	1.3%

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015  
<http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/birthquick2.hsql>

### Prenatal Care

Pregnant women in Adams County entered prenatal care late - after the first trimester - at a rate of 251.6 per 1,000 live births, and in Weld County the rate of late prenatal care was 362.2. This rate of late entry into prenatal care translates to 74.8% of women in Adams County and 63.8% in Weld County entering prenatal care within the first trimester. The Healthy People 2020 objective is for 78% of women to enter prenatal care in the first trimester.

### Late Entry into Prenatal Care (After First Trimester) / No Care, 2015

Geographic Area	Births with Late Prenatal Care	Births with No Prenatal Care	Combined Late/No Prenatal Care	Live Births	Rate per 1,000 Live Births
Adams County	1,690	138	1,828	7,265	251.6
Weld County	1,156	397	1,553	4,288	362.2
Colorado	15,212	1,940	17,152	66,566	257.7

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015  
<http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/NativityPub.hsqli>

### 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 Adams County rate of low birth weight babies is 9.4% (93.6 per 1,000 live births), and in Weld County it is 8.4% (83.7 per 1,000 live births). This is lower than the state rate of 9.1% (91.3 per 1,000 live births). However, the rate of low birth weight in the service area is higher than the Healthy People 2020 objective of 7.8% of births being low birth weight, indicating a poor birth indicator.

### Low Birth Weight (Under 2,500 g), 2015

	Low Weight Births	Live Births	Rate per 1,000 Live Births
Adams County	680	7,265	93.6
Weld County	359	4,288	83.7
Colorado	6,077	66,566	91.3

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015  
<http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/NativityPub.hsqli>

### Infant Mortality

The infant mortality rate in Adams County was 5.2 deaths per 1,000 live births and in Weld County it was 4.7 deaths per 1,000 live births. In comparison, the infant death rate in the state was 4.6 deaths per 1,000 live births. The infant death rate in both counties and the state are below the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

### Infant Mortality Rate, 2015

	Infant Deaths	Live Births	Rate per 1,000 Live Births
Adams County	38	7,265	5.2
Weld County	20	4,288	4.7
Colorado	309	66,566	4.6

Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID) 2015  
<http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli>

## Leading Causes of Death

### Age-Adjusted Death Rate

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

When adjusted for age, the death rate in Adams County was 742.3 and in Weld County 690.6. These rates of death were higher than found in Colorado (657.9).

### Age-Adjusted Death Rate, 2015

	Deaths	Crude Rate	Age-Adjusted Rate
Adams County	2,901	591.0	742.3
Weld County	1,749	614.0	690.6
Colorado	36,353	666.2	657.9

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

### Leading Causes of Death

The top causes of death in Adams and Weld Counties are cancer, heart disease, unintentional injuries and respiratory disease. These are also the top causes of death in the state.



## Leading Causes of Death, 2015

Causes of Death	Adams County			Weld County			Colorado		
	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted
Breast Cancer	43	8.8	9.8	27	9.5	10.1	585	10.7	10.2
Lung Cancer	135	27.5	34.6	88	30.9	34.6	1,543	28.3	27.3
Other Cancer (not including Breast/Lung)	639	130.2	160.6	368	129.2	141.0	7,597	139.2	133.4
Heart Disease	501	102.1	131.7	322	113.0	131.2	7,003	128.3	126.9
Chronic Lower Respiratory	230	46.9	62.6	117	41.1	46.0	2,576	47.2	47.4
Unintentional Injury	230	46.9	53.4	129	45.3	48.6	2,724	49.9	49.6
Stroke	137	27.9	36.6	83	29.1	34.6	1,857	34.0	34.5
Diabetes	82	16.7	20.1	55	19.3	22.0	884	16.2	15.7
Suicide	92	18.7	19.1	58	20.4	20.0	1,093	20.0	19.5
Pneumonia and Influenza	47	9.6	12.5	37	13.0	14.9	658	12.1	12.2
Chronic Liver Disease	53	10.8	11.4	35	12.3	12.5	735	13.5	12.1
HIV/AIDS	6	1.2	1.3	N/A	N/A	N/A	56	1.0	1.0
All other causes	579	118.0	151.3	381	133.7	154.8	7,411	135.8	136.7
<b>Total Deaths</b>	<b>2,774</b>	<b>565.3</b>	<b>705.0</b>	<b>1,700</b>	<b>596.8</b>	<b>670.3</b>	<b>34,722</b>	<b>636.2</b>	<b>626.5</b>

Source: Colorado Department of Public Health and Environment, CoHiD. Age-Adjusted rates calculated using the direct method applied to 10-year age groups. Population figures are 2007 estimates from the Demography Section, Colorado Dept of Local Affairs.

## Cancer Mortality

The death rate in Adams County for breast cancer is 9.8 and in Weld County it is 10.1 per 100,000 persons. These are lower than the state rate (10.2 per 100,000 persons). When examining the rate of death due to colorectal cancer, the age-adjusted rate in Adams County is 14.7 and in Weld County it is 11.8 per 100,000 persons. Weld County is lower than the state rate (12.0) and the Healthy People 2020 objective of 14.5 deaths per 100,000 persons as a result of colorectal cancer.

The age-adjusted rate of death for all cancers in Adams County is 160.6 and in Weld County it is 141.0 per 100,000 persons. This is higher than the state rate of death by cancer (133.4) but is lower than the Healthy People 2020 objective of 161.4 per 100,000 persons for all cancers.

## Cancer Death Rates, Crude and Age-Adjusted Death Rate per 100,000 Persons, 2015

Geographic Area	Breast Cancer			Colorectal Cancer			All Cancers		
	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted
Adams County	43	8.8	9.8	61	12.4	14.7	639	130.2	160.6
Weld County	27	9.5	10.1	30	10.5	11.8	368	129.2	141.0
Colorado	585	10.7	10.2	683	12.5	12.0	7,597	139.2	133.4

Source: Colorado Dept of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. Rates are per 100,000 pop and are adj using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Dept of Local Affairs. [www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli)

## Heart Disease Mortality

Adams County has an age-adjusted rate of death due to heart disease of 131.7 per 100,000 persons. In Weld County the heart disease age-adjusted death rate is 131.2. These rates exceed the Healthy People 2020 objective of 103.4 deaths per 100,000 persons.

### Heart Disease Death Rate, Age-Adjusted Death Rate per 100,000 Persons, 2015

	Heart Disease		
	Number	Crude Rate	Age-Adjusted
Adams County	501	102.1	131.7
Weld County	322	113.0	131.2
Colorado	7,002	128.3	126.9

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Stroke Mortality

The rate of death by stroke per 100,000 persons in Adams County (36.6) exceeds the state rate (34.5) and the Healthy People 2020 objective (34.8).

### Stroke Death Rate, Age-Adjusted per 100,000 Persons, 2015

Geographic Area	Stroke (Cerebrovascular Disease)		
	Number	Crude Rate	Age-Adjusted
Adams County	137	27.9	36.6
Weld County	83	29.1	34.6
Colorado	1,857	34	34.5

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Unintentional Injury Mortality Rate

In Adams County the death rate for unintentional injuries is 53.4 per 100,000 persons. In Weld County the rate is 48.6. These exceed the Healthy People 2020 objective for unintentional injury deaths of 36.4 per 100,000 persons.

### Unintentional Injury Death Rate, Age-Adjusted per 100,000 Persons, 2015

	Unintentional Injury		
	Number	Crude Rate	Age-Adjusted
Adams County	230	46.9	53.4
Weld County	129	45.3	48.6
Colorado	2,724	49.9	49.6

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Diabetes Mortality

The age-adjusted death rate for diabetes in Adams County is 20.1 per 100,000 persons, and in Weld County it is 22.

### Diabetes Death Rate, Age-Adjusted per 100,000 Persons, 2015

	Diabetes		
	Number	Crude Rate	Age-Adjusted
Adams County	82	16.7	20.1
Weld County	55	19.3	22.0
Colorado	884	16.2	15.7

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Pneumonia Mortality

The death rate from pneumonia in Adams County is 10.5 per 100,000 persons. In Weld County the death rate is 12.7 per 100,000 persons. Weld County rates exceed the state rate of 10.5 deaths per 100,000 persons.

### Pneumonia Death Rate, Age-Adjusted per 100,000 Persons, 2015

	Pneumonia and Influenza		
	Number	Crude Rate	Age-Adjusted
Adams County	39	7.9	10.5
Weld County	32	11.2	12.7
Colorado	567	10.4	10.5

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Suicide

The rate of death by suicide in Adams County is 19.1 and in Weld County it is 20 per 100,000 persons. These rates exceed the Healthy People objective of 10.2 deaths per 100,000 persons from suicide.

### Suicide Death Rate, Age-Adjusted per 100,000 Persons, 2015

Geographic Area	Suicide		
	Number	Crude Rate	Age-Adjusted
Adams County	92	18.7	19.1
Weld County	58	20.4	20.0
Colorado	1,093	20.0	19.5

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. 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)

## Drug Dependence and Abuse Mortality

The rate of drug-induced deaths in Adams County (18.4) and Weld County (13.9) exceed the Healthy People 2020 objective of 11.3 deaths per 100,000 persons.

### Drug-Induced Death Rate, Age-Adjusted per 100,000 Persons, 2015

Geographic Area	Drug-Induced Deaths		
	Number	Crude Rate	Age-Adjusted
Adams County	91	18.5	18.4
Weld County	40	14.0	13.9
Colorado	904	16.6	14.2

Source: Colorado Department of Public Health and Environment, Mortality Data, 2015. Rates are deaths per 100,000 population. Crude death rates are calculated without age-adjustment. Age-adjusted rates are adjusted to the 2000 U.S. standard population using the direct method applied to 10-year age groups.

[http://www.chd.dphe.state.co.us/topics.aspx?q=Mortality\\_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Mortality_Data)

## Alcoholic Liver Disease

The rate of death due to alcoholic liver disease is 5.7 per 100,000 persons in Adams County and 9.3 in Weld County.

### Alcoholic Liver Disease, Age-Adjusted per 100,000 Persons, 2015

Geographic Area	Alcoholic Liver Disease		
	Number	Crude Rate	Age-Adjusted
Adams County	26	5.3	5.7
Weld County	26	9.1	9.3
Colorado	500	9.2	8.2

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. [www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli)

## HIV/AIDS Mortality

The rate of death as a result of HIV/AIDS is higher in Adams County (1.3) than compared to the state rate of 1.0 death per 100,000 persons.

### HIV/AIDS Mortality, Age-Adjusted per 100,000 Persons, 2015

Geographic Area	HIV/AIDS		
	Number	Crude Rate	Age-Adjusted
Adams County	6	1.2	1.3
Weld County	No data	No data	No data
Colorado	56	1.0	1.0

Source: Colorado Department of Public Health and Environment, Colorado Health Information Dataset (CoHID), 2015. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are most current year estimates from State Demography Office, Colorado Department of Local Affairs. [www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli](http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/mortalityPub.hsqli)

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to accessing health care.

Among the adult population in Adams County, 74.3% have health insurance, a lower rate than the state (81.6%). In Weld County, 81.2% of the population has health insurance.

### Health Insurance Coverage, Civilian Non-institutionalized Population, ages 18-64

	No health insurance coverage	Private or public health insurance coverage
Adams County	25.7%	74.3%
Weld County	18.8%	81.2%
Colorado	18.4%	81.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Among children in Adams County, 11.5% are uninsured (88.5% insured), compared to 9.2% who are uninsured (90.8% insured) in Weld County.

### Uninsured Children, Ages 0-17

	Number	Percent
Adams County	14,873	11.5%
Weld County	6,664	9.2%
Colorado	103,100	8.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

### Unmet Medical Need

17% of adults in Adams and 16% of adults in Weld Counties had an unmet medical need because they were not able to afford care. These rates are higher than found in the state (14%).

### Adults with Unmet Medical Need Due to Cost

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

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

### Primary Care Physicians

The ratio of the population to primary care physicians in Adams County is 2,158:1, and in Weld County it is 2,093:1. The measure represents the population to one provider.

## Primary Care Physicians, Number and Ratio, 2015

Primary Care Physicians	Adams County	Weld County	Colorado
Number of primary care physicians	213	126	4,109
Ratio of population to primary care physicians	2,158:1	2,093:1	1,262:1

Source: County Health Rankings, 2012 <http://www.countyhealthrankings.org/rankings/data/CO>

## Dental Care

The ratio of population to dentists in Adams County is 1907:1. In Weld County the ratio is 2,594:1.

## Dentists, Number and Ratio, 2015

Dentists	Adams County	Weld County	Colorado
Number of dentists	246	104	3,846
Ratio of population to dentists	1907:1	2,594:1	1370:1

Source: County Health Rankings, 2014 <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/88/data>

## 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 is 422:1. In Weld County the ratio is 616:1. In the state the ratio is 392:1.

## Mental Health Providers, Number and Ratio, 2015

Mental Health Providers	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, 2014, <http://www.countyhealthrankings.org/app/colorado/2015/measure/factors/62/data>

## Chronic and Communicable Disease

### Fair or Poor Health

When asked to self-report on health status, 17% of adults in Adams County and 15% in Weld County indicated they were in fair or poor health. These rates are higher than found in the state (13%).

### Fair or Poor Health, Adults, 2015

	Percent
Adams County	17%
Weld County	15%
Colorado	13%

Source: County Health Rankings, 2006-2012 <http://www.countyhealthrankings.org/app/colorado/2015/measure/outcomes/2/map>

### Asthma

13% of adults in Adams County and 12.6% of adults in Weld County have been diagnosed with asthma.

### Asthma Prevalence, Percent of Population, 2013-2014

Geographic Area	Percent
Adams County	13.0%
Weld County	12.6%
Colorado	12.9%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014 <http://www.cohid.dphe.state.co.us/brfss.html>

### Diabetes

The percent of adults, diagnosed with diabetes was 8.4% in Adams County and 6.7% in Weld County. 6.9% of adults in the state have been diagnosed with diabetes.

### Adult Diabetes Prevalence, 2013-2014

	Percent
Adams County	8.4%
Weld County	6.7%
Colorado State	6.9%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014 <http://www.cohid.dphe.state.co.us/brfss.html>

### High Blood Pressure

22.4% of adults in Adams County and 28.1% in Weld County have been diagnosed with high blood pressure. Weld County exceeds the state rate of 25.9%.



## High Blood Pressure, 2013

	Percent
Adams County	22.4%
Weld County	28.1%
Colorado	25.9%

Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance System – BRFSS, 2013

<http://www.cohid.dphe.state.co.us/brfss.html>

## Colorectal and Breast Cancer

Colorectal cancer rates are higher in men than in women. Both Adams and Weld Counties report a rate of colorectal cancer of 42.7 per 100,000 men; higher than the state rate of 38.6 per 100,000 persons. Colorectal cancer rates among women in Adams County occur at a rate of 33.4 per 100,000 persons; higher than both Weld County (30.7) and the state (30.9).

Breast cancer rates occur among females at a rate of 110.1 per 100,000 persons in Adams County and 113.3 in Weld County. These rates are lower than the state rate of 123 per 100,000 persons.

## Colorectal and Breast Cancer Incidence by Gender, per 100,000 Persons, Age-Adjusted

	Colorectal Cancer		Breast Cancer	
	Male	Female	Male	Female
Adams County	42.7	33.4	0.8	110.1
Weld County	42.7	30.7	N/A	113.3
Colorado	38.6	30.9	1.1	123.0

Source: Colorado Department of Public Health and Environment, Colorado Central Cancer Registry, 2010-2012

[https://www.colorado.gov/pacific/sites/default/files/CHED\\_Cancer\\_table\\_Incidence\\_county\\_gender\\_0309\\_1012.pdf](https://www.colorado.gov/pacific/sites/default/files/CHED_Cancer_table_Incidence_county_gender_0309_1012.pdf)

## Tuberculosis

The rate of tuberculosis averaged over five years is 1.7 per 100,000 persons in Adams County, 1.1 per 100,000 persons in Weld County. Racial minorities are at the greatest risk: 83% of new TB cases occurred in minority populations, yet they only comprise 31% of the state's population. 34% of TB cases were in those of Asian/Pacific Islander origin, 30% of cases were in Hispanics, and 19% in Black/African Americans. TB incidence is 36 times higher among the foreign-born population than the U.S. born individuals in Colorado.

### New Diagnoses of TB, per 100,000 Persons, 5-Year Average 2011-2015

	Rate
Adams County	1.7
Weld County	1.1
Colorado	1.3

Source: Colorado Department of Public Health and Environment's Annual Tuberculosis Surveillance Report, 2015  
[https://www.colorado.gov/pacific/sites/default/files/DC\\_TB-CO-2015.pdf](https://www.colorado.gov/pacific/sites/default/files/DC_TB-CO-2015.pdf)

### Sexually Transmitted Infections

Chlamydia occurs at a rate of 421.2 per 100,000 persons in Adams County, which is higher than the rate of Chlamydia in Weld County (362.1 per 100,000 persons) and Colorado (410.3 per 100,000 persons). Females account for more than two-thirds (68.2%) of the chlamydia cases with the highest number of cases in the 20-24 year age group (33.9% state-wide), followed by 15-19 year olds (25.2% of reported cases, state-wide). The rate of gonorrhea in Adams County is 48.7 and in Weld County 24 per 100,000 persons. Syphilis occurs at a rate of 3.3 per 100,000 persons in Adams County, about the same as Colorado (3.5). Weld County has a much lower rate, at 1.5. Syphilis occurs at much higher rates among males, ages 20 and older. Persons of color continue to be disproportionately affected by STIs.

### Sexually Transmitted Infections, per 100,000 Persons, 2014

	Adams County	Weld County	Colorado
Chlamydia	421.2	362.1	410.3
Gonorrhea	48.7	24.0	59.5
Syphilis (P&S)	3.3	1.5	3.5

Source: Colorado Department of Public Health and Environment, Division of Disease Control and Environmental Epidemiology, 2014  
<https://www.colorado.gov/pacific/cdphe/sti-and-hiv-data-and-trends>

## Health Behaviors

### Health Behaviors Rankings

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Colorado's 64 counties are ranked from 1 (healthiest) to 64 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 53 for Adams County puts it in the bottom third of Colorado counties for health behaviors. Weld County's rank of 39 places it in the middle third.

### Health Behaviors Rankings

Geographic Area	County Rankings (out of 64)
Adams County	53
Weld County	39

Source: County Health Rankings, 2015 <http://www.countyhealthrankings.org/app/colorado/2015/rankings/factors/3>

### Adults Overweight and Obese

Among adults in Adams County, 34.7% are overweight. In Weld County, 36.1% of adults are overweight.

### Adult Overweight (BMI 25.5 to 29.9), 2013-2014

	Percent
Adams County	34.7%
Weld County	36.1%
Colorado	35.7%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

Over one-fourth of the adult population is obese in Adams County (26.6%) and Weld County (28%).

### Adult Obese (BMI > 30), 2013-2014

	Percent
Adams County	26.6%
Weld County	28.0%
Colorado	21.3%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

## Adults Physical Activity

The CDC recommendation for adult physical activity is moderate activity equal to or greater than 150 minutes in a week or vigorous activity equal to or greater than 75 minutes a week. In Adams County, 53% of adults meet the physical activity recommendation. 55% of adults are moderately active in Weld County.

### Moderately Physically Active, Adults, 2011, 2013

	Percent
Adams County	53.0%
Weld County	55.0%
Colorado	61.1%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2011 and 2013, <http://www.chd.dphe.state.co.us/HealthIndicators/home/index>

23.5% of adults in Adams County are sedentary and do not participate in any leisure time physical activity. 20.3% of adults in Weld County are sedentary. Both counties have higher rates than the state (17.1%).

### Sedentary Adults, 2012-2014

	Percent
Adams County	23.5%
Weld County	20.3%
Colorado	17.1%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2012-2014 <http://www.chd.dphe.state.co.us/HealthIndicators/home/index>

## Youth Physical Activity

The CDC recommendation for youth physical activity is 60 minutes or more each day. 44% of Adams County youth, ages 5 to 14, met this activity recommendation on 7 of the past 7 days, just slightly lower than the state rate of 44.7%. Both are higher than the Weld County rate of 37.6%

### Youth Physical Activity, Ages 5-14, 2012-2104

	Percent
Adams County	44.0%
Weld County	37.6%
Colorado State	44.7%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2012-2014 <http://www.chd.dphe.state.co.us/HealthIndicators/home/index>

## Smoking

The percentage of adults, 18 and over, in Adams County who smoke cigarettes is 20.3%, and in Weld County it is 16.9%. These rates are higher than the state (16.8%), and all exceed the Healthy People 2020 objective of 12%.

### Adult Smokers, 2013-2014

	Percent
Adams County	20.3%
Weld County	16.9%
Colorado	16.8%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

## Physical or Mental Unhealthy Days

The average number of physically unhealthy days experienced by adults in Adams County in the last 30 days was 3.5 days. Adams County adults experienced 3.6 mentally unhealthy days a month. In Weld County, adults experienced an average of 3.3 physically unhealthy days and 3 mentally unhealthy days a month.

### Physical or Mental Unhealthy Days in Previous 30 Days, Adults, 3-Year Average

	Physically Unhealthy Days	Mentally Unhealthy Days
Adams County	3.5	3.6
Weld County	3.3	3.0
Colorado	3.1	3.1

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2006-2012  
<http://www.countyhealthrankings.org/app/colorado/2015/measure/outcomes/36/data>

## Frequent Mental Distress

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, Adult, 2014

	Percent
Adams County	10%
Weld County	9%
Colorado	9%

Source: County Health Rankings, 2014, <http://www.countyhealthrankings.org/app/colorado/2016/measure/outcomes/145/data>

## Adult Alcohol Use

Binge drinking is defined as consuming five or more drinks on one occasion for men and four or more for women. 18.4% of adults in Adams County and 16.8% in Weld County engaged in binge drinking in the past month.

### Binge Drinking, Adults, 2013-2014

	Percent
Adams County	18.4%
Weld County	16.8%
Colorado	18.1%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2013-2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

### Flu Shots

Less than three-quarters (71.2%) of seniors have obtained a recommended flu shot in Adams County and 65.2% in Weld County. The Weld County rate is lower than the Healthy People objective of 70%.

### Flu Shots, Adults 65+, received in the past 12 months, 2012-2014

	Percent
Adams County	71.2%
Weld County	65.2%
Colorado	67.0%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2012-2014  
<http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/18?id2=123&id3=7&id4=37>

### Pneumonia Vaccination

The pneumonia vaccination rate among seniors in Adams County is 76.9% and 69.3% in Weld County. The rates of vaccination in Adams County are higher than the state (73.2%), but all are less than the recommended Healthy People 2020 objective of 90%.

### Pneumonia Vaccine, Adults 65+, 2012-2014

	Percent
Adams County	76.9%
Weld County	69.3%
Colorado	73.7%

Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, 2012-2014  
<http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/18?id2=123&id3=7&id4=37>

### Pap Smears

Among women 18 years and older, 92.5% in Adams County and 91.7% in Weld County had a Pap smear. The rate in both counties and the state is lower than the recommended Healthy People 2020 objective of 93%.

## Pap Smears, Women 18+, 2014

	Percent
Adams County	92.5%
Weld County	91.7%
Colorado	92.6%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

## Mammograms

61% of women over 50 years old in Adams County and 46.4% in Weld County had a screening mammogram in the last two years. This is below the state rate (62.8%) and the Healthy People 2020 objective of 81.1%.

## Mammogram in Last Two Years, Women 50+, 2014

	Percent
Adams County	61.0%
Weld County	46.4%
Colorado	62.8%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2014  
<http://www.cohid.dphe.state.co.us/brfss.html>

## Colorectal Cancer Screening

In Adams County, 17.8% of adults 50 years and older have been screened for colorectal cancer. In Weld County, 11.2% of adults 50 years and older have been screened for colorectal cancer. This rate is below the state rate (14.2%) and all well below the Healthy People 2020 objective of 70.5%.

## Colorectal Cancer Screening, Adults 50+, 2014

	Percent
Adams County	17.8%
Weld County	11.2%
Colorado	14.2%

Source: Colorado Department of Public Health and Environment, CoHID; Behavioral Risk Factor Surveillance System - BRFSS, 2014  
<http://www.cohid.dphe.state.co.us/brfss.html>



## Attachment 1. Focus Groups

In October 2016, Platte Valley Medical Center (PVMC) conducted three focus groups to get feedback from community members regarding the perceived health needs and their identification of resources available to address those needs. Fifteen persons participated in the focus groups.

The first focus group was conducted with an existing group known as the Pastoral Council. This group met on Monday, October 3 and included ministers or representatives of the local Brighton Colorado churches or temples. There were eight attendees at this meeting.

The second focus group was conducted with an existing group known as the Patient Partnership Council. The group met on Wednesday, October 5 and consisted of local community members who meet monthly to give feedback on issues of community concern or feedback regarding new hospital services to hospital representatives. There were three attendees at this meeting.

The final focus group was conducted with people living in the low-income housing complex known as Hughes Station. Flyers were distributed to the residents two weeks prior to the meeting which occurred on Tuesday, October 18. Nine people had reserved a spot at the meeting, but only four people attended.

A presentation was given to each of the groups which included: a description of the reason for completing a community health needs assessment (CHNA); a review of the CHNA which was completed in 2013; a review of the on-line survey results from the On-line Key Informant Survey completed by Professional Research Consultants; a review of the secondary data from Colorado Health Information Dataset (CoHID), United States 2010-2014 Census, and Healthy People 2020; and a description of their task.

Following the presentation, each group was tasked with rating seven identified health needs two separate questions. The first task was to rate the health issue on the scope and severity of the problem with a “1” being “not very prevalent at all, with only minimal health consequences” and a “10” was a problem that was “extremely prevalent, with very serious health consequences”.- and the second task was to rate the health issue as to how likely the hospital would be able to have a positive impact on the problem. A “1” was given to a problem that the individual felt that the hospital had “no ability to impact” and a “10” was to be given to a problem for which they thought the hospital would have a “great ability to impact”. The results are listed below.

1. Please rate the following health issues based on scope and severity.

**Pastoral Council- October 3rd**

	Person								Total	Avg
	#1	#2	#3	#4	#5	#6	#7	#8		
Mental Health	7	4	10	10	10	8	9	8	66	8.25
Substance Abuse	7	5	10	9	10	8	9	5	63	7.88
Nutrition, Physical Activity and Weight	10	7	5	8	3	10	7	4	54	6.75
Heart Disease and Stroke	9	7	9	7	8	7	7	4	58	7.25
Diabetes	10	7	6	6	7	6	7	7	56	7.00
Chronic Lower Respiratory Disease	6	7	5	4	3	5	7	6	43	5.38
Access to Health Services	10	5	9	5	7	8	8	6	58	7.25

<b>Group 1 Priorities (8 persons)</b>	
Mental Health	8.25
Substance Abuse	7.88
Heart Disease and Stroke	7.25
Access to Health Services	7.25
Diabetes	7.00
Nutrition, Physical Activity and Weight	6.75
Chronic Lower Respiratory Disease	5.38

**Patient Partnership Council- October 5th**

	#1	#2	#3	Total	Avg
Mental Health	9	10	7	26	8.67
Substance Abuse	9		6	15	7.50
Nutrition, Physical Activity and Weight	10	4	8	22	7.33
Heart Disease and Stroke	10	8	6	24	8.00
Diabetes	10	7	7	24	8.00
Chronic Lower Respiratory Disease	7	6	6	19	6.33
Access to Health Services	7	4	6	17	5.67

<b>Group 2 Priorities (3 persons)</b>	
Mental Health	8.67
Heart Disease and Stroke	8.00
Diabetes	8.00
Substance Abuse	7.50
Nutrition, Physical Activity and Weight	7.33
Chronic Lower Respiratory Disease	6.33
Access to Health Services	5.67

**Hughes Station- Low income Housing- October 18th**

	#1	#2	#3	#4	Total	Avg
Mental Health	10	9	10	5	34	8.50
Substance Abuse	9	9	10	10	38	9.50
Nutrition, Physical Activity and Weight	8	8	7	10	33	8.25
Heart Disease and Stroke	9	7	6	8	30	7.50
Diabetes	9	7	6		22	7.33
Chronic Lower Respiratory Disease	10	6	9	9	34	8.50
Access to Health Services	9	8	10	10	37	9.25

<b>Group 3 Priorities (4 persons)</b>	
Substance Abuse	9.50
Access to Health Services	9.25
Mental Health	8.50
Chronic Lower Respiratory Disease	8.50
Nutrition, Physical Activity and Weight	8.25
Heart Disease and Stroke	7.50
Diabetes	7.33

<b>Combined Groups Priorities (15 persons)</b>	
Mental Health	8.40
Substance Abuse	8.29
Heart Disease and Stroke	7.47
Access to Health Services	7.47
Diabetes	7.29
Nutrition, Physical Activity and Weight	7.27
Chronic Lower Respiratory Disease	6.40

**2. Please rate the following health issues on the hospital's ability to have a positive impact as an organization.**

**Pastoral Council- October 3rd**

	Person								Total	Avg
	#1	#2	#3	#4	#5	#6	#7	#8		
Mental Health	1	2	8	8	10	8	3	2	42	5.2
Substance Abuse	1	3	8	5	6	8	3	5	39	4.8
Nutrition, Physical Activity and Weight	4	6	5	4	10	10	6	6	51	6.3
Heart Disease and Stroke	10	7	10	7	10	6	9	8	67	8.3
Diabetes	7	7	8	3	8	6	9	6	54	6.7
Chronic Lower Respiratory Disease	7	7	9	5	4	6	9	5	52	6.5
Access to Health Services	7	5	6	6	8	4	6	9	51	6.3

<b>Group 1 Priorities (8 persons)</b>	
Heart Disease and Stroke	8.3
Diabetes	6.7
Chronic Lower Respiratory Disease	6.5
Nutrition, Physical Activity and Weight	6.3
Access to Health Services	6.3
Mental Health	5.2
Substance Abuse	4.8

**Patient Partnership Council- October 5th**

	#1	#2	#3	Total	Avg
Mental Health	7	1	5	13	4.3
Substance Abuse	7	2	6	15	5.0
Nutrition, Physical Activity and Weight	10	7	7	24	8.0
Heart Disease and Stroke	10	10	8	28	9.3
Diabetes	10	6	8	24	8.0
Chronic Lower Respiratory Disease	10	8	7	25	8.3
Access to Health Services	8	6	8	22	7.3

<b>Group 2 Priorities (3 persons)</b>	
Heart Disease and Stroke	9.3
Chronic Lower Respiratory Disease	8.3
Nutrition, Physical Activity and Weight	8.0
Diabetes	8.0
Access to Health Services	7.3
Substance Abuse	5.0
Mental Health	4.3

**Hughes Station- Low income Housing- October 18th**

	#1	#2	#3	#4	Total	Avg
Mental Health	10	6	4	4	24	6.0
Substance Abuse	10	7	4	5	26	6.5
Nutrition, Physical Activity and Weight	10	9	6	6	31	7.7
Heart Disease and Stroke	10	8	7	8	33	8.2
Diabetes	10	8	6	8	32	8.0
Chronic Lower Respiratory Disease	10	6	6	8	30	7.5
Access to Health Services	8	8	6	10	32	8.0

<b>Group 3 Priorities (4 persons)</b>	
Heart Disease and Stroke	8.2
Diabetes	8.0
Access to Health Services	8.0
Nutrition, Physical Activity and Weight	7.7
Chronic Lower Respiratory Disease	7.5
Substance Abuse	6.5
Mental Health	6.0

<b>Combined Groups Priorities (15 persons)</b>	
Mental Health	8.4
Substance Abuse	8.3
Heart Disease and Stroke	7.5
Access to Health Care	7.5
Diabetes	7.3
Nutrition, Physical Activity and Weight	7.3
Chronic Lower Respiratory	6.4

## Attachment 2. Impact Evaluation

Platte Valley Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources.

- Access to care
- Cancer
- Cardiovascular disease

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following sections outline the impact made on the selected significant health needs since the completion of the 2013 CHNA.

### Access to Care

PVMC has made a large financial investment in infrastructure, personnel and services in order to improve access to quality health care for the community.

- Since January 2014, the contracted financial counselors have worked with over 1,300 individuals to fill out applications and apply for governmental insurance programs. Of the people who did not qualify for government assistance, over 1,000 people had face-to-face counseling with PVMC financial counselors to determine eligibility for PVMC financial assistance.
- In 2014 and 2015, PVMC provided \$5,882,074 in charity care. (The charity care amount for 2016 is not yet available.)
- In 2013 four employees became Certified Application Counselors (CAC) for the Connect for Colorado health insurance exchange and provided education on the Colorado Health Exchange at various venues outside of the hospital. In 2016, two employees renewed their certification and they continued to provide education in the community.
- Since 2014, the hospital has built 100,000 square feet of outpatient facilities to increase access to primary care, walk-in clinic and specialty care.
  - Reunion Medical Plaza – offices at this location opened in November of 2014 in the Reunion subdivision of Commerce City. They provide access to the following primary and specialty care services:
    - Alcott Women’s Center (Gynecology and Obstetrics)
    - Maternal-Fetal Medicine
    - Eagle Ridge Family Medicine

- Integrative Internal Medicine
  - Premier Pediatrics
- Ft. Lupton Medical Plaza – Offices in this location opened in October of 2015 in Ft. Lupton. The building offers access to the following services:
  - Walk Right-In Clinic- urgent care visit for the price of a primary care visit
    - X-Ray and lab services on-site
    - Illness and injury care
    - Minor Procedures
  - Work Wellness Occupational Health Clinic
    - Annual Employment Physicals
    - Drug and Alcohol Screenings
    - Lab Testing
    - On-Site Case Management
    - On-Site X-Ray
    - DOT Exams
    - Pre-Employment Physicals/Post-Offer Exams
    - Walk-In Care
    - Worker’s Comp Injuries and Follow-Up
  - Eagle Ridge Family Medicine
- Medical Office Building #2 on the primary Platte Valley Medical Center campus opened in 2016. By providing additional office space in a second office building, PVMC was able to provide:
  - New Advanced Wound Center
  - Expanded Physical Medicine presence
  - Expanded Orthopedics presence (includes office x-ray to reduce costs)
  - Sleep lab
  - Expanded oncology clinic
  - New Outpatient Medical Imaging Center
- Doctor on Demand – Our partnership with SCL Health is expanding our continuum of care through our work in virtual health. Doctor On Demand offers patients visiting [sclhealthsystem.org/doctor-on-demand/](http://sclhealthsystem.org/doctor-on-demand/) access to a doctor, using their tablet or smartphone in the comfort of their living room.
- Since 2014, PVMC has worked to expand primary care as well as specialty care services. PVMC has recruited:
  - Four family practice care providers
  - One internal medicine physician
  - Hand surgeon
  - On-site Ear, Nose and Throat physicians

- Two Wound care physicians
- Surgical podiatrist
- Full-time dedicated surgery practice. With the addition of the dedicated surgery staff, the Emergency Department was able to become a Level III Trauma Center in 2016.
- PVMC offers many educational seminars each year. Since January of 2014, educational offerings have included:
  - 602 persons attended nutritional talks related to nutrition or healthy eating.
  - 665 persons attended educational seminars on various topics including: joint replacement, skin cancer, asthma, allergies, foot pain, pregnancy planning, urinary incontinence, heart health, knee and hip pain and peripheral arterial disease.
  - 355 persons attended seminars on joint replacements.
- 9Health Fair is an annual community event offered at PVMC. During 2014-2016, over 2,200 participants attended the health fairs, which offered low-cost blood chemistry panel, PSA level, Vitamin D level, blood count, A1c, and take home colon cancer kit. Free screenings included: balance, bone density, breast exam, cardiac risk, stress management, eye health, foot, hearing, height, weight, lung function, nutrition, oral, pap smear, pharmacy, prostate, blood pressure/pulse oximetry, skin cancer, sleep apnea, and spinal.
- Girl's Night Out (GNO) is an annual event. During the years 2014-2016, 2,136 persons attended GNO. Based on participant feedback, the screenings have changed from year to year. Screenings at this event have included: bone density, varicose vein, peripheral arterial disease, skin cancer, blood pressure, flu vaccines, cardiac and stroke risk assessment, sleep apnea, balance and strength testing. The GNO also has provided: diabetes education, nutrition tips, yoga and fitness tips, heart health education, and meet and greet opportunities with doctors on PVMC's medical staff. In the meet and greet opportunities, participants can ask questions directly to the physician about concerns they may have. In the past three years, the following physicians have been represented: allergists, dermatologists, family and internal medicine providers, cardiologists, orthopedic surgeons, OB/GYNs, gastroenterologists, pediatricians, spine surgeons, podiatrists, and general surgeons.
- The Brighton Wellness Program continues a partnership offering health coaching to our local municipality.

## **Cancer**

From 2014- 2106 PVMC offered programs aimed at prevention or support of persons with cancer and their families/caregivers.

- The Oncology Clinic offered a support group for the community. In the past three years, they have had 513 encounters.
- Low-cost mammograms were offered to patients at a 59% reduced rate.
- Platte Valley offered services at the annual health fairs from 2014-2016:
  - 139 persons received free skin cancer checks and 109 were referred for follow up.
  - 110 persons received free breast exams and 3 were referred for additional follow up.
  - 65 persons received free pap smears.
  - 500 persons took advantage of low-cost PSA tests to check for prostate cancer.
  - 180 persons took advantage of low-cost colon kits to check for colon cancer.
- The Girl's Night Out event provided a skin cancer check and colon cancer education for participants from 2014-2016.
- 14 persons attended an educational seminar focused on skin cancer at PVMC.
- 15 persons attended an educational seminar on skin cancer organized by PVMC staff that was held at the Prairie View Adult Center.

## **Cardiovascular Disease**

From 2014-2016, PVMC focused many resources to improve the services focused on cardiovascular disease.

- A Cardiac Support Group was offered from 2014-2016. The group meets monthly and is open to the community.
- A Stroke Support Group was offered from 2014-2016. The group meets monthly and is open to stroke survivors, caregivers, friends and family members. There have been 534 encounters during the three years.
- 193 persons attended educational seminars at PVMC during 2014-2016. These included topics on nutrition, peripheral vascular disease, smoking cessation and ways to improve cardiovascular function.
- 162 persons attended educational seminars organized by PVMC staff and held at the Prairie View Adult Center. These seminars included topics on high blood pressure, high cholesterol, heart attacks, nutrition and healthy cooking, exercising habits for seniors and peripheral arterial disease.
- During the Health Fairs from 2014-2016:
  - 114 received a cardiac risk assessment screening and 9 people were referred for further evaluation
  - 329 people received blood pressure evaluations and 95 people were out of range and referred for further evaluation

- Girl's Night Out event had many cardiac related booths available.
  - Meet and greet with cardiologists allowing participants to ask questions of concern
  - Heart health education
  - Blood pressure screening
  - Stroke and cardiac risk assessment
  - Peripheral arterial disease checks
- In July of 2015, PVMC Chest Pain Center received accreditation from the Society of Cardiovascular Patient Care (SCPC). This accreditation means that patients with chest pain and heart attack symptoms will receive a higher level of care in Brighton – only one in five Colorado hospitals has achieved chest pain center accreditation. With this accreditation, PVMC demonstrates a higher level of expertise when treating patients who arrive in our emergency department showing signs of a heart attack.



**Attachment 3. Prioritization of Health Needs and Available Resources**

# Online Key Informant Survey 2016 Prioritization of Health Issues

## Adams & Weld Counties, Colorado

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Purpose

To solicit input from key informants (those individuals who have a broad interest in the health of the community), an Online Key Informant Prioritization Survey was implemented to rank the health needs previously identified in the Community Health Needs Assessment for Adams and Weld counties, Colorado. This method allowed Platte Valley Medical Center to share key findings from the assessment and solicit stakeholder input regarding prioritization of the top identified health issues. Subsequently, this information may be used to inform decisions and guide efforts to improve health and healthcare services in Adams and Weld counties.

This Online Key Informant Prioritization Survey was conducted on behalf of Platte Valley Medical Center by Professional Research Consultants, Inc. (PRC) during August and September, 2016.

### Participation

A list of recommended participants was provided by Platte Valley Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

### Announcement

Via email, Platte Valley Medical Center announced the upcoming survey to these individuals, asking them to review the community health data available at <http://plattevalley.healthforecast.net>.

This initial announcement also told the potential participants that they would soon be receiving an email invitation from PRC to take part in the Online Key Informant Prioritization Survey.

**HealthForecast.net™**  
Adams & Weld Counties, Colorado

**Platte Valley Medical Center**  
View Data Presentation

#### Significant Health Issues

Platte Valley Medical Center, through its community health needs assessment, has identified the following health topics as significant health issues in Adams and Weld counties. You will soon receive an invitation email asking you to take part in a survey to help assign a priority to these identified health needs, based on the data presentation accessible at left.

- Access to Healthcare Services
- Chronic Lower Respiratory Disease
- Diabetes
- Heart Disease & Stroke
- Mental Health
- Nutrition, Physical Activity & Weight
- Substance Abuse

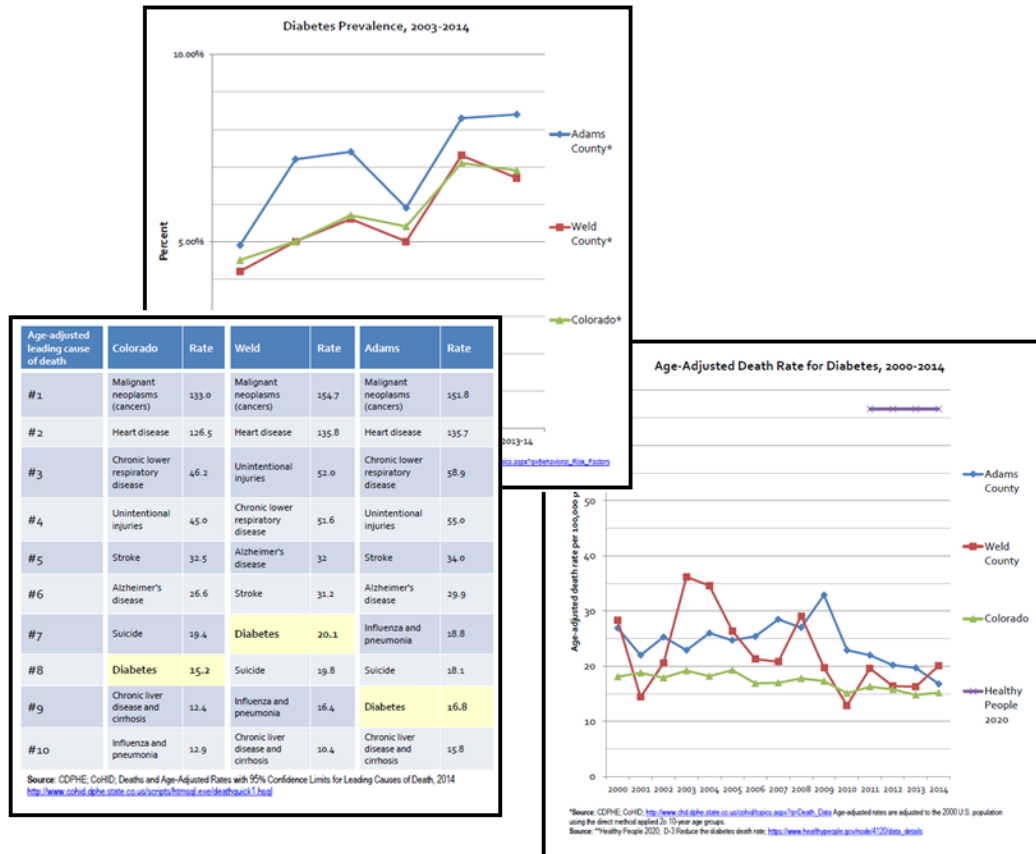
We ask that you click on the "View Data Presentation" button at left to review these data prior to taking the prioritization survey.

Your help in this is very much appreciated!

On the website, the “View Data Presentation” section outlined data for 7 health topic areas identified as significant needs from the Community Health Needs Assessment. These included (in alphabetical order):

1. Access to Healthcare Services
2. Chronic Lower Respiratory Disease
3. Diabetes
4. Heart Disease & Stroke
5. Mental Health
6. Nutrition, Physical Activity & Weight
7. Substance Abuse

In the website’s data presentation, each slide displayed data for both Adams and Weld counties and provided comparisons to the state and Healthy People 2020 goals (where applicable).



Refer to the Appendix for a copy of the data charts shared as part of this presentation.

### Invitation

Following the announcement, PRC emailed invitations to potential participants with a link to take part in the Online Key Informant Prioritization Survey. Before beginning the survey, participants were asked to confirm that they had reviewed the data referenced in the announcement; those who had not were given the opportunity to review the materials at that time before proceeding with the survey.

The survey was available online over the course of four weeks, and reminder emails were sent as needed to increase participation.

### Administration

After reviewing the assessment data, respondents to the Online Key Informant Prioritization Survey were asked to rate the **scope and severity** of each of the 7 health issues on a scale of 1 to 10, where “1” is “*not very prevalent, with only minimal health consequences*” and “10” is “*extremely prevalent, with very serious health consequences.*” Results of this prioritization exercise are presented in the Prioritization Results section of this report.

Those respondents rating any of the health issues as a “9” or “10” were then asked open-ended questions about those health issues. For each, a series of questions asked them to describe any specific population(s) impacted, what they believe must be done (or improved) to address this health issue, and if there is any other information that needs to be considered to address this health issue. These qualitative descriptions for each health issue are provided in the Description of Health Issues section of this report. *Note that this qualitative input reflects the perceptions of those participating and is not intended to be representative, all-inclusive, or definitive.*

### Participation

In all, 64 community stakeholders took part in the Online Key Informant Prioritization Survey, as outlined below:

Online Key Informant Prioritization Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	9	6
Public Health Representative	8	5
Other Health Provider	10	8
Social Services Provider	2	1
Community Leader	89	44



These participants included representatives of the following organizations:

- A Woman's Place, Inc.
- Adams County
- Adams County Head Start
- Adams County Youth Initiative
- Aims Community College
- Almost Home, Inc.
- Brighton Police Department
- Brighton School District 27J
- Brighton Shares the Harvest
- CASA of Adams and Broomfield Counties
- City of Brighton
- City of Fort Lupton
- Coal Creek Adult Education Center
- Colorado State University Extension
- Front Range Community College
- Keene Clinic
- Life Choices
- Miracle House Children's Homes
- Pennock Center for Counseling
- Platte Valley Medical Center
- Platte Valley Medical Center Board
- Platte Valley Medical Center Foundation
- Premier Pediatrics
- Salud Family Health Centers
- SCL Health
- The Senior Hub
- Tri-County Health Department (TCHD)
- University of Northern Colorado School of Nursing
- Weld County Department of Public Health and Environment
- Weld County School District RE-8
- Weld Food Bank

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

**Minority and other medically underserved populations represented:**

*Adopted children, African-Americans, children, Hispanics, low-income residents, Medicare/Medicaid recipients, the mentally ill, older adults/seniors, substance abusers, teenagers, undocumented residents, the unemployed, uninsured/underinsured individuals, victims of domestic violence*

# Prioritization Results



Professional Research Consultants, Inc.

## Ranking of Identified Health Needs

After reviewing the online findings from the Community Health Needs Assessment, respondents were then asked to evaluate the health issues and assign each a numerical score (1–10), based on the rater’s perception of the scope and severity of that issue, with “1” being “*not very prevalent, with only minimal health consequences,*” to “10” being “*extremely prevalent, with very serious health consequences.*”

The following table illustrates the calculated mean scores derived from their responses, resulting in a rank ordering of the 7 health issues.

Priority of Health Issues		
Rank	Health Issue	Mean Score
1	Mental Health	7.39
2	Substance Abuse	7.27
3	Nutrition, Physical Activity, and Weight	7.26
4	Heart Disease and Stroke	6.72
5	Diabetes	6.66
6	Chronic Lower Respiratory Disease (CLRD)	6.03
7	Access to Health Services	5.97

Scale: 1 = not very prevalent, with only minimal health consequences  
 10 = extremely prevalent, with very serious health consequences

# Description of Health Issues



**Professional Research Consultants, Inc.**

## Mental Health

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Mental Health as the #1 health issue.

Rank	Health Issue	Mean Score
1	Mental Health	7.39

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Adults Aged 21–50
- Adults Aged 30-65
- Children/Youth
- Families
- Hispanic Individuals
- Low-Income Residents
- Men Aged 40–64 (regarding suicide)
- Older Adults/Seniors
- Those Lacking Access to Primary Care Providers
- Those Lacking Transportation
- Uninsured/Underinsured Residents
- Teens/Young Adults (regarding suicide)

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### *Improve Collaboration and Support*

*PVMC must create strong partnerships and relationships to develop mental health resources that are readily accessible. – Other Health Provider*

*While confidentiality is essential, the ability to communicate among community partners for a holistic approach would assist in client stability. – Social Services Provider*

*Support more community-based outpatient offices for mental health care. – Physician*  
*Partner and support work in the communities. – Public Health Representative*  
*Form a task force with physicians and providers already out there. Services could be provided by telemedicine. – Physician*  
*The ability to access mental health for stability is essential. Having mental health providers more available will decrease other health and community needs. In addition, having access to affordable mental health prescriptions may be very helpful. – Social Services Provider*  
*Partnerships with the schools to better support students who are struggling. – Community Leader*  
*Coordinate with sliding fee or no-fee providers other than Community Reach. – Community Leader*  
*Work with State and private resources and agencies to expand available services. – Community Leader*  
*Continue working with broader system for support. – Community Leader*

### **Offer Health Education Outreach/Awareness**

*Make information more accessible to the community through schools, major businesses and community service groups. Find grants so the cost to access service is very low. – Community Leader*  
*Make information more accessible to the community through schools, major businesses and community service groups. Find grants so the cost to access service is very low. – Community Leader*  
*Free mobile health fairs held in areas of greatest need: high poverty, low access. Also, provide understandable directions for people travelling via public transit. – Community Leader*  
*Provide education, awareness and treatment. – Community Leader*  
*Public information that reduces the stigma of mental health needs. – Community Leader*  
*I am unaware ... where the closest facility where persons with severe mental health issues can be admitted. – Community Leader*

### **Provide Immediate and/or Follow-Up Care**

*Place these patients in a psychiatric ward, instead of discharging them. They are a danger to themselves, as well as to others. – Community Leader*  
*Crisis Stabilization Units should be more accessible. – Physician*  
*Have a clinic that offers immediate mental health services. – Public Health Representative*

### **Implement Zero Suicide Intervention**

*Consider implementing "Zero Suicide" intervention at PVMC. – Public Health Representative*

### **Reduce Barriers for Vulnerable Populations**

*Hire mental health professionals who accept multiple insurance plans, accept new patients, and perhaps charge on a sliding scale. Fund raise if needed, to support increased mental health care. – Community Leader*

## **Other Information to Consider**

**“Is there any other information that the community needs to consider in order to address this health issue?”**

### **Scope/Severity**

*Magnitude of the problem. Relationship between mental health/illness and incarceration, substance abuse, child/youth behavioral issues. Consider a primary/secondary prevention approach rather than crisis management of mental illness exacerbation. – Other Health Provider*

*Mental health problems can happen to anyone, and we are always in need of more resources*

and outreach. – Community Leader

I believe almost every age group is impacted for children, teen, families and seniors. I am also unaware of the number of bilingual therapists we have in the community. – Community Leader

The population of mental health patients tends to rapidly grow in this community. – Community Leader

### **Vulnerable Populations**

Individuals with a lack of resources—such as income, insurance and most importantly, transportation—are highly impacted by this area. This is a fairly simple need to treat, but for some individuals, the lack of treatment significantly impacts all areas. – Social Services Provider

Children and youth are particularly at risk for exacerbation of symptoms/mental conditions due to lack of appropriate resources to manage/treat mental health conditions. – Other Health Provider

### **Cost**

Additional community resources, which are low cost, would be helpful. – Community Leader

Certainly access and cost would be major obstacles, as well as Spanish-speaking therapists. – Community Leader

### **Access to Care/Services**

Due to the limited facilities and the demand, the wait times are very long. For families with children, this is very difficult to wait long periods of time for appointments or services. Distance to services that offer more immediate help are too far away. – Public Health Representative

### **Community Attitude**

Mental health issues are not a choice, but there are treatments available. – Community Leader

### **Denial/Stigma**

Stigma gets in the way of individuals seeking services. – Public Health Representative

## Substance Abuse

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Substance Abuse as the #2 health issue.

Rank	Health Issue	Mean Score
2	Substance Abuse	7.27

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

***“Please describe any specific population(s) disproportionately impacted by this health issue.”***

- Children Living With Parents Who Abuse Substances
- Formerly Incarcerated Individuals
- Hispanics
- Low-Income Residents
- Marijuana Users
- Single Adults Aged 18-35
- Teenagers/Young Adults
- Those Lacking Transportation
- Unaccompanied Minors
- Unemployed Adults

#### Actions Needed to Address

***“What do you believe must be done (or improved) in order to address this health issue?”***

##### *Better Support*

*Offer a clinic to support persons dealing with addiction issues at low or no cost. Offer training to other health professionals on counseling persons with addictions. – Public Health Representative*

*Discharge to an inpatient rehab center. – Community Leader*

*These patients need a place to be sent to. Discharging without rehab is not helpful to the patient. They need inpatient rehab. – Community Leader*

*Offices in more rural areas, more community outreach about available services. – Social*



*Services Provider*

*Substance abuse treatment and affordable treatment options. – Other Health Provider*

### **Collaborate and Partner**

*Provide leadership in initiating collaborations and partnerships with community entities. This impacts a wide range of disciplines and professionals. Everyone must be a part of this initiative. – Other Health Provider*

*Continue working with law enforcement agencies and any existing agencies to educate and provide a forum for this issue. – Community Leader*

*Cooperate with substance abuse treatment experts to provide more inpatient treatment in Brighton and east in Adams County. – Community Leader*

*Align with local efforts. – Public Health Representative*

### **Provide Education**

*Preventative education for young adults. Case management as well as partnerships for rehabilitation if that's possible. – Community Leader*

*Be part of or initiate a social norm program to educate people and promote a decrease in substance use. – Other Health Provider*

*The Emergency Room is the place where the abusers are taken. Is there a way for the local police and PVMC to work together to educate? I know this is a problem that affects the mental health providers, the jail and families. – Community Leader*

*Continued education in partnership with the schools. – Community Leader*

### **Assist Vulnerable Areas**

*Assist communities with a higher prevalence of substance abuse. Help families affected, such as programs for school-age children, whose lives are already impacted by this. – Other Health Provider*

### **Curb Over-Prescribing of Medications**

*Stop prescribing opiates for every little sore back and false complaint about pain. – Public Health Representative*

## **Other Information to Consider**

**“Is there any other information that the community needs to consider in order to address this health issue?”**

### **Scope/Severity**

*Substance abuse, specifically heroin use is a growing issue in every community. Weld County has experienced a significant increase in this area. Strategies to implement effective primary and secondary prevention strategies are essential. – Other Health Provider*

*I think substance abuse crosses the lines of income. I see teens and young adults that fall into this problem and struggle to beat it. – Community Leader*

*This is prevalent at all ages and all economic levels. It is also prevalent within all races. – Community Leader*

*This issue affects the cohesiveness and the longevity of healthy family life, which in turn affects every aspect of our community. It creates poverty, breeds violence and affects generations in the future. – Other Health Provider*

### **Vulnerable Populations**

*While substance abuse crosses all boundaries of populations, those with limited access to treatment due to financial and transportation needs are more disproportionately impacted. – Social Services Provider*

*Families are affected by this issue due to limited local resources and limited help from providers. – Public Health Representative*

People not working not with any responsibility or goals are likely to recreate with alcohol and drugs. – Public Health Representative

**Marijuana**

Substance use appears to be on the trending up, with legalization of marijuana. Prevention discussions are critical. Substance users often begin with marijuana. – Public Health Representative

Marijuana use trends. – Public Health Representative

**Adult Examples**

Teenagers benefit from the good examples of adults when they try to make good choices. – Community Leader

**Comorbidities**

It is an illness; sometimes it is a deeper issue, like depression or anxiety. – Community Leader

**Funding**

Creative financing for the facility and for adequate staffing. – Community Leader

**Inpatient Rehabilitation**

These patients need a place to be sent to. Discharging without rehab is not helpful to the patient. They need inpatient rehab. – Community Leader

**Non-Addictive Medication Alternatives**

Bring dipirona sodica onto the US market. It's a non-addicting pain medication from overseas. – Public Health Representative

**Most Problematic Substances**

Key informants (who rated scope and severity of Substance Abuse as a “9” or “10”) clearly identified **alcohol** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines, heroin/other opioids, and prescription medications**.

Most Problematic Substances				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Alcohol	45.5%	9.1%	30.0%	<b>18</b>
Methamphetamines or Other Amphetamines	27.3%	18.2%	10.0%	<b>12</b>
Heroin or Other Opioids	9.1%	27.3%	10.0%	<b>10</b>
Prescription Medications	0.0%	9.1%	40.0%	<b>10</b>
Marijuana	0.0%	27.3%	0.0%	<b>6</b>
Tobacco	9.1%	0.0%	10.0%	<b>4</b>
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	9.1%	0.0%	0.0%	<b>2</b>
Over-The-Counter Medications	0.0%	9.1%	0.0%	<b>2</b>

## Nutrition, Physical Activity & Weight

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Nutrition, Physical Activity, and Weight as the #3 health issue.

Rank	Health Issue	Mean Score
3	Nutrition, Physical Activity, and Weight	7.26

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Children/Youth
- Ethnic/Racial Minorities
- Hispanic
- Low-Income Residents
- Obese Population
- Rural
- Those Lacking Access to Affordable Healthful Foods
- Those Lacking Access to Primary Care Providers
- Uneducated
- Uninsured/Underinsured

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### *Community Education/Outreach*

*Community outreach and education. – Physician*

*Continued outreach to encourage proper nutrition and exercise for children. – Community Leader*

*Free classes around the counties. Cooking on a budget, smart shopping choices, places to purchase quality food on a budget. Free weight loss classes and free exercise classes. –*

*Community Leader*

*Patient education. Outpatient weight and nutrition clinics. – Physician*

*Education and outreach. – Community Leader*

*Offer screenings and educational outreach, including through employers and in schools. – Community Leader*

### **Incentives for Healthy Lifestyles**

*The hospital provides incentives for employees to exercise, eat right and be fit. Would it be possible to develop a program that was low or reduced cost for lower-income families so that they had affordable options for learning these skills? – Other Health Provider*

*Incentivize people for fitness and eating healthy. – Public Health Representative*

*Reduced-cost activity pass, recommendations to free nutrition counseling, access to free cooking classes. – Public Health Representative*

### **Collaborate and Partner**

*Consult with public health and interventions already going on in the community. See how they can enhance or support those efforts. – Public Health Representative*

*Collaboration and partnerships with community resources. – Other Health Provider*

### **Address Youth Health**

*Address youth health/fitness. Educate on importance of daily exercise, beginning as young as possible, definitely by age two. Assist in implementing healthy activity/lifestyle education at preschools, daycares and schools. – Physician*

## **Other Information to Consider**

**“Is there any other information that the community needs to consider in order to address this health issue?”**

### **Obesity**

*Obesity is at an all-time high. With older adults, cooking for themselves isn't always the most healthful- if they even do it. I do see more people taking advantage of physical activities, but not enough. – Community Leader*

*We should stop accommodating people who are obese. As our society makes it easier to be grossly overweight, more people will take the easy course. It is simply human nature. – Community Leader*

*Let's endorse exercise and eating right. People on free government money benefits are not incentivized to work for a living and get to eat bad foods with their EBT cards. – Public Health Representative*

### **Access to Healthful Foods**

*Make EBT cards not eligible for the purchase of unhealthy foods. – Public Health Representative*

*Lack of access to fresh produce for low-income families, low-income seniors, and people who are homebound. My experience working with food pantries suggests that there are people who do not have access to any fresh produce several days a week. – Community Leader*

### **Children**

*Too many of our children do not have enough physical activity daily and/or have poor nutrition. This leads to fat, unhealthy adults, which leads to very ill elderly individuals. – Other Health Provider*

*Many overweight and inactive youth that progress into unhealthy adults with cardiovascular disease, blood pressure issues and diabetes management. – Physician*

**Built Environment**

*Continue to maintain parks and recreation areas to encourage activity in children. – Community Leader*

**Community Attitude**

*The community needs to realize that it takes a village to correct the bad habits we have all formed from an early age. Best option is to intervene with young children/youth before they develop bad habits. – Physician*

**Nutrition Education**

*Access to nutritious food vs. "empty calories" is key to addressing issue of increasing BMI in our communities. Physical activity, alone, will not. – Other Health Provider*

**Physical Activity**

*Leading the way with a community health movement program, Step It Up. Sometimes involving the entire family might make a difference. – Community Leader*

**Screening for Hunger**

*Possibility of screening for hunger and providing information for appropriate resources. – Community Leader*

**Vulnerable Populations**

*Incidence seems to be higher among Hispanics. – Physician*

## Heart Disease and Stroke

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Heart Disease and Stroke as the #4 health issue.

Rank	Health Issue	Mean Score
4	Heart Disease and Stroke	6.72

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Adults Over 40 Years Old
- Adults Under Age 65
- Individuals With a History of Cardiovascular Risk Factors
- Low-Income Residents
- Smokers
- Substance Abusers
- Uninsured Individuals

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### *Offer Screenings and Education*

*Provide more education and assistance with maintaining a healthy lifestyle, such as free gym memberships and/or fitness classes. Drop-in clinics to check blood pressure and vitals. – Physician*

*Would like to see more involvement from Salud in community education. – Community Leader  
I believe they have addressed the issue with modern and high tech equipment. The question centers more on preventive measures, which should be addressed earlier and more at the local physicians’ level. – Community Leader*

*Provide screening to the communities and education surrounding findings. – Community Leader*

*Provide additional community seminars or information on prevention and care. – Other Health Provider*

*Chest pain center with latest protocols in place for heart care. Second cath lab to be built later this year. Certified primary stroke center offering latest stroke care. Continued outreach and preventive wellness education is needed. – Community Leader*

*Free community health screening; free nutrition counseling. – Public Health Representative*

*Screening would be good. – Community Leader*

*PVMC is well-covered for this disease. – Community Leader*

#### **Certifications**

*Cardiac and stroke certifications. – Community Leader*

#### **Collaborate and Partner**

*We need to look at teaming up with our schools and recreation type programs to help encourage earlier and more frequent instruction and access to healthy food, exercise and stress management. – Other Health Provider*

### **Other Information to Consider**

**“Is there any other information that the community needs to consider in order to address this health issue?”**

#### **Education**

*Through educational programs and perhaps through employers. – Community Leader*

*Education. – Community Leader*

*Risk factors, symptom awareness and healthy lifestyle choices. – Other Health Provider*

#### **Prevalence/Incidence**

*Our rate of heart disease is second only to cancers in the number of deaths in Colorado. We need to do a better job earlier to reduce weight and BMI and develop better eating and exercise habits. – Other Health Provider*

*A common issue for all areas. Heart disease and stroke are becoming more prevalent with an aging population. – Community Leader*

#### **Vulnerable Populations**

*Consider the causes and age groups most affected. – Community Leader*

## Diabetes

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Diabetes as the #5 health issue.

Rank	Health Issue	Mean Score
5	Diabetes	6.66

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Children
- Hispanics
- Low-Income Residents
- Overweight Individuals
- Those With a Family History of Diabetes

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### *Continued Education and Screening*

*I know that they already teach free classes that are advertised in many different places. PVMC is also very active in 9Health Fair, which offers a lot of free and/or reduced fee testing options. The community health nurse is at Weld and Adams County. – Other Health Provider*

*Expand education, service offerings. Already doing a lot, though (i.e., wound center, nutrition classes, etc.). – Community Leader*

*Continued awareness in schools and restaurants about the severity of this issue. – Community Leader*

*More information for parents to look out for symptoms that could indicate the child is a Type 1 diabetic but not yet diagnosed. – Community Leader*

*Continued education. – Community Leader*

##### *Increase Community Outreach*

*More public outreach. Find settings where you can reach out to and provide low cost screenings and education. – Community Leader*



### Other Information to Consider

***“Is there any other information that the community needs to consider in order to address this health issue?”***

#### ***Children***

*Many children are being diagnosed with Type I diabetes. – Community Leader*

#### ***Language***

*Many of these courses need to be offered in Spanish. – Other Health Provider*

#### ***Nutrition***

*More healthful dining options. – Community Leader*

#### ***Physical Activity***

*Get people off the couch and moving. – Community Leader*

## Chronic Lower Respiratory Disease

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Chronic Lower Respiratory Disease (CLRD) as the #6 health issue.

Rank	Health Issue	Mean Score
6	Chronic Lower Respiratory Disease (CLRD)	6.03

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Older Adults/Seniors
- Retired Farmers
- Those with Cystic Fibrosis

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### *Improve Screening*

- Start a lung cancer screening program. – Physician
- Screen every patient for tobacco use and/or exposure. – Public Health Representative
- Hospital should educate community about lung cancer screening, which is being done at other hospitals. – Physician

##### *Continued Education*

- Educate the community on effective treatment. – Community Leader
- Lots of education. – Other Health Provider

##### *Collaborate and Partner*

- Be involved with the CDE/CHCO/Brighton School Nurse Consultants to work together on utilizing the tools of the Step Up For Asthma program. – Other Health Provider

##### *Hire More Providers*

- Hire specialty physicians. – Community Leader

**Other Information to Consider**

***“Is there any other information that the community needs to consider in order to address this health issue?”***

***Farming***

*There is a great amount of retired farmers in the area that suffer from inhaling dust and sprays while farming. They cannot stay in town to be treated. – Community Leader*

## Access to Health Services

### Prioritization Results

After reviewing community health data and considering the scope and severity of 7 local health issues, key informants ranked Access to Health Care Services as the #7 health issue.

Rank	Health Issue	Mean Score
7	Access to Health Services	5.97

### Perceptions of Needs

Participants rating the scope and severity of this issue as a “9” or “10” were further asked a series of questions to describe specific populations impacted, explain how these health issues could be better addressed, and provide any other information the community should consider. Their responses are outlined in the following sections.

#### Populations Impacted

**“Please describe any specific population(s) disproportionately impacted by this health issue.”**

- Children
- Hispanics
- Low-Income Residents
- Older Adults/Seniors
- Those Needing Specialty Care for Lung Disease and Diabetes
- Uninsured/Underinsured
- Young Adults

#### Actions Needed to Address

**“What do you believe must be done (or improved) in order to address this health issue?”**

##### Improve Access to Care/Services

*The new Medical Center helped relieve some of those issues, but it would be helpful if we had a small hospital in Fort Lupton. – Community Leader*

*Our hospital does not have any services for mental health, as well as screening for lung cancer. – Physician*

*Families and seniors are still having issues finding affordable providers for healthcare. – Public Health Representative*

*Offer more programs for vaccinations, education about mental health and physical health. – Other Health Provider*

##### Continued Education

*The community needs to consider educating its residents about these issues, with a clear*

*understanding that these issues did not develop overnight and will take intentional work from the community and residents to heal these issues. – Other Health Provider*

*Assist with information on services available in the area. – Public Health Representative*

*Educational support. – Community Leader*

#### **Hire More Providers**

*Recruit mental health providers and start screening, as well as change the message to the general public about these issues. Has been same story for years- mainly orthopedic services. – Physician*

*Hire specialties in these areas. – Community Leader*

### **Other Information to Consider**

**“Is there any other information that the community needs to consider in order to address this health issue?”**

#### **Housing**

*The lack of affordable housing is making more families move out of the area. – Public Health Representative*

*Housing. There are more and more conversations about affordable housing. – Public Health Representative*

*Lack of housing. – Public Health Representative*

#### **Vulnerable Populations**

*Brighton has a large and growing low-income population, who needs healthcare. Any and all efforts for education on health issues and care would be money well-spent. – Community Leader*

*Many of these low income families have been underserved for generations and we need to provide the tools they need to reverse this trend. – Community Leader*

#### **Insurance**

*PVMC would better serve our community if they were able to take all kinds of insurance. There are several individuals in our community that have coverage that PVMC doesn't take. – Community Leader*

#### **Scope/Severity**

*Access is the big issue. – Community Leader*

#### **Transportation**

*Transportation impacts the care they receive. Transportation in rural areas. – Community Leader*

## Other Comments

In addition to the 7 health issues specifically addressed in the Online Key Informant Prioritization Survey, respondents were given the opportunity to identify and describe other health/community issues they believe are important in the community. The following represent their comments:

### Cancer

*Cancer. – Community Leader*

### Dental/Oral Health

*Dental and oral health issues in the Adams County Head Starts. Many caries, and many children not seen within one year by a dentist. – Other Health Provider*

### Domestic Violence

*Domestic violence is on the rise in this area. If it is an issue in the home, they are not eligible for homeless housing in the area. – Public Health Representative*

### Prenatal Care

*Prenatal care, sex education, access to low-cost family planning, and potentially pregnancy termination providers. – Community Leader*

### Respiratory Illnesses

*Respiratory illnesses, such as asthma. – Other Health Provider*

### Sport Health

*Athlete health, concussion awareness and expectations, injury prevention, nutrition. – Physician*

### Tobacco Use

*Smoking and tobacco use. Distracted driving. – Community Leader*

## Resources Available to Address the Significant Health Needs

Survey respondents scoring the scope and severity of any of the tested health issues as a “9” or “10” were further asked to list up to five potential resources (such as programs, organizations, and facilities in the community) available to address the health need. The list below is not exhaustive, but it outlines those resources identified in the course of conducting this prioritization survey.

### Access to Healthcare Services

- Brighton Senior Center
- Diabetes Center
- Doctor's Offices
- Education
- Health Fairs
- Pennock Center for Counseling
- Platte Valley Medical Center
- Salud Clinics
- School Systems
- Tri-County Health Department
- Girl's Night Out
- Health Fairs
- Mountain View Orthopedics
- Newsletter
- Platte Valley Medical Center
- Salud Community Health Centers
- School Systems
- Senior Center
- Senior Center-Brighton
- The Barbara Davis Center
- Weight Management Classes

### Chronic Lower Respiratory Diseases

- COPD Foundation
- NIH
- Screenings
- Step Up for Asthma
- Tri-County Health Department
- Weld County Tobacco Control Program

### Diabetes

- 9Health Fair
- Advanced Wound Center and Hyperbarics
- Diabetic Counseling
- Doctor's Offices
- Eagle View Adult Center

### Heart Disease & Stroke

- 9Health Fair
- American Heart Association
- Cooking Matters
- Doctor's Offices
- EFNEP
- Fitness Centers/Gyms
- Healthyplate.gov
- Hospitals
- Nutrition Services
- Parks and Recreation
- Physician Outreach
- Platte Valley Medical Center
- Prevention Classes
- Private Organizations
- Salud Community Health Centers
- Screenings

- Senior Center
- Stand-Alone Clinics
- Weld County Department of Public Health
- Wellness Education

**Mental Health**

- Adams County Justice System
- Community Reach
- County Mental Health Facility
- Denver People House
- Doctor's Offices
- Heart Centered Counseling
- Hospitals
- Mental Health Providers
- North Colorado Medical Center
- North Range Behavioral Health
- Pennock Center for Counseling
- Platte Valley Medical Center
- Regis University LMFT Center
- Richard Lambert Foundation
- Salud Community Health Centers
- State Innovation Model
- Tri-County Health Department
- Weld County Department of Public Health

**Nutrition, Physical Activity & Weight**

- 9Health Fair
- Brighton Shares the Harvest
- City of Brighton Recreation Center
- Community Youth Recreation Programs
- Cooking Matters
- Doctor's Offices
- Farmer's Markets
- Food Pantries
- Fort Lupton Recreation Center
- Health Department
- Healthykids.gov

- Hospitals
- KinetaFIT
- Nutrition Services
- Parks and Recreation
- Platte Valley Medical Center
- Prenatal Classes
- Private Organizations
- Salud Clinics
- School Systems
- Tri-County Health Department
- Weight Watchers
- Weld County Department of Public Health
- Weld Food Bank
- WIC

**Substance Abuse**

- 1-800-Children
- AA/NA
- Adams County Detox
- Adams County Justice System
- Advertising Campaigns
- Arapahoe House
- Brighton Police Department
- Community Reach
- Compass Program of Weld County
- Department of Social Services
- Idea-Addiction Center
- North Range Behavioral Health
- Northern Hills Church – Celebrate Recovery
- Platte Valley Medical Center
- School Systems
- Signal Behavioral Health
- Treatment Centers



# Appendix



**Professional Research Consultants, Inc.**

## Community Health Needs Assessment Data Charts

The following are the data charts shared with key informants prior to completing the prioritization survey.

### Significant Health Issues for Adams & Weld Counties

- Access to Healthcare Services
- Diabetes
- Chronic Lower Respiratory Disease
- Heart Disease & Stroke
- Mental Health
- Nutrition, Physical Activity & Weight
- Substance Abuse

### Demographics

	Adams County	Weld County	Colorado
Population estimates, July 1, 2015 <sup>1</sup>	491,337	285,174	5,456,574
Population, percent change- April 1, 2010-July 1, 2015	+11.2%	+12.8%	+8.5%
Median Age	32.8 years	33.7 years	36.2 years
Median Household Income (in 2014 dollars)	\$57,421	\$58,100	\$59,448
Individuals below the Federal Poverty Level <sup>2</sup>	14.1%	13.5%	13.1%
Median value of owner-occupied housing units	\$189,400	\$196,100	\$239,400
Median gross rent	\$1,003	\$868	\$969
Number of children aged 3-17 not enrolled in school	12,460	6,200	96,480
High School Graduate or higher (percent of persons aged 25+)	81.8%	86.5%	90.4%
Bachelor's Degree or higher (percent of persons aged 25+)	21.6%	25.9%	37.5%
Persons aged 16+ who are in the labor force, but are unemployed	6.6%	5.1%	5.4%
Persons 16+ years of age who are not in labor force	29.2%	32.0%	31.3%

Source: United States Census 2010-2014 American Community Survey 5 year Estimates unless otherwise noted.

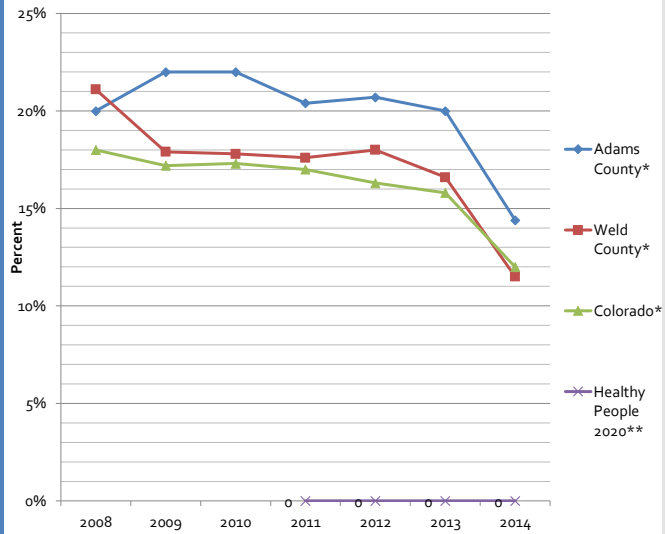
<sup>1</sup> 2015 Population Estimates

<sup>2</sup> Federal Poverty guidelines 2014 was \$11,670 for a single person, 15,730, \$4,060 for each additional person.

Access to Healthcare Services

Uninsured <65

Proportion of people (0- 64 years of age) who are uninsured (2009-2014)

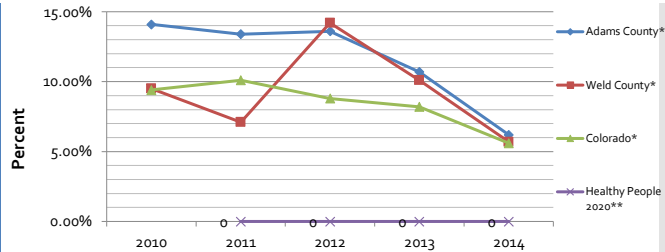


\*Source: United States Census; American Fact Finder; <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refreshhh=t>  
 \*\*Source: Healthy People 2020; AHS-1.1. Increase the proportion of persons with medical insurance. [https://www.healthypeople.gov/node/3966/data\\_details](https://www.healthypeople.gov/node/3966/data_details)

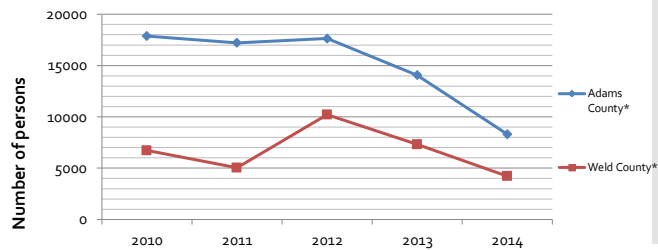
Access to Healthcare Services

Uninsured children

Civilian noninstitutionalized population (0- 18 years of age) who are uninsured (2010-2014)



\*Source: United States Census; American Fact Finder; <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refreshhh=t>  
 \*\*Source: Healthy People 2020; AHS-1.1. Increase the proportion of persons with medical insurance. [https://www.healthypeople.gov/node/3966/data\\_details](https://www.healthypeople.gov/node/3966/data_details)

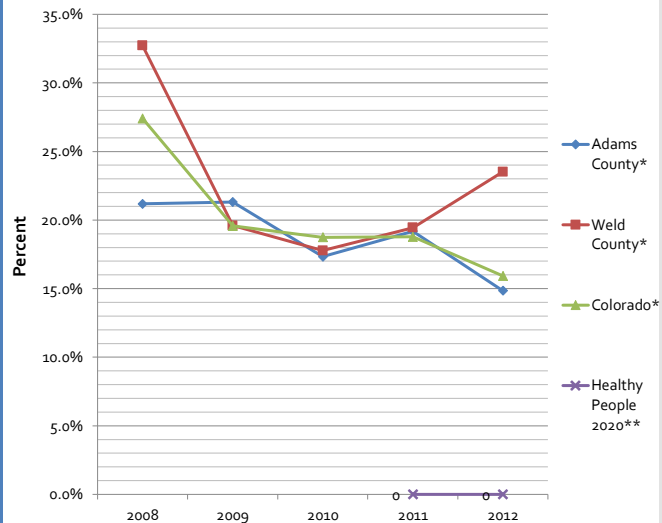


\*Source: United States Census; American Fact Finder; <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refreshhh=t>

Access to Healthcare Services

Children-EBNE

Proportion of children (0- 18 years of age) who are Eligible But Not Enrolled (EBNE) in Medicaid or CHP+ (2009-2012)



\*Source: United States Census; American Fact Finder; <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>  
 \*\*Source: Healthy People 2020; There is not a target for this specific indicator.

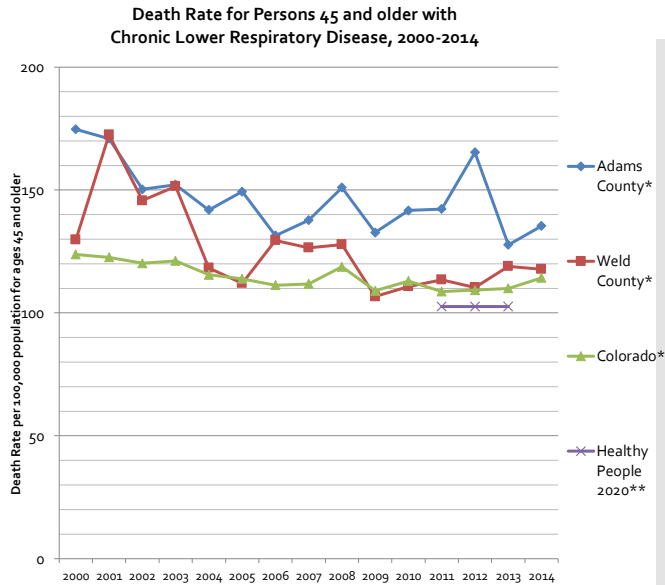
Chronic Lower Respiratory Disease

Age-adjusted leading cause of death	Colorado	Rate	Weld	Rate	Adams	Rate
#1	Malignant neoplasms (cancers)	133.0	Malignant neoplasms (cancers)	154.7	Malignant neoplasms (cancers)	151.8
#2	Heart disease	126.5	Heart disease	135.8	Heart disease	135.7
#3	Chronic lower respiratory disease	46.2	Unintentional injuries	52.0	Chronic lower respiratory disease	58.9
#4	Unintentional injuries	45.0	Chronic lower respiratory disease	51.6	Unintentional injuries	55.0
#5	Stroke	32.5	Alzheimer's disease	32	Stroke	34.0
#6	Alzheimer's disease	26.6	Stroke	31.2	Alzheimer's disease	29.9
#7	Suicide	19.4	Diabetes	20.1	Influenza and pneumonia	18.8
#8	Diabetes	15.2	Suicide	19.8	Suicide	18.1
#9	Chronic liver disease and cirrhosis	12.4	Influenza and pneumonia	16.4	Diabetes	16.8
#10	Influenza and pneumonia	12.9	Chronic liver disease and cirrhosis	10.4	Chronic liver disease and cirrhosis	15.8

Source: CDPHE; CoHID; Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, 2014  
[http://www.cohid.dphe.state.co.us/scripts/htmlsql\\_exe/deathquick1.hsql](http://www.cohid.dphe.state.co.us/scripts/htmlsql_exe/deathquick1.hsql)

### Chronic Lower Respiratory Disease

*Bronchitis, Emphysema and Other Chronic Lower Respiratory Disease*



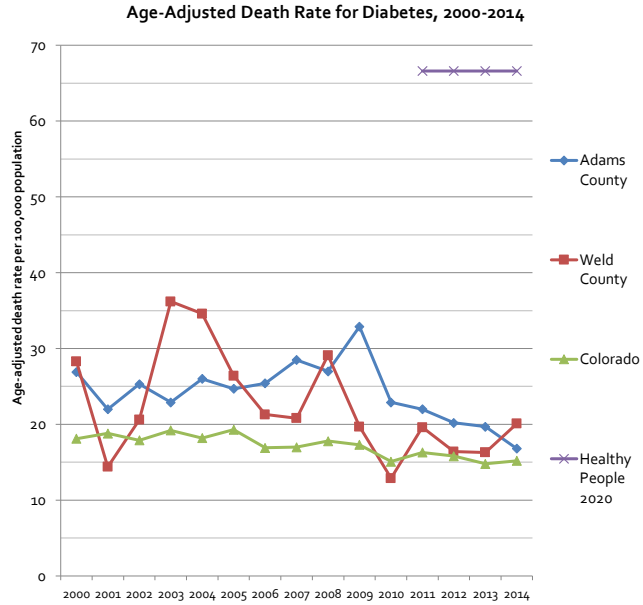
\*Source: CDPHE, CoHID <http://www.cohid.dph.state.co.us/scripts/html.exe/mortalityPub.html>. Using data for ages 45+ only (included Other acute lower respiratory infection all, Bronchitis chronic and unspecified, Emphysema, and other chronic lower respiratory diseases)  
 \*\*Source: Healthy People 2020: RD-10 Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.  
[https://www.healthypeople.gov/node/5166/data\\_details](https://www.healthypeople.gov/node/5166/data_details) (ICD 10 codes J40-44, excludes asthma) Includes only age groups 45 and over

### Diabetes

Age-adjusted leading cause of death	Colorado	Rate	Weld	Rate	Adams	Rate
#1	Malignant neoplasms (cancers)	133.0	Malignant neoplasms (cancers)	154.7	Malignant neoplasms (cancers)	151.8
#2	Heart disease	126.5	Heart disease	135.8	Heart disease	135.7
#3	Chronic lower respiratory disease	46.2	Unintentional injuries	52.0	Chronic lower respiratory disease	58.9
#4	Unintentional injuries	45.0	Chronic lower respiratory disease	51.6	Unintentional injuries	55.0
#5	Stroke	32.5	Alzheimer's disease	32	Stroke	34.0
#6	Alzheimer's disease	26.6	Stroke	31.2	Alzheimer's disease	29.9
#7	Suicide	19.4	<b>Diabetes</b>	<b>20.1</b>	Influenza and pneumonia	18.8
#8	<b>Diabetes</b>	<b>15.2</b>	Suicide	19.8	Suicide	18.1
#9	Chronic liver disease and cirrhosis	12.4	Influenza and pneumonia	16.4	<b>Diabetes</b>	<b>16.8</b>
#10	Influenza and pneumonia	12.9	Chronic liver disease and cirrhosis	10.4	Chronic liver disease and cirrhosis	15.8

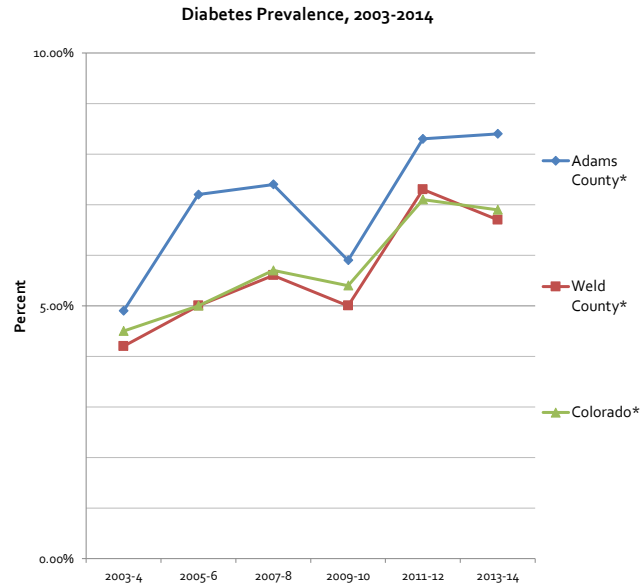
Source: CDPHE; CoHID; Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, 2014  
<http://www.cohid.dph.state.co.us/scripts/html.exe/deathquick1.html>

Diabetes



\*Source: CDPHE, CoHID; [http://www.chd.dph.state.co.us/cohid/topics.aspx?q=Death\\_Data](http://www.chd.dph.state.co.us/cohid/topics.aspx?q=Death_Data) Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.  
 Source: \*\*Healthy People 2020, D-3 Reduce the diabetes death rate; [https://www.healthypeople.gov/node/4120/data\\_details](https://www.healthypeople.gov/node/4120/data_details)

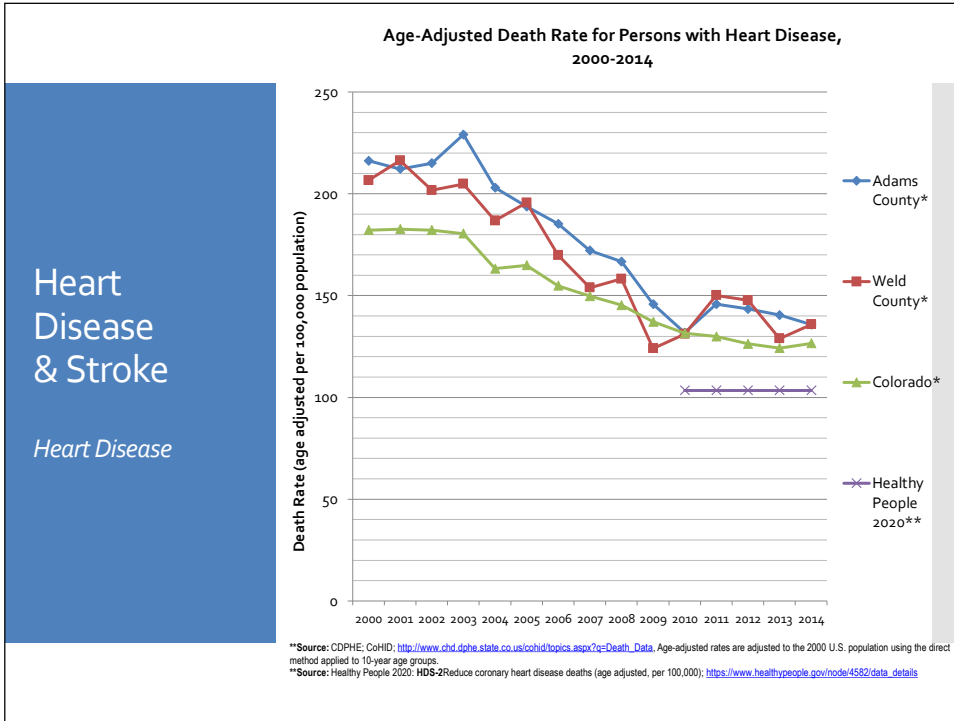
Diabetes



Source: CDPHE, CoHID, BRFFS; Percent is weighted to the total population. [http://www.chd.dph.state.co.us/cohid/topics.aspx?q=Behavioral\\_Risk\\_Factors](http://www.chd.dph.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors)

	Age-adjusted leading cause of death		Colorado		Weld		Adams	
			Rate	Rate	Rate	Rate	Rate	Rate
<b>Heart Disease &amp; Stroke</b>	#1	Malignant neoplasms (cancers)	133.0	154.7	Malignant neoplasms (cancers)	151.8	Malignant neoplasms (cancers)	151.8
	#2	<b>Heart disease</b>	<b>126.5</b>	<b>135.8</b>	<b>Heart disease</b>	<b>135.7</b>	<b>Heart disease</b>	<b>135.7</b>
	#3	Chronic lower respiratory disease	46.2	52.0	Unintentional injuries	58.9	Chronic lower respiratory disease	58.9
	#4	Unintentional injuries	45.0	51.6	Chronic lower respiratory disease	55.0	Unintentional injuries	55.0
	#5	<b>Stroke</b>	<b>32.5</b>	32	Alzheimer's disease	<b>34.0</b>	<b>Stroke</b>	<b>34.0</b>
	#6	Alzheimer's disease	26.6	<b>31.2</b>	<b>Stroke</b>	29.9	Alzheimer's disease	29.9
	#7	Suicide	19.4	20.1	Diabetes	18.8	Influenza and pneumonia	18.8
	#8	Diabetes	15.2	19.8	Suicide	18.1	Suicide	18.1
	#9	Chronic liver disease and cirrhosis	12.4	16.4	Influenza and pneumonia	16.8	Diabetes	16.8
	#10	Influenza and pneumonia	12.9	10.4	Chronic liver disease and cirrhosis	15.8	Chronic liver disease and cirrhosis	15.8

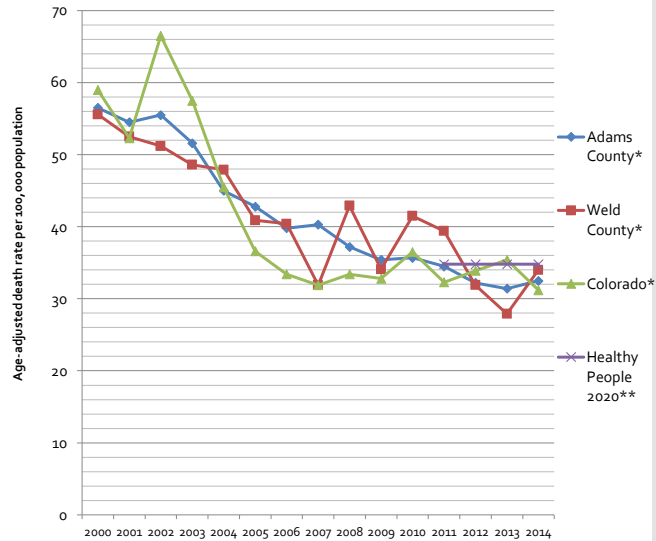
Source: CDPHE; CoHID; Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, 2014  
<http://www.cohid.dphe.state.co.us/scripts/htmlsql.exe/deathquick1.html>



Heart Disease & Stroke

Stroke

Age-Adjusted Death Rate for Persons suffering a Stroke, 2000-2014



\*Source: CDPHE, CoHID; [http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Death\\_Data](http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Death_Data)  
 Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.  
 \*\*Source: Healthy People 2020, HDS-3. Reduce stroke deaths [https://www.healthypeople.gov/node/4533/data\\_details](https://www.healthypeople.gov/node/4533/data_details)

Mental Health

Suicide

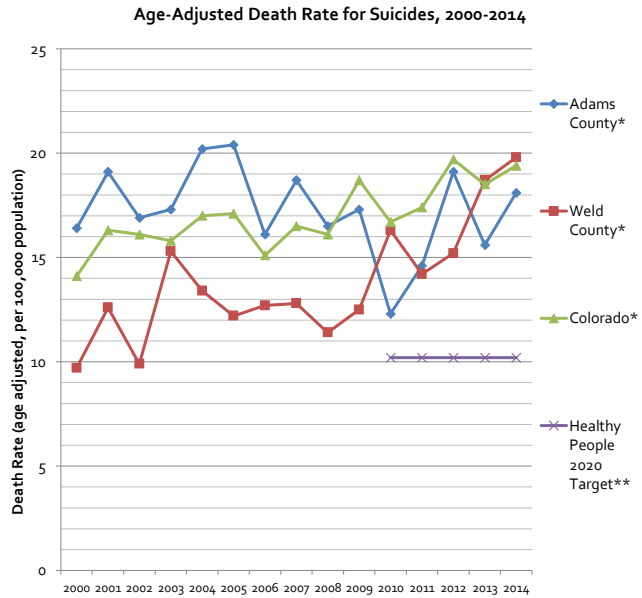
Age-adjusted leading cause of death	Colorado	Rate	Weld	Rate	Adams	Rate
#1	Malignant neoplasms (cancers)	133.0	Malignant neoplasms (cancers)	154.7	Malignant neoplasms (cancers)	151.8
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#3	Chronic lower respiratory disease	46.2	Unintentional injuries	52.0	Chronic lower respiratory disease	58.9
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#10	Influenza and pneumonia	12.9	Chronic liver disease and cirrhosis	10.4	Chronic liver disease and cirrhosis	15.8

Source: CDPHE, CoHID; Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, 2014  
[http://www.cohid.dphe.state.co.us/scripts/htmlsql.exe\(deathquick1.hsql](http://www.cohid.dphe.state.co.us/scripts/htmlsql.exe(deathquick1.hsql)



Mental Health

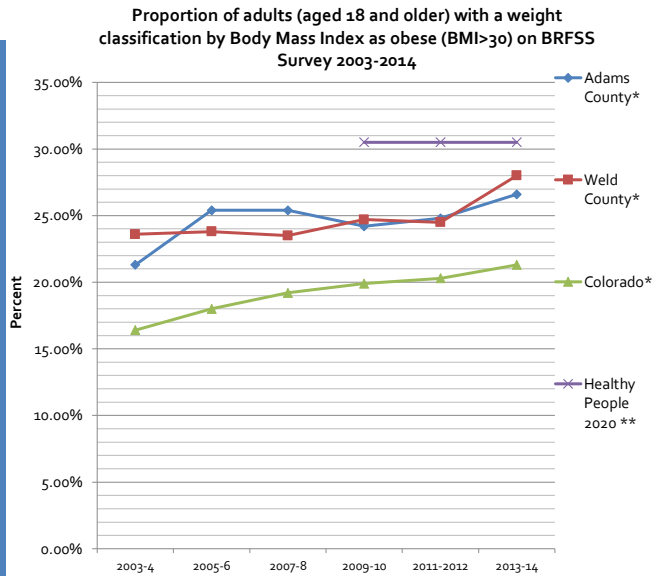
*Suicide*



\*Source: CDPHE, COHID. <http://www.cohid.dph.state.co.us/scripts/htmlsql.exe/mortalityPub.html>. Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.  
 \*\*Source: Healthy People 2020. MHMD-1 Reduce the suicide rate. [https://www.healthypeople.gov/node/4804/data\\_details](https://www.healthypeople.gov/node/4804/data_details)

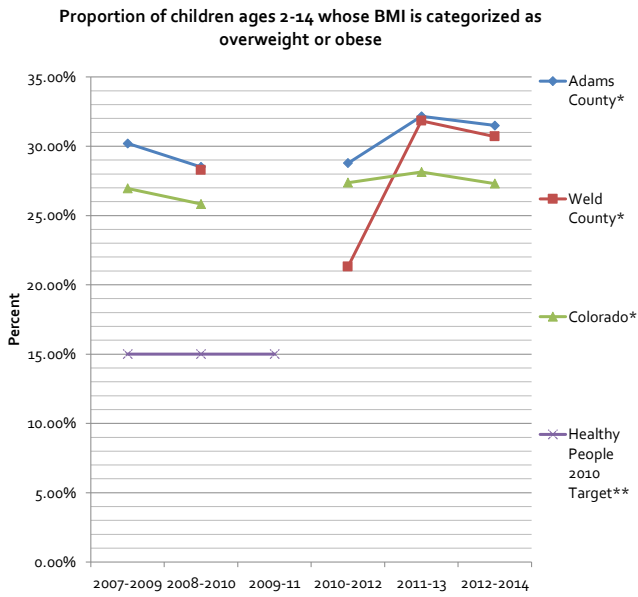
Nutrition, Physical Activity & Weight

*Adult Obesity*



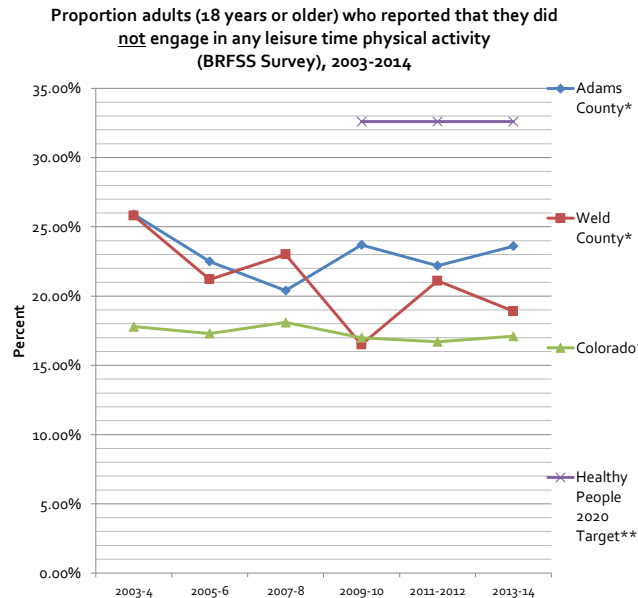
\*Source: CDPHE, COHID, BRFSS. Percent is weighted to the total population. <http://www.cohid.dph.state.co.us/scripts/htmlsql.exe/brfssfrm1.html>  
 \*\*Source: Healthy People 2020. NWS-9 Reduce the proportion of adults who are obese (BMI>30). [https://www.healthypeople.gov/node/4968/data\\_details](https://www.healthypeople.gov/node/4968/data_details)

Nutrition,  
Physical  
Activity &  
Weight  
*Childhood Obesity*



\*Source: CDPHE; Maternal and Child Health Datasets <http://www.chd.dphe.state.co.us/UserControls/MCHCountyDataSets.aspx>  
 Description: The measure is the percent of children ages 2-14 whose BMI (Body Mass Index) is categorized as overweight (85%-94% if normal weight of height) or obese (95% or higher of normal weight for height).  
 \*\* Source: Healthy People 2010 is the only target goal available. Healthy People 2020 reports overweight children and obese children as separate numbers and has different targets for each.  
 NOTE: There is not an estimate for 2009-2011 because the methodology for measurement changed in 2011. Trend data may or may not be due to true change or the change in methodology.

Nutrition,  
Physical  
Activity &  
Weight  
*No Leisure Activity*

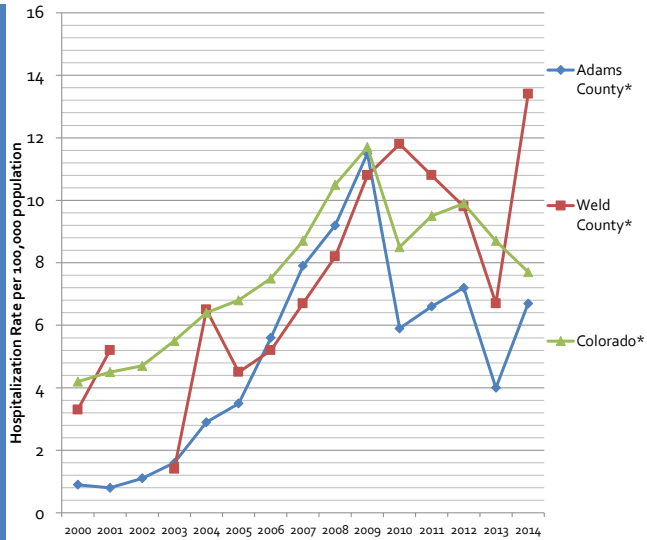


\*Source: CDPHE; COHID; BRFSS; Percent is weighted to the total population. <http://www.cohid.dphe.state.co.us/scripts/htmsql.exe/brfssfrm1.hsaj>  
 \*\* Source: Healthy People 2020: PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity [https://www.healthypeople.gov/node/5062/data\\_details](https://www.healthypeople.gov/node/5062/data_details)

**Substance Abuse**

*Heroin, Opiates and Narcotics*

**Heroin, Opiates, Narcotics Hospitalizations (ICD-10 E850 (.o-.2)) per 100,000 population**

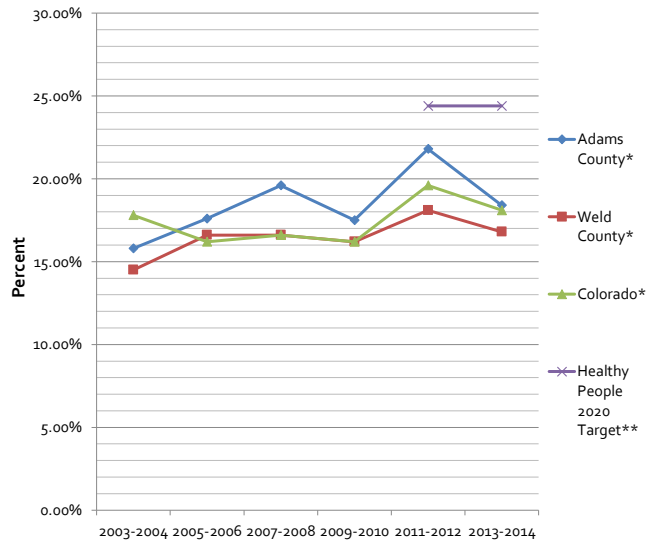


\*Source: CDPHE, COHID: [http://www.chd.dphe.state.co.us/cohid/topics.aspx?c=Injury\\_Hospitalizations](http://www.chd.dphe.state.co.us/cohid/topics.aspx?c=Injury_Hospitalizations) Age adjusted using 2000 as the standard year.  
 \*\* Source: Healthy People 2020: <https://www.healthypeople.gov/>. There is not a target goal for this indicator.

**Substance Abuse**

*Binge Drinking*

**Binge drinking (men having 5 drinks or women having 4 drinks on an occasion) by adults (aged 18 and older) within the last 30 days (BRFSS Survey)**



\*Source: CDPHE, CoHID Behavioral Risk Factors Surveillance System (BRFSS) Percent is weighted to the total population.  
[http://www.chd.dphe.state.co.us/cohid/topics.aspx?c=Behavioral\\_Risk\\_Factors](http://www.chd.dphe.state.co.us/cohid/topics.aspx?c=Behavioral_Risk_Factors)  
 \*\*Source: Healthy People 2020 SA-14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older.  
[https://www.healthypeople.gov/node/5205/data\\_details](https://www.healthypeople.gov/node/5205/data_details)