



UCHealth | 2016

# Community Health Needs Assessment

MEMORIAL HOSPITAL



## Executive summary

We are pleased to present this report, the 2016 Community Health Needs Assessment (CHNA) for Memorial Hospital. Memorial Hospital is organized as a not-for-profit hospital and is part of a larger system known as UHealth. The information in this report will enable us to more strategically establish priorities, direct resources and implement initiatives intended to improve the health of our communities.

## Overview

Required of all not-for-profit hospitals as a condition of retaining tax-exempt status, a CHNA is part a hospital's documentation of community benefit mandated by the Affordable Care Act. Conducting this CHNA ensures that UHealth hospitals identify and respond to the health needs of area residents.

## Description of Memorial Hospital

Memorial Hospital has been part of the Colorado Springs, Colorado, community since 1904. Memorial has two hospitals, Memorial Hospital Central and Memorial Hospital North, and more than a dozen facilities throughout the Pikes Peak region. UHealth is a Front Range health system that delivers the highest quality patient care with the highest quality patient experience. UHealth combines Memorial Hospital, Poudre Valley Hospital, Medical Center of the Rockies, Colorado Health Medical Group, and University of Colorado Hospital into one organization dedicated to health and unmatched patient care in the Rocky Mountain West. Separately these institutions can continue providing superior care to patients and service to the communities they serve. Together they push the boundaries of medicine, attracting more research funding, hosting more clinical trials and improving health through innovation.

## Hospital primary service areas

For the purpose of this CHNA, the Memorial Hospital community is defined as El Paso County. A significant percentage of residents served by Memorial Hospital (94 percent in 2012) live in El Paso County.

## Methods

Between July and December 2015, Memorial Hospital, along with all other UHealth hospitals, conducted a CHNA in collaboration with the Center for Public Health Practice, Colorado School of Public Health.

A sequential, mixed-method design was developed based on a review of the previous CHNA for the purpose of creating a common philosophy and unifying themes across the UHealth hospital regions. The design represents best practices in community assessment, with a first phase of strong quantitative data analysis followed by a series of structured activities to engage the community and public health experts in identifying health needs and perceived priorities.

To mobilize the medical provider community, a web-based survey was administered to obtain providers' perspectives on the significant health issues affecting their patients. A Community Advisory Group was convened to provide input on hospital-based resources needed to address the key health needs.

A subset of Memorial Hospital's Senior Management Group was convened to review all information obtained from the activities described above. Participants in this internal advisory group (IAG) completed the health-issue prioritization identification using an evidence-based, structured process. As a final step, the Memorial Hospital Board of Directors was apprised of and approved the information contained within the report during their May 2016 meeting.

## Findings

The Center for Public Health Practice, Colorado School of Public Health, conducted a detailed review of publicly available data from a database consolidated by the Colorado Department of Public Health & Environment. Indicator measures included health data, population characteristics and social and economic factors. Data was compared at the county and state levels to identify key health needs. To enhance the health-needs identification, Healthy People 2020 benchmarks were also reviewed.

Tables were generated summarizing key health data for Memorial Hospital to describe the community and its health status. Key health needs were determined by the Center for Public Health Practice and Memorial Hospital based on the data, priorities of the previous CHNAs, current priorities of local health departments, potential to prevent deaths using evidence-based practices and expert opinion.

Within the review of the secondary data, gaps were identified related to minority, low-income and uninsured individuals. To learn more about these individuals, Memorial Hospital conducted interviews with community members and/or leaders of organizations serving these individuals.

The community health assessments and prioritization activities carried out by each UHealth hospital in Colorado yielded two overarching, key health themes for the communities they serve. They are:

- » Access to care
- » Cardiovascular disease prevention and control

For the communities served by Memorial Hospital, the assessment further identified significant health needs that were rated highly according to: 1) the in-depth analysis of secondary data; 2) input from the community, medical providers and public health experts; 3) the likelihood of making a measurable impact using evidence-based and innovative interventions; and 4) the hospital's capacity to address the problem.

<sup>1</sup> Healthy People 2020, *Topics and Objectives*, available at: [healthypeople.gov/2020/topics-objectives](http://healthypeople.gov/2020/topics-objectives)

Two of the identified needs overlap with the overarching themes above. Early detection and prevention of cancer were additionally identified as a key theme. The needs identified for Memorial Hospital are:

- » Access to health care services
- » Early detection and prevention of cancer
- » Cardiovascular disease prevention and control (and related risk factors).

#### **Health care resources available to address needs**

El Paso County is served by several large health care systems, multiple community-based health centers, and a large network of medical providers.

#### **List of proven strategies available to impact health issues**

Within the health-issue prioritization process, the IAG reviewed resources containing evaluated interventions that, if implemented, could make an impact on the significant health issues identified. Some of these resources include The Community Guide for Preventive Services, Colorado's 10 Winnable Battles recommendations and Healthy People 2020 Evidence-Based Resources.

#### **Written comments on previous CHNA**

The following is an excerpt of a review of Memorial Hospital's 2014 CHNA report provided by Holly Wolf, Ph.D., Center for Public Health Practice, Colorado School of Public Health.

"Memorial Hospital used applicable data from the 2012 CHIP for El Paso County with updated health indicators data as the basis of its CHNA. The Memorial Administrative Team chose to direct resources and implement strategies to work to improve healthy eating and active living during its prioritization. In addition, the health needs review identified access to care – specifically the need to increase the primary care workforce in El Paso County – as a priority for the health of its community."

#### **Summary of impact of actions taken since previous CHNA**

Memorial Hospital directed resources to address the priority health issues identified in the 2014 CHNA. The impact of these actions include: 1) Peak Vista Community Health Centers will begin a family practice residency program in July of 2016. Memorial Hospital will offer several clinical rotations in support of that residency program. 2) an increase in the number of physicians in the Colorado Health Medical Group practice in El Paso County; 3) an increase in the number of classes offered for residents of El Paso County that focused on increasing physical activity and education about healthy eating; 4) more than 4,700 physician referrals to callers seeking a provider; and 5) more than 7,600 callers triaged over the phone through Memorial Hospital HealthLink's Nurse Advisor Call Center.

#### **Prioritized community health needs**

Based on the information collected from the sources shown above, it is concluded that access to primary and behavioral health care (including a special focus on suicide prevention), cardiovascular disease (and related risk factors) and early detection and prevention of cancer are the community health issues that achieved the highest priority and therefore should be the focus of Memorial Hospital's CHNA Implementation Strategy.

#### **Acknowledgments, recommendations and next steps**

We would like to thank our colleagues from the Colorado School of Public Health, local medical providers, El Paso County community leaders and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, implementation strategies – designed to address the identified health needs within our communities and specifically aligned with each hospital facility's specialty areas – will be prepared and presented to the Memorial Hospital Board of Directors for their oversight and approval.

The Memorial Hospital CHNA report will be made available to the public for viewing or download on the hospital's website as well as in hardcopy form at the hospital's administrative offices.

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## Overview of community health needs assessment requirement

In fiscal year 2016, Memorial Hospital conducted a Community Health Needs Assessment (CHNA) in keeping with requirements described in section 501(r)(3) of the Internal Revenue Code. The CHNA provided an opportunity for the hospital to engage public health experts and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs.

UCHealth combines Memorial Hospital, Poudre Valley Hospital, Medical Center of the Rockies, Colorado Health Medical Group and University of Colorado Hospital into one organization dedicated to health and unmatched patient care in the Rocky Mountain West. Separately these institutions can continue providing superior care to patients and service to the communities they serve. Together they push the boundaries of medicine, attracting more research funding, hosting more clinical trials and improving health through innovation.

The mission of UCHealth is to be an integrated, independent, nonprofit organization providing innovative, comprehensive care of the highest quality and exceeding expectations of the communities it serves. Completion of a Community Health Needs Assessment (CHNA) and development of a related Implementation Strategy (IS) ensures that hospitals identify and respond to the primary health needs of the residents of the communities they serve. IRS Section 501(r) requires that nonprofit community hospitals conduct a CHNA every three years to maintain tax-exempt status.

## Description of Memorial Hospital

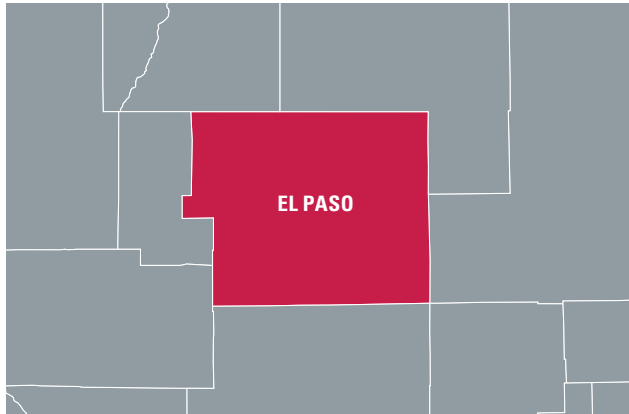
Now part of UCHealth, Memorial Hospital has served the Colorado Springs, Colorado, community since 1904. Memorial has two hospitals, Memorial Hospital Central and Memorial Hospital North, and more than a dozen facilities throughout the Pikes Peak Region. UCHealth is a Front Range health system that delivers the highest quality patient care with the highest quality patient experience.

Memorial provides a full range of diagnostic, treatment and recovery services, with a number of areas of focused expertise:

- » Heart and vascular care
- » Cancer care
- » Birth care
- » Pediatric care
- » Orthopedic care
- » Disease management
- » Emergency and trauma
- » Radiology and imaging
- » Physical medicine and rehabilitation
- » Sleep disorder care
- » Stroke care
- » Surgery
- » Women's care
- » Urgent care
- » Senior care
- » Wellness

## Communities served by Memorial Hospital

Historically, El Paso County residents have accounted for more than 88 percent of hospital admissions to Memorial Hospital. Including outpatient services, 94 percent of patients served by Memorial Hospital reside in El Paso County. The CHNA Primary Service Area (PSA) for Memorial Hospital includes all ZIP codes within El Paso County.



The median household income in El Paso County was \$57,072 in 2013, with 13.8 percent of children younger than 18 years and 11.4 percent of families living below the U.S. Census Bureau's 2013 poverty threshold. Families living in poverty are more concentrated in south Colorado Springs and south-central and eastern El Paso County. An estimated 8.9 percent of households in El Paso County received Supplemental Nutrition Assistance Program benefits (SNAP, formerly known as food stamps) in 2010; among households receiving SNAP, 56.2 percent were below the poverty threshold and 60.3 percent included children younger than 18 years of age. According to the Colorado Department of Labor and Employment, the average unemployment rate in El Paso County during 2013 was 8 percent.

In 2013, 21.4 percent of El Paso County adult residents held a high school diploma or equivalent as their highest degree, and 46.1 percent held a college degree.

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

## Demographic characteristics of El Paso County

El Paso County is located in the south-central region of Colorado. As of 2014, the county had an estimated 663,519 residents. Population projections put that number over 710,000 before the end of the decade. Vital statistics data show that during 2014, there were 9,374 live births and 4,056 deaths in El Paso County.

El Paso County is a mix of urban, suburban and rural communities, with about two-thirds of the population residing within the city of Colorado Springs. El Paso County's population is comprised of 49.6 percent females. The median age is 33.6 years, with 25.1 percent of the population under 18 years and 11.5 percent over 65 years.

The racial and ethnic breakdown in the county shows the population to be predominantly non-Hispanic White (72.5 percent), followed by 13.6 percent Hispanic. Non-Hispanic Black and other non-Hispanic races comprise 8.2 percent and 5.6 percent of the total population, respectively.

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



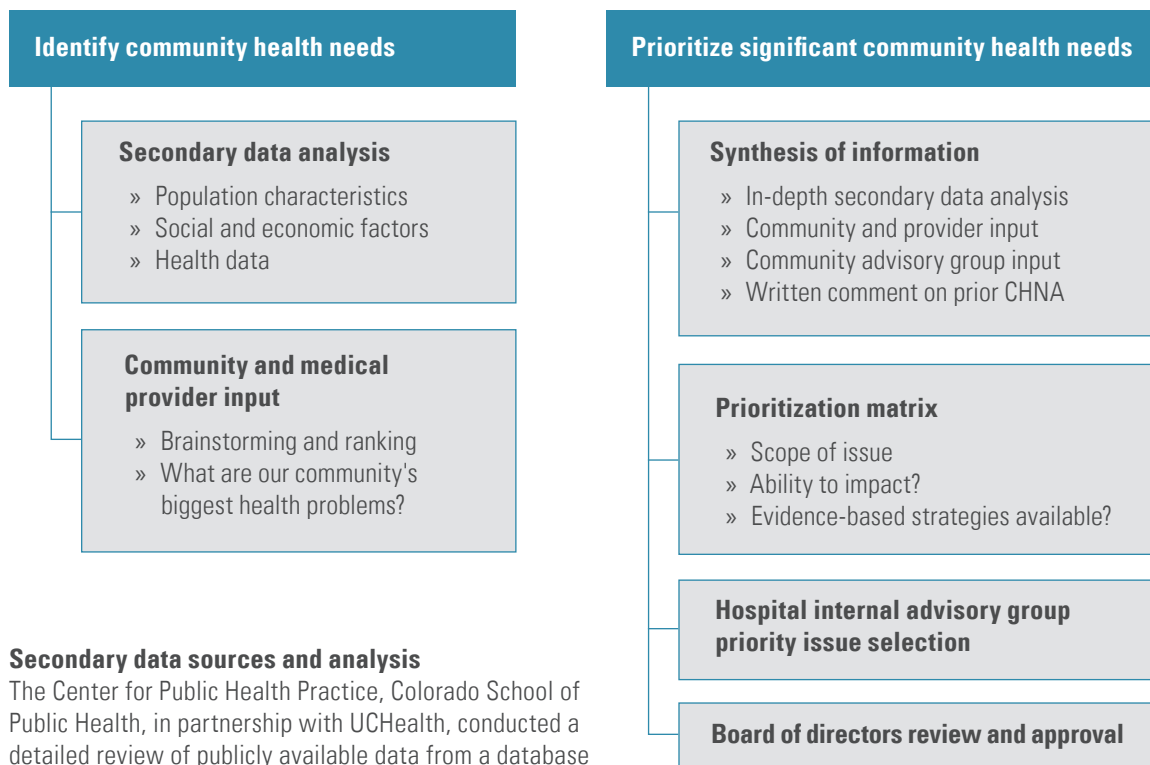
Between July and December 2015, Memorial Hospital, along with all other UHealth hospitals, conducted a CHNA in collaboration with the Center for Public Health Practice, Colorado School of Public Health. The CHNA process provided an opportunity for the hospitals to engage public health experts, medical providers and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs identified within the communities they serve.

## Community health needs assessment

### Methods used to conduct the community health needs assessment

UHealth carried out this CHNA in collaboration with the Center for Public Health Practice, Colorado School of Public Health. A sequential, mixed-method design was developed based on a review of the previous CHNA, with the purpose of creating a common philosophy and unifying themes across the UHealth hospital regions. The design represents best practices in community assessment, with a first phase of strong quantitative data analysis followed by a series of structured activities, such as key stakeholder interviews and community meetings, carried out to engage the community and public health experts in identifying the health needs and perceived priorities. These qualitative techniques were implemented after sharing the significant health needs identified in the first phase. To mobilize the provider community, a web-based survey was administered to obtain the perspectives of the health care workforce using the same information. A Community Advisory Group was convened in each hospital region to provide input related to hospital-based resources needed to address the key health needs. A subset of each hospital's Senior Management Group (SMG) was convened to review all information obtained. The SMG participants completed the health issue prioritization identification using an evidence-based, structured process (prioritization matrix; see Appendix 1).

The following figure illustrates the process components and participants.



### Secondary data sources and analysis

The Center for Public Health Practice, Colorado School of Public Health, in partnership with UCHealth, conducted a detailed review of publicly available data from a database consolidated by the Colorado Department of Public Health & Environment. The database was created to support its local public health agencies in carrying out their Community Health Assessments. It contains key health indicators from 27 data sources to describe health from a health-equity context. Indicator measures include health data, population characteristics and social and economic factors. Data was compared at the county and state levels to identify key health needs. To enhance the health-needs identification, Healthy People 2020<sup>2</sup> benchmarks were also reviewed.

Tables were generated summarizing key health data for Memorial Hospital to describe the community and its health status. Key health needs were determined by the Center for Public Health Practice and Memorial Hospital based on the data, priorities of the previous CHNAs, current priorities of local health departments, potential to prevent deaths using evidence-based practices and expert opinion.

Categories examined included:

1. Demographics and socioeconomic status
2. Health care access and services
3. Health behaviors
4. Nutrition, physical activity and body mass index
5. Maternal and child health
6. Physical and mental health status
7. Specific health conditions – morbidity and mortality

Data sources and related web site links are available in Appendix 1.

### Information gaps impacting ability to assess needs

Within the review of secondary data, gaps were identified related to minority, low-income and uninsured individuals. To learn more about these individuals, Memorial Hospital participated in group meetings and telephone interviews with leaders of organizations serving these individuals.

### Community engagement for input

To gather community input, Memorial Hospital carried out three main activities: 1) key stakeholder interviews with those representing the underserved populations in the hospital's surrounding community, 2) a medical provider web-based survey and 3) a group priority discussion with the Community Advisory Group. Persons with special knowledge or expertise in public health; representatives of health departments serving community health; agency leaders providing services to and/or members of medically underserved, low-income and minority populations; and other stakeholders in community health were included. Key health concerns identified by the secondary data obtained during the first phases of this CHNA were used as supporting information for these sessions.

<sup>2</sup> Healthy People 2020, *Topics and Objectives*, available at: [healthypeople.gov/2020/topics-objectives](http://healthypeople.gov/2020/topics-objectives)



1.) Key stakeholder interviews were completed with key community members representing the hospital's surrounding community to learn more about the health needs in the hospital's primary service area. (Appendix 3 provides a complete list of the organizations.) Notes taken from the interviews were coded and analyzed to support further narrowing down of the list for the prioritization, catalogue community resources and identify ideas for the Implementation Strategy.

2.) In conjunction with the other UHealth hospitals, Memorial Hospital administered a web-based survey of providers in their service area to rank significant health needs from the list generated in the secondary data analysis. Other health-issue topics and open-ended comments were also solicited from survey respondents.

3.) A group priority discussion with Memorial Hospital's Community Advisory Group narrowed down the health needs identified through the secondary data, key stakeholder interviews and provider survey. The Community Advisory Group is comprised of key stakeholders or their delegates and will continue to meet throughout the Implementation Strategy development.

### **Method to obtain written public comment on previous CHNA and implementation strategy**

To allow community members to share their views and also to solicit comments specifically related to the 2014 CHNA and Implementation Strategy reports feedback was sought during the key stakeholder interviews. Key stakeholders were asked to review and provide written comment following their interviews.

### **Data Integration and synthesis**

The results of the secondary data review, provider survey and community input were combined to generate the list of proposed priorities. This list was presented to Memorial Hospital's Internal Advisory Group (IAG), comprised of key Senior Management Group members, for review and approval prior to advancing the priorities to support the Implementation Strategy.

### **Internal advisory group prioritization / board of directors approval**

A priority-setting meeting with Memorial Hospital's IAG served to discuss the main health needs identified through the CHNA to recommend priorities for Memorial Hospital. A matrix outlining the following criteria for prioritization was used:

- » Scope and severity of the health need
- » Economic feasibility to address health need
- » Potential for hospital to impact health need
- » Alignment with UHealth system strategies



## Health needs identified for communities served by Memorial Hospital

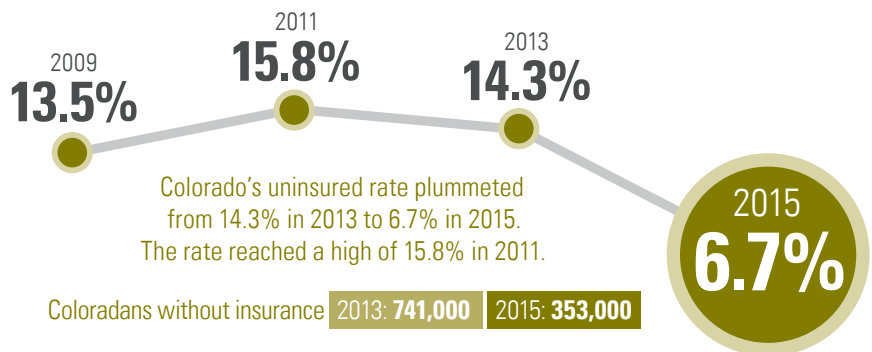
Key data findings from the secondary data analysis and community input highlight the importance of the health needs identified by the 2016 CHNA and the opportunities identified for Memorial Hospital.

### Primary care access

– *Importance to the community*

For the 2016 CHNA, the recent data reported by the Colorado Health Institute showed a sharp decline in the proportion of people with no health insurance in the state due to the Affordable Care Act and its implementation.<sup>2</sup>

#### Colorado's uninsured rate: A new low



A similar sharp decline in the proportion of people with no health insurance dropped the El Paso County area rate to 7.0 percent. Despite this, there are still many barriers to access to care both through Medicaid and other payer sources. In El Paso County the number of licensed health care providers per capita was lower than that of Colorado for 2013. Colorado's practicing physician rate was 226 per 100,000 residents. For primary care physicians only, the rate was 63 per 100,000 residents. El Paso County's rate of practicing physicians in 2013 was 147 per 100,000 of population and just 41 per 100,000 for practicing primary care physicians. This represents a decrease from El Paso County's previous rate of 44 practicing primary physicians per 100,000 residents in 2010.

### Primary care access

– *Suggested opportunities for 2016 implementation plan*

Memorial participates in a regional work group that is collaborating to address this significant need, including increasing patient demands, provider referrals and engaging the community to work together to better manage the demands.

<sup>2</sup> Colorado Health Institute: 2015 Colorado Health Access Survey; available at: <http://www.coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/colorado-health-access-survey-1>

## Early detection, prevention and control of cancer

### – Importance to the community

Cancer is a leading cause of death in the United States and in El Paso County. Cancer incidence in El Paso County measured during 2009-2011 was 463.9 per 100,000 residents – 8 percent higher than the state average rate of 426.4 per 100,000 residents. There are more than 100 types of cancer, including breast, skin, lung, colon, prostate and lymphoma. In El Paso County the incidence rates for lung cancer, prostate cancer, cervical cancer and melanoma were all significantly higher than the state averages. The likelihood that an individual will develop cancer is affected by lifestyle choices. Avoiding tobacco, eating a healthy diet, maintaining a healthy weight, being physically active and avoiding sun exposure are all choices that can help prevent cancer. Adhering to recommended screening guidelines is also effective at early detection of many types of cancers.

### Early detection, prevention and control of cancer

#### – Suggested opportunities for 2016 implementation plan

Much of the suffering and death from cancer could be prevented by more systematic efforts to reduce tobacco use, improve diet and physical activity and expand the use of established screening tests.

## Cardiovascular disease

### – Importance to the community

CVD remains the leading cause of mortality and hospitalizations, despite the substantial and ongoing progress being made in CVD prevention and treatment over the past 30 years. Hospitalization rates for strokes and heart attacks are higher in El Paso County than state of Colorado averages. A substantial proportion of those events are preventable. A substantial proportion of heart disease in general is preventable through hypertension and cholesterol management as well as obesity, smoking and diabetes prevention and management.

Self-reported incidence of diabetes and mortality rates due to diabetes are about 10 percent higher in El Paso County than the Colorado average. About 58 percent of El Paso County's adults are overweight or obese – an unchanged number from the past CHNA and higher than the Colorado average. Tobacco use is a substantial risk factor for many diseases, including cardiovascular disease. It is important to consider tobacco a major modifiable risk factor regardless of differences across counties or in comparison to the state. Adult tobacco use in El Paso County remains significant at 17.8 percent of the population, which is comparable to the state average.

## Cardiovascular disease

### – Suggested opportunities for 2016 implementation plan

Memorial's previous CHNA identified diet and physical activity as related to preventing or reducing overweight and obesity. Armed with the evidence that many cardiovascular hospitalizations and deaths are preventable, new efforts in CVD risk-factor control in the community could become a high priority for Memorial community investment. Likewise, extension of programs into the community to support tobacco prevention and cessation could be a high priority for Memorial Hospital, perhaps using the effective tobacco cessation program developed for inpatients at University of Colorado Hospital as a foundation.

## Mental health and behavioral health

### – Importance to the community

Mental health problems produce substantial morbidity in the population and compound physical health in many ways. Severe, untreated depression may lead to contemplated suicide, attempted suicide, or death from suicide. El Paso County has nearly double the rate of suicide hospitalizations compared to Colorado and a fifteen percent higher rate of suicide mortality. The 2013 mortality rate for suicide of 21.0 per 100,000 in El Paso County is comparable or slightly higher than the past CHNA.

## Mental health and behavioral health

### – Suggested opportunities for 2016 Implementation Plan

Consider implementation of the Zero Suicide initiative. Increase availability of behavioral health services for youth, low-income and minority residents. Reduce the stigma associated with mental health issues through community-based education. Provide evidence-based interventions such as Mental Health First Aid to community members. Seek collaboration with local behavioral health providers to improve outpatient access to mental and behavioral health resources.



## Community input synopsis

The discussions and recommendations obtained during key stakeholder interviews and the community advisory group meetings are provided in the graphic below.

**OBESITY** poverty  
depression chronic disease  
**ACCESS TO CARE**  
DIABETES PREVENTION **cancer**  
**HUNGER** food quality  
**suicide prevention**

## Medical provider survey results

The table below highlights the priority needs identified by the 70 respondents of the medical provider survey who serve patients within Memorial Hospital's service area.

Health issue	Comments
Obesity	Ranked #1 health issue; need to address reducing and preventing obesity and overweight.
Access to Care	Ranked #2 health issue; better primary care and mental health services access for the community.
Cardiovascular disease	Ranked #3 health issue; need to address risk factors such as obesity, tobacco use and diabetes.
Cancer	Ranked #4 health issue; early detection and prevention.

## Data integration and synthesis

The following summarizes the leading health needs and opportunities identified for UCHealth Memorial Hospital through quantitative analysis of the health indicators examined. The Community Health assessments and prioritizations carried out by the UCHealth hospitals in Colorado yielded two overarching key health themes for the communities they served. They are:

- » Access to care
- » Cardiovascular disease prevention and control

## FINDINGS

For the communities served by Memorial Hospital, the assessment identified significant health needs that were rated highly according to the in-depth analysis of secondary data, the community and public health inputs, the likelihood of making a measurable impact using evidence-based and innovative interventions and the hospital's ability to address the problem. They are:

- » Primary care access
- » Early detection, prevention and control of cancer
- » Cardiovascular disease prevention focused on diabetes, tobacco use and obesity

The following table summarizes the health needs identified by the different stages of data collection and analysis within the criteria used to select them. Additional health needs identified by only one method (such as postpartum depression) are not included in the table. The health needs highlighted in light blue were proposed in the final prioritization step by the hospital Internal Advisory Group.

Health need	Secondary data review	Community meetings	Medical provider survey	Internal advisory group
Access to care	+ (primary care)	+	+	+
Cancer	+		+	+
Cardiovascular disease	+	+	+	+
Diabetes	+	+	+	
Mental and behavioral health	+ (suicide)	+		+
Obesity	+	+	+	+
Maternal/child health	+			
Tobacco use	+	+	+	

## Written comments on previous CHNA and implementation strategy

The following is a review of Memorial Hospital's 2014 CHNA report provided by Holly Wolf, Ph.D., C.S.P.H.

Memorial Hospital carried out its 2014 Community Health Needs Assessment by leveraging its partnership with El Paso County Public Health (EPCPH) and its participation in the Healthy Community Collaborative (HCC) of El Paso County. The EPCPH conducted its 2012 Community Health Assessment using community health information from the Colorado Department of Public Health and Environment to meet the requirements of the 2008 Colorado Public Health Improvement Act. The HCC was leveraged to review health needs to develop the 2012 Community Health Improvement Plan (CHIP). It identified mental health, as well as diet and physical activity as the two top-ranked priorities. It then selected evidence-based solutions to increase healthy eating and active living as its primary focus in order to decrease the rates of overweight and obesity in the county throughout 2012-2017, thus reducing and controlling chronic diseases such as diabetes, cancer and cardiovascular disease. Memorial Hospital used applicable data from the 2012 CHIP for El Paso County, with updated health indicators data as the basis of its CHNA. The Memorial Administrative Team chose to direct resources and implement strategies to work to improve healthy eating and active living during its prioritization. In addition, the health-needs review identified access to care – specifically the need to increase the primary care workforce in El Paso County – as a priority for the health of its community. This need was also recognized as a health need by the HCC and included by El Paso County Public Health as one of the areas for additional

investigation in the 2015-2016 El Paso County CHA. The specific strategies that would be implemented were identified separately in the implementation planning stage.

El Paso County Public Health led the CHA process with a major emphasis on data and strong community input from a variety of partners, including Memorial Hospital as a committed contributor. As a result, the hospital had outstanding community input for its CHNA and prioritization. The report was well written, addressing the IRS-recommended components. The health indicator data was well sourced for most needs, which allowed trend analysis and comparison to other counties, the state and the nation. The top health needs identified by the CHNA were those supported by the HCC. The implementation plan was simple and clear. Strong guiding principles, mutually agreed upon by the Memorial team, led to the development of a simple and actionable plan to address the community's two major health needs. The plan bolstered and expanded existing programs; implemented evidence-based initiatives and programs wherever possible; collaborated with the HCC and other community partners; demonstrated health outcomes, health impacts, and financial impacts; used resources wisely and recognized the hospital's greater fiduciary duty; and communicated clearly with recurring reports

## Written public comment

In addition to the above review, Memorial Hospital received public comments specific to the 2014 CHNA and IS. Comments obtained through January 2016 are below:

- » I would like more definition around how Memorial supports community programs. For example, I don't see reference to how you intend to collaborate with Peak Vista on access to primary care.
- » I completely support utilizing HealthLink's nurse advisor line as first line access to care. Services of this type have been shown over and over the reduction of inappropriate utilization of the ED as well as improve appropriate referrals to health promotion services either within UCH or in the community.
- » I definitely feel that Peak Vista (PV) can use additional support in order to meet the needs of those with Medicaid and those uninsured. Many providers do not take Medicaid and uninsured patients so there is little choice between the ED or a lengthy wait time to see a PV provider.
- » I think there remains an opportunity to supplement recruiting for primary care providers with also recruiting for mid-level providers

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### Community-wide health care resources available to address need

#### *Hospitals*

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

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

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

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

#### *Public health*

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

#### *Mental health facilities*

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

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

#### *Health clinics*

**Mission Medical Clinic** treats low-income adults residing in El Paso or Teller County who are without any form of health insurance and who suffer from one or more chronic illness. Qualified patients receive integrated health services from licensed professionals.

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

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

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

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

*Dental clinics*

**Peak Vista Dental Health Center** is a FQHC dedicated to premier medical, dental and behavioral health services for people of all ages.

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

**List of proven strategies available to impact health issue**

Within the health-issue prioritization process, the IAG reviewed resources containing evaluated interventions that, if implemented, could make an impact on the significant health issues identified. These resources, and their related websites, include:

- » Community Preventive Services Task Force findings: <http://www.thecommunityguide.org/about/whatworks.html>
- » Colorado’s 10 Winnable Battles recommendations: <https://www.colorado.gov/pacific/cdphe/colorados10winnablebattles>
- » Healthy people 2020 evidence-based resources: <http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>

**Summary of impact of actions taken by hospital since previous CHNA and IS**

In Memorial Hospital’s 2015 fiscal year (July 1, 2014 – June 30, 2015), the hospital invested \$106.7 million in programs, facilities, subsidies, research and more in the communities it serves, improving lives and building on its vision of moving from health care to health.

Memorial Hospital’s 2014 Implementation Strategy described various resources and initiatives directed toward addressing the health issues identified and prioritized within the 2014 CHNA.

The following is a snapshot of the impact of actions taken by Memorial Hospital and partnering organizations to address the priority health issues:



**Priority health issue**

**– Healthy eating and increased physical activity**

- » Create Your Weight classes are offered quarterly to help participants with reduction of BMI.
- » Planning strategies have begun for implementing a Chronic Disease Self-Management Program.
- » Diabetes prevention education classes are offered quarterly.
- » Various fitness programs were offered to increase options for participation in physical activity.
- » Breastfeeding Basics classes are offered twice per month to increase knowledge of the role of breastfeeding in reduction of obesity risk



**Priority health issue**

**– Insufficient primary care workforce**

- » Memorial HealthLink’s Nurse Advisor Call Line triaged more than 7,600 callers. Of the callers who would have gone to the ED, 77 percent were given different advice for treatment.
- » Memorial HealthLink’s Nurse Advisor Call Line provided more than 4,711 physician referrals to callers seeking a provider.
- » Seven physicians joined UCHealth’s Colorado Health Medical Group – four of whom were brand new to El Paso County.
- » Enrollment of third- and fourth-year University of Colorado School of Medicine student begins in 2016.
- » Peak Vista Community Health Centers will begin a family practice residency program in July of 2016. Memorial Hospital will offer several clinical rotations in support of that residency program.



Based on the information compiled from the activities described within this report, it is concluded that access to primary and behavioral health care (including a special focus on suicide prevention), cardiovascular disease prevention (and related risk factors) and early detection and prevention of cancer are the community health issues that achieved the highest priority within the Memorial Hospital communities and therefore will be the focus of the 2016 Memorial Hospital Implementation Strategy development.

### **Focus of the 2016 Memorial Hospital Implementation Strategy**



**Access to primary and behavioral health care**



**Cardiovascular disease prevention**



**Early detection and prevention of cancer**

## **Approval of CHNA by Memorial Board of Directors**

During their May 2016 meeting, the Memorial Board of Directors was apprised of and approved the information contained within this report.

## **Acknowledgments, recommendations and next steps**

We would like to thank our colleagues from the Colorado School of Public Health, local medical providers, El Paso County community leaders and community members who provided insight and expertise that greatly assisted in the completion of this project.

In the following months, implementation strategies designed to address the identified health needs within our communities and specifically aligned with each hospital facility's specialty areas will be prepared and presented to the UCHealth board of directors for their oversight and approval.

The Memorial Hospital CHNA report will be made available to the public for viewing or download on the hospital's website at [www.uchealth.org](http://www.uchealth.org) as well as in hardcopy form at the hospital's administrative offices.

# Appendices

## Appendix 1 – prioritization matrix

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

**4 = High    3 = Moderate    2 = Low    1 = None    0 = Unable to rank**

Identified health issues (El Paso County)	Prioritization criteria				Total score
	Scope and severity (how many people affected; impact of issue on mortality rates)	Budget feasibility (costs of internal resources)	Potential for hospital (system) to impact (availability of effective interventions, staff expertise, community readiness, political will)	Alignment with current UHealth system strategies and/or state and national health objectives (e.g. Colorado Winnable Battles / National Prevention Strategy)	
Access to care					
Cardiovascular disease					
Diabetes					
Obesity					
Maternal/child health					
Tobacco use					
Postpartum depression					
Cancer					
Suicide					

# Appendices

## Appendix 2: data sources

Association of Religion Data Archives	Colorado Health Institute
CDC National Center for Health Statistics	Colorado Health Statistics and Vital Records
CDPHE Division of Disease Control and Environmental Epidemiology	Colorado Pregnancy Risk Assessment Monitoring System
CDPHE Hazardous Materials and Waste Management Division	Colorado Secretary of State
CDPHE Safe Drinking Water Information System database	Healthy Kids Colorado Survey
Colorado Behavioral Risk Factor Surveillance System	Environmental Protection Agency Air Quality System
Colorado Bureau of Investigation	Library Research Service
Colorado Central Cancer Registry	National Center for Charitable Statistics
Colorado Child Health Survey	State Demography Office
Colorado Department of Education	US Bureau of Labor Statistics
Colorado Department of Human Services	US Census Bureau American Community Survey
Colorado Department of Labor and Employment	US Census Bureau County Business Patterns
Colorado Health and Hospital Association	US Census Bureau Small Area Income and Poverty Estimates

All data except insurance status was obtained by downloading Colorado and County data on August 16, 2015. First, data files were downloaded as an Excel file from the following website:

- » <http://www.chd.dphe.state.co.us/Health Indicators>

El Paso County:

- » <https://drive.google.com/file/d/0BxOEw8MUpuY6ZURaMjl6V001LXc/view?pli=1>

Insurance status data was obtained from:

- » <http://www.coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/colorado-health-access-survey-1>

## Summary of community needs for Memorial Hospital

### Background and purpose of this report

As the first step in the ongoing Community Health Needs Assessment for Memorial Hospital, existing data from multiple sources were compiled to describe the characteristics of El Paso County, which is Memorial's primary service area. Sources of data were from the U.S. Census, surveys of health care access and health-related behaviors and both disease incidence and mortality data. A table displaying selected data is included as Attachment 1, and a complete set of tables is provided as Attachment 2. Following is a summary of what seem to be significant needs and opportunities for Memorial to improve population health in the service area in the coming three years. This listing, and the data tables, are being provided here as background to our community stakeholders and hospital staff to elicit their views on priorities for Memorial as we complete the process of the CHNA and move into the process of prioritizing and planning in the coming weeks.

### Sociodemographic background

Memorial Hospital provides a comprehensive list of inpatient and outpatient services at two hospital facilities and multiple outpatient locations, including state-of-the-art, compassionate care in fields such as cardiology, neurology and oncology. Historically, El Paso County residents have accounted for more than 88 percent of hospital admissions. Including outpatient services, 94 percent of patients served by Memorial Hospital reside in El Paso County. El Paso County has an estimated population of 676,597 residents and continues to grow.

## Appendices

### **Significant needs and opportunities (alphabetized listing)**

*Cancer:* Screening can substantially reduce the risk of morbidity and mortality from both colorectal cancer and lung cancer. For colorectal cancer, colonoscopy has been shown to reduce risk for colorectal cancer by at least 60 percent, yet a third of people are not up-to-date on screening. For lung cancer, low-dose CT imaging has been shown to reduce risk of dying from lung cancer by at least 20 percent, but very few people at risk have been screened. New outreach to increase colorectal and lung screening could become a priority for Memorial Hospital.

*Cardiovascular disease:* CVD remains the leading cause of mortality and hospitalizations, despite the substantial, ongoing progress being made in CVD prevention and treatment over the past 30 years. Hospitalization rates for strokes and heart attacks are higher in El Paso County than Colorado averages. A substantial proportion of those events are preventable. Armed with this evidence, new efforts in CVD risk-factor control in the community could become a high priority for Memorial Hospital.

*Diabetes:* Diabetes is both preventable and manageable. In El Paso County, self-reported incidence of diabetes and mortality rates due to diabetes are higher than state averages. There are now evidence-based methods for both preventing diabetes and substantially improving its management. Armed with that evidence, new efforts in diabetes prevention and education in the community could become a high priority for Memorial Hospital.

*Health care access:* With the advent of the Affordable Care Act, there has been a sharp decline in the proportion of people with no health insurance in the El Paso County area. Despite this, there are still many barriers to access to care both through Medicaid and other payer sources. In El Paso County the number of licensed health care providers per capita is much lower than state averages. In the coming years, Memorial Hospital could develop ways to increase the number of physicians in the community.

*Obesity:* Obesity is a substantial risk factor for many diseases. In El Paso County the percentage of adults who are either overweight or obese is slightly higher than the state average. It is important to consider obesity as a major modifiable risk factor among all age groups regardless of differences in comparison to the state. Given community resources available, obesity prevention and management could be a high priority for Memorial Hospital.

*Postpartum depression:* About 14 percent of women report substantial symptoms of depression in the postpartum period. Outreach and follow-up to women who have delivered at Memorial Hospital and involvement in community awareness and support for young mothers could become a high priority.

*Prenatal care:* A healthy pregnancy is one of the best ways to promote a healthy birth. Early and regular prenatal care improves the chances of a healthy pregnancy. Only 55 percent of woman in El Paso County receive adequate prenatal care. Improving outreach for pregnant women and education about prenatal care could become a high priority for Memorial Hospital.

*Suicide:* Severe, untreated depression may lead to contemplated suicide, attempted suicide or death by suicide. El Paso County has a higher rate of hospitalizations and mortality due to suicide than the state. Outreach for suicide prevention and enhanced mental health care could become a high priority for Memorial Hospital.

*Tobacco:* Tobacco use is a substantial risk factor for many diseases. It is important to consider tobacco as a major modifiable risk factor regardless of the comparison to the state average. Extension of programs into the community to support tobacco prevention and cessation could be a high priority for Memorial Hospital.

*Unintended pregnancy:* El Paso County has a higher percentage of unintended pregnancies resulting in live births than the state average. Reducing barriers to access of long-acting, reversible contraception has been shown to be an effective way to reduce unplanned pregnancy and also abortions. New outreach to educate about birth control could become a high priority for Memorial Hospital.

# Appendices

## Attachment 1.

Selected health characteristics for Memorial Hospital

	Year	Colorado	El Paso
<b>Cancer</b>			
Incident rate per 100,000 for all cancer sites combined	2009-2011	426.4	463.9
<b>Cardiovascular Disease</b>			
Age-adjusted rate of hospitalization per 100,000 per year - stroke	2011-2013	246.9	290.6
Age-adjusted rate of hospitalization per 100,000 per year - heart attack	2011-2013	162.5	163.7
<b>Diabetes</b>			
Mortality rates per 100,000 - diabetes mellitus	2013	15.6	17.5
Percent of adults who reported they have diabetes	2011-2013	6.9	7.6
<b>Health care access and services</b>			
Practicing physicians	2013	226	147
Practicing primary care physicians	2013	63	41
<b>Obesity: Percent of adults (18+) who are:</b>			
obese (BMI = 30)	2011-2013	20.8	21.6
overweight or obese (BMI = 25)	2011-2013	56.1	58.0
<b>Maternal and child health</b>			
Percent of unintended pregnancies resulting in live births	2009-2011	37.1	37.7
Percent who received adequate prenatal care	2011-2013	63.3	55.1
Percent of pregnant women who often or always felt down, depressed, sad or hopeless since the new baby was born	2009-2011	10.5	13.9
<b>Tobacco</b>			
Percent of adults who currently smoke cigarettes	2011-2013	17.9	17.8
<b>Mental and Behavioral Health</b>			
Suicide hospitalization rate per 100,00 per year	2011-2013	51.8	93.7
Suicide – mortality rates per 100,000	2013	18.6	21.0

# Appendices

## Attachment 2. Community health needs assessment full data tables for Memorial Hospital

Table 1. Demographics and socioeconomic status

	Year	Colorado	El Paso
Total Population	2013	5,264,894	655,811
2015 estimate	2015	5,438,077	676,597
By gender (%)			
male	2013	2,635,638	325,066
female	2013	2,629,256	330,745
By age (%)			
<1 year	2013	1.4	1.4
1-14	2013	20.0	20.1
15-19	2013	6.4	7.3
20-44	2013	37.3	34.6
45-64	2013	24.5	25.3
65+	2013	10.5	11.3
By race/ethnicity (%)			
Non-Hispanic White	2013	70.4	72.5
Hispanic White	2013	19.0	13.6
Black	2013	5.1	8.2
Asian American	2013	3.6	4.0
Native American	2013	1.9	1.6
Speaks mostly Spanish at home	2009-2013	4.8	2.4
Education among adults (%)			
Less than HS diploma	2009-2013	9.9	6.4
HS graduation or GED	2009-2013	22.1	21.4
Some college	2009-2013	22.8	26.1
College or more	2009-2013	45.2	46.1
Median household income (US dollars)	2013	\$58,942	\$57,072
Below poverty level, all ages (%)	2013	12.9	11.4
Below poverty level, children <18 (%)	2013	16.8	13.8
Households receiving food stamps (%)	2009-2013	8.0	8.5
Eligible for free/reduced school lunch (%)	2014	41.8	39.1
Unemployment (%)	2013	6.8	8.0
Violent crime rate (per 100,000 population)			
adults	2013	134.7	156.1
juveniles	2013	108.4	126.6
Child maltreatment per 1,000 (17 and younger)	2012	8.4	9.3
Elder abuse per 100,000 (ages 65+)	2014	452.9	415.0

# Appendices

## Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 2. Health care access and services

	Year	Colorado	El Paso
Percent of adults ages 18+ reporting one or more regular health care providers	2011-2013	76.47	77.91
The number of people without health insurance coverage*	2015	352,664	47,558
The percent of people without health insurance coverage*	2015	6.7	7.0
The percent of children (less than 19 years old) without health insurance coverage*	2015	2.5	.
Licensed health care providers per 100,000 population			
social workers	2013	14	14
clinical social workers	2013	75	67
nurses	2013	1064	994
psychologists	2013	44	37
physicians	2013	278	226
practicing physicians	2013	226	147
practicing primary care physicians	2013	63	41
physician assistants	2013	42	36
nurse practitioners	2013	56	57
dentists	2013	71	78
dental hygienists	2013	65	61
nurse midwives	2013	6	4
optometrists	2013	17	20
physical therapists	2013	94	90
respiratory therapists	2013	41	33

\* Colorado Trust and Colorado Health Institute "Findings from the 2015 Colorado Health Survey," September 2015, Data based on Health Statistics region. Not yet obtained for children.

# Appendices

## Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 3. Health behaviors (%)

Percents	Year	Colorado	El Paso	HP2020 goal
Children 1-14 who:				
rode in car with someone smoking last week	2011-2013	4.9	4.4	
live in home where someone smoked last week	2011-2013	3.3	3.9	
use sunscreen appropriately	2010, 2012	79.0	71.4	
use an appropriate car restraint	2010-2012	78.7	82.5	
High school students who:				
currently smoke cigarettes	2013	10.7	10.2	16
report driving with someone who had been drinking in last month	2013	7.7	7.4	
report 5+ drinks in 2 hours at least once in past month	2013	16.6	13.0	8.5
report using marijuana at least once in past month	2013	19.7	14.8	6
Adults who:				
currently smoke cigarettes	2011-2013	17.9	17.8	12
use sun protection appropriately	2012	41.6	38.9	
always use seat belts	2011-2013	84.6	87.9	92.4
report 5+ drinks on one occasion in past month	2011-2013	19.2	14.4	24.3
had a cholesterol test in past 5 years	2011, 2013	75.6	75.9	82.1
had cholesterol tested and told it is high	2011, 2013	34.2	36.0	13.5
have been told their blood pressure is high	2011, 2013	25.6	26.2	26.9
(females ages 40+) had a mammogram in past 2 years	2012	68.0	69.2	
(females 18+) had a Pap smear in past 3 years	2012	78.8	77.6	93
(adults 50+) report adequate colorectal screening	2012	65.9	72.3	70.5
had a flu shot in past year	2011-2013	41.4	43.4	
Ages 65+ who have:				
had a flu shot in past year	2011-2013	66.7	64.9	90
ever had a pneumonia vaccine	2011-2013	74.5	70.0	90
had a serious fall in last year	2012	27.4	28.7	

## Appendices

### Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 4. Nutrition, physical activity and body mass index

	Year	Colorado	El Paso	HP2020 goal
Percent of children ages 1-14 who:				
ate fruit 2 or more times per day and vegetables 3 or more times per day	2011-2013	11.1	9.5	
ate fast food one or more times in the past week	2010-2012	64.8	72.2	
consumed sugar-sweetened beverages one or more times per day	2011-2013	20.0	16.6	
watch TV or videos, play video games, or play on a computer for 2 hours/day or less				
on weekends	2011-2013	53.5	45.3	86.8
on week days	2011-2013	85.2	86.3	86.8
(ages 5-14 years) physically active for at least 60 minutes/day for the past 7 days	2011-2013	45.3	46.4	
Percent of high school students who:				
ate fruits and vegetables 5 or more times per day	2013	12.0	11.2	
were physically active for a total of at least 60 minutes/day for the past 7 days	2013	26.4	29.4	
Percent of adults (18+) who:				
reported eating fast food one or more times per week	2011	66.6	71.9	
reported 150+ minutes of moderate or 75+ minutes of vigorous aerobic physical activity per week	2011, 2013	61.1	60.4	47.9
are physically inactive	2011-2013	17.2	16.9	32.6
<b>Obesity and overweight</b>				
Percent of children ages 2-14 who are:				
obese (Body Mass Index (BMI) = 95th percentile)	2011-2013	15.4	15.0	14.6
overweight or obese (Body Mass Index (BMI) = 85th percentile)	2011-2013	28.1	28.4	
underweight (Body Mass Index (BMI) < 5th percentile)	2011-2013	9.7	11.2	
Percent of high school students who are:				
obese (Body Mass Index (BMI) = 95th percentile)	2013	8.0	5.1	14.6
overweight (Body Mass Index (BMI) 85th to < 95th percentile)	2013	11.3	10.2	
Percent of adults (18+) who are:				
obese (Body Mass Index (BMI) = 30)	2011-2013	20.8	21.6	30.6
overweight or obese (Body Mass Index (BMI) = 25)	2011-2013	56.1	58.0	

# Appendices

## Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 5. Maternal and child health

	Year	Colorado	El Paso	HP2020 goal
Percent of				
sexually active adults (aged 18-44 years) using an effective method of birth control	2011-2012	65.0	67.8	
high school students who have ever had sexual intercourse	2013	33.1	26.2	
sexually active high school students using an effective method of birth control	2013	78.1	75.4	
unintended pregnancies resulting in live births	2009-2011	37.1	37.7	
Percent of pregnant women who:				
received adequate prenatal care	2011-2013	63.3	55.1	
smoked during the last three months of pregnancy	2009-2011	8.4	10.1	
drank alcohol during the last 3 months of pregnancy	2009-2011	10.7	7.4	
gained an appropriate amount of weight during pregnancy	2011-2013	33.9	33.1	
reported a health care professional counseled them on depressive symptoms after delivery	2009-2011	74.7	74.8	
often or always felt down, depressed, sad or hopeless since the new baby was born	2009-2011	10.5	13.9	
Rate of live births born to women age 15-17 per 1,000 women age 15-17	2011-2013	12.4	10.8	
Rate of major congenital anomalies (per 10,000 live births)	2011-2013	646.1	523.6	
Percent of live births with low birth weight (< 2500 grams)	2011-2013	8.8	9.7	7.8
Rate of infant deaths (under 1 year of age) per 1,000 live births	2011-2013	5.1	5.7	6
Ages 65+ who have:				
had a flu shot in past year	2011-2013	66.7	64.9	90
ever had a pneumonia vaccine	2011-2013	74.5	70.0	90
had a serious fall in last year	2012	27.4	28.7	

## Appendices

### Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 6. Physical and mental health status

	Year	Colorado	El Paso
Average number of days in past month when adults reported:			
physical health was not good	2011-2013	3.4	3.7
mental health was not good	2011-2013	3.4	3.8
poor physical or mental health kept them from doing usual activities	2011-2013	3.9	4.3
(ages 65+) poor physical or mental health kept them from doing usual activities	2011-2013	5.2	4.9
Percent of adults reporting health is fair or poor	2011-2013	13.8	12.9
Percent of parents reporting children's health is fair or poor	2011-2013	2.8	2.2
Percent of high school students who:			
felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past year	2013	24.3	21.3
seriously considered attempting suicide during the past 12 months	2013	14.5	14.5
Percent of adults who:			
reported behavioral or mental health problems in children (aged 1-14 years)	2011-2013	23.2	20.4
are satisfied or very satisfied with their life in general	2008-2010	95.6	94.9
usually or always get the emotional or social support they need	2008-2010	82.8	83.3
Age-adjusted rate per 100,000 per year for:			
mental health diagnosed hospitalizations	2011-2013	2802.4	2737.1
suicide hospitalizations	2011-2013	51.8	93.7

# Appendices

## Attachment 2. Community health needs assessment full data tables for Memorial Hospital (cont.)

Table 7. Specific health conditions - morbidity and mortality

	Year	Colorado	El Paso
Percent of adults who reported they have:			
asthma	2011-2013	8.7	8.0
diabetes	2011-2013	6.9	7.6
ever had heart attack	2011-2013	2.9	2.7
ever had coronary disease or angina	2011-2013	2.7	2.6
Percent of children with			
asthma (ages 1-14)	2011-2013	7.8	6.6
asthma (high school students)	2013	20.9	20.0
Age-adjusted incidence rates of cancer per 100,000 population per year			
all cancer sites combined	2009-2011	426.4	463.9
lung cancer	2009-2011	46.2	51.0
invasive breast cancer (females)	2009-2011	124.6	122.3
prostate cancer (males)	2009-2011	133.7	158.1
colorectal cancer	2009-2011	34.8	36.1
invasive cervical cancer (females)	2009-2011	6.0	7.7
melanoma	2009-2011	22.1	29.2
Age-adjusted rate of hospitalization per 100,000 per year			
stroke	2011-2013	246.9	290.6
heart disease	2011-2013	2272.3	2088.3
acute myocardial infarction	2011-2013	162.5	163.7
congestive heart failure	2011-2013	669.2	565.3
(ages 65+) influenza	2011-2013	71.8	45.3
Incidence rate per 100,000 per year			
AIDS	2011-2013	4.1	3.2
HIV	2011-2013	5.0	3.2
chronic hepatitis B	2011-2013	27.0	19.1
chronic hepatitis C	2011-2013	0.6	0.7
tuberculosis	2011-2013	1.3	1.0
Mortality rates per 100,000			
All Causes	2013	662.7	680.2
Malignant neoplasms	2013	141.1	143.8
Heart disease	2013	127.0	128.4
Unintentional injuries	2013	46.5	47.5
Chronic lower respiratory diseases	2013	46.1	44.8
Cerebrovascular diseases	2013	32.7	36.6
Alzheimer's disease	2013	28.0	17.8
Suicide	2013	18.6	21.0

## Appendices

### Appendix 3

The following organizations, government agencies and public health departments provided input for this report by participating in key stakeholder interviews, community meetings and/or sharing data and information:

Organization	Populations Served
Children's Hospital	Youth
El Paso County Public Health	All populations
Pikes Peak United Way	All populations
Peak Vista Community Health Centers	Underinsured, uninsured, low-income
LiveWell Colorado Springs	Youth, low-income
Pikes Peak Region YMCA	All populations
Community Health Partners	All populations
AspenPointe Behavioral Health	Adults and youth
Colorado Springs Health Foundation	All populations



[uchealth.org](http://uchealth.org)