



Boulder Community Health

**Community Health Needs Assessment
2023-2025**

Approved by Boulder Community Health Board of Directors December 6, 2022

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Executive Summary

Summary of Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is defined as a systematic process involving the community to identify and analyze community health needs and assets in order to develop strategies that address these needs. This CHNA and its Implementation Strategy address requirements of the Internal Revenue Service code sections 501c3 and 501r2. It is performed in accordance with the codes and is approved by the Board of Directors of Boulder Community Health (BCH) for a three-year period.

Through the assessment process, Boulder Community Health noted the following as the greatest areas of health need:

1. Mental Health, Chronic Pain Management and Substance Use Disorders
2. Wellness, Preventative Health and Access to Care
 - a. Focus on Health Equity
 - b. Focus on Women's Health
3. Chronic Disease Management
 - a. Focus on Aging
4. BCH and Provider Workforce

Community education is recognized as an important facet to all BCH efforts in continuing to address the community's health needs.

Community Health Needs Assessment Overview

CHNA is defined as a systematic process involving the community to identify and analyze community health needs and assets to develop strategies that address these issues. Boulder Community Health is committed to studying and responding to health needs in its service areas through a community-wide partnership approach. The results of the assessment will be used to guide Boulder Community Health's strategies to maximize community health and wellness, population health management, and advance our mission.

In addition to the tri annual CHNA process, Boulder Community Health will conduct an annual public meeting, annual reporting, and assessments in compliance with the State of Colorado Hospital Community Benefit Law and the Health Transformation Program (HTP).

CHNA Planning, Structure, and Membership

As a starting point in performing this CHNA, an internal CHNA steering committee was formed consisting of the following positions:

- Chair of the Board of Directors
- Directors of the Board
- VP and Chief Legal Counsel
- BCH Foundation President
- Chief Medical Officer
- AVP of Strategy and Business Development
- Director of Public Relations

These individuals performed oversight duties and specified the process and methods to be used for obtaining and reviewing information and developing the implementation strategy based upon the current health needs of the community.

Process and Methods

The CHNA steering committee utilized a three-pronged approach of data review, community input, and prioritization to perform the CHNA.

Data Review

The committee began the process by researching, reviewing, and referencing data from local, county, regional, national, and internal BCH sources. Data consisted of population statistics, population health statistics, and community health trends.

Community Input

For this CHNA, BCH performed four community partner focus group sessions and one public event. The focus groups allowed for BCH to gain more information to incorporate not only into the CHNA, but also so that it can be utilized for the Community Health and Neighborhood Engagement Process (CHNE) and serve as a foundation to be updated during the Hospital Community Benefit Law annual Community Meetings. Community feedback is critical in the evaluation of strategies and programs that BCH will work on each year to improve the health of the community.

Prioritization

Prioritization of health indicators was completed by the steering committee in October and November of 2022 based upon the trend data, proportion of population at risk/affected, perceived impact to quality of life, economic impact, and the potential for premature death attributable to the problem. The

prioritization was then guided by which health needs BCH has the greatest ability to impact and what resources would be required to do so.

Implementation

Senior and Department Leaders within BCH took part in the process of developing the Implementation Strategy based upon the results of the CHNA findings and prioritization, with particular attention to community feedback validated by data review.

Boulder Community Health Entity Overview

Brief History

Boulder Community Health (BCH) has served the citizens of Boulder County as a non-profit, community owned and locally governed hospital since 1922 when it was formed as an independent mission-driven organization. BCH was founded as the Community Hospital Association and Boulder Community Hospital by Boulder citizens interested in creating a community hospital, directed by local citizens, where residents could be cared for within the community. We are dedicated to providing local access to high-quality, comprehensive medical care by offering the latest medical innovations to meet the evolving health care needs of our growing communities.

BCH proudly celebrated its 100th anniversary in 2022.

Boulder Community Health Mission

Providing our community with the highest quality health care in an innovative, patient centered environment.

Boulder Community Health Vision

Partnering to create and care for the healthiest community in the nation.

System Overview

BCH is the largest provider of care in our primary service area which includes the City of Boulder, Lafayette, Louisville, Erie, and the adjacent mountain communities (approximate population 195,000). Our secondary service area includes the remainder of Boulder County and Broomfield County (population 204,000).

The Boulder Community Health System includes:

Hospital-Based Services at BCH:

- Boulder Community Health (Foothills Hospital, Erie Medical Center, Community Medical Center, and its employed physician practices) are all accredited by The Joint Commission under the Comprehensive Accreditation Manual for Hospitals.
- Boulder Community Health has one acute care hospital, Foothills Hospital, with 149 licensed inpatient beds. The hospital offers unique services including 8 operating rooms, 2 interventional cardiac catheterization laboratories, 1 cardiac electrophysiology laboratory, 2 interventional radiology suites, a level two 25-bed trauma center and emergency department, intensive care, specialized cardiac care, advanced neurosurgical and orthopedic services, a comprehensive cancer program, and a family birth center including a special care nursery for newborns with medical issues, palliative care, and a unit specializing in orthopedic and neurological services.
- Adjacent to the Foothills Campus is the Della Cava Family Medical Pavilion which houses the only inpatient behavioral health unit in Boulder County. This building has 18 inpatient behavioral health beds, outpatient behavioral health services including nature based Intensive Outpatient and Partial Hospitalization Programs, neurology, and electroconvulsive therapy (ECT).
- Boulder Community Health has the only open-heart surgery program in Boulder County and performs minimally invasive valve replacements and structural heart procedures.

- Boulder Community Health is accredited by the State as a Level II Trauma Center, and the Commission on Cancer Center (CoC) as a National Accredited Program for Breast Center (NAPBC). In addition, BCH has two Joint Commission Specialty certifications in Joint Replacement and as a Primary Stroke Center.
- In partnership, Boulder Community Health has an 18-bed inpatient rehabilitation unit at UCHHealth Broomfield Hospital offering comprehensive, individualized services for patients recovering from such conditions as stroke, neurological disorders, brain or spinal cord injuries, amputation, trauma injuries and complex orthopedic cases.

Ambulatory Services at BCH:

- 2 multidisciplinary outpatient facilities: The Community Medical Center in Lafayette and the Erie Community Medical Center.
- 4 Family Medicine Clinics (1 in Lafayette, 1 in Gunbarrel, 1 in Boulder, and 1 in Superior).
- 2 Internal Medicine Clinics (1 in Boulder, 1 in Longmont).
- 2 Primary Care Clinics: Family Medicine and Internal Medicine Combined (1 Erie, 1 Boulder)
- 15 Specialty Clinics and Services including OBGYN (Boulder, Erie), Nurse Midwives (Boulder, Erie), Endocrinology (Superior), Neurology (Boulder), Neuro and Spine Surgery (Boulder), Cardiology (Boulder, Erie, Longmont, Lafayette), Cardiac Rehab (Boulder), Pulmonary Rehab (Boulder), General Surgery (Boulder, Erie), Pulmonology (Boulder), HIV and Infectious Disease (Boulder), Occupational Health (Lafayette), Sleep Diagnostics (Boulder), Travel Medicine (Boulder), Wound Care (Boulder), Sports Medicine (Boulder), Integrative Complimentary Care (Boulder), Mind Body (Boulder), and Behavioral Health (Boulder and embedded through Primary Care service line),
- 1 Urgent Care Clinic in Erie
- 6 Laboratory locations
- 1 outpatient Birth Center
- 7 Imaging locations, all of which are accredited by the American College of Radiology. The main campus Imaging department is designated as a Diagnostic Center of Excellence through the American College of Radiology.
- Comprehensive cancer services including integrative care, radiation therapy, and advanced imaging and accredited by the Commission on Cancer Center (CoC) as a National Accredited Program for Breast Center (NAPBC)
- PCMH (Patient Centered Medical Home) recognition
- NCQA (National Committee for Quality Assurance)
- Pathways to Success (formerly MSSP) program participant
- (PCF) Primary Care First at all BCH Primary Care clinics
- Laboratory services accredited by The Joint Commission and Clinical Laboratory Improvement Amendments (CLIA)

Recognitions

- BCH has achieved a five-star quality rating with CMS
- Family Birth Center Recognition
 - Leapfrog, Money Magazine 2022 Top Maternity Hospitals: Elite 259
 - Newsweek's America's Best Maternity Hospitals: among 161 five-ribbon performers
- Healthgrades 2022 Awards
 - America's 100 Best Hospitals for Coronary Intervention Award
 - Joint Replacement Excellence Award

- Orthopedic Surgery Excellence Award
 - Surgical Care Excellence Award
- BCH Imaging Facilities Designated Diagnostic Imaging Center of Excellence
 - Only health care system north of Denver to receive DICE
- BCH has earned three Awards from the American Heart Association for Quality Stroke Care
 - GoldPlus Get with The Guidelines®-Stroke Quality Achievement Award
 - Target Stroke Elite Honor Roll Award
 - Target Type 2 Diabetes Honor Roll Award
- BCH Primary Care Clinics received national recognition as Patient-Centered Medical Homes (NCQA)
- Foothills Surgery Center is among the top 3 ambulatory surgery centers in CO
- BVCN ranked at top quality in the state for Medicare Shared Savings Program (ACO)
 - Patient Experience
 - Top quartile overall rating (inpatient)
 - Top quartile staff working together to care for you (inpatient)
- Pathways to Success (formerly MSSP) program participant
- Value Recognitions
 - In 2020, Coloradans spent \$4B less than the national average on hospital care
 - Colorado households spent the second lowest amount on hospital costs in the country
 - Hospital costs in Colorado are now 18% lower than the U.S. average and are rising at a slower pace than National trends
 - In the last 10 years, Coloradans have saved \$22.5B through lower hospital costs, compared to the U.S. average
 - BCH is 4% lower cost than the region per CMS
- IT Recognitions
 - 2022 Healthcare Most Wired Award
 - Epic Honor Roll
 - Epic 9 starts
 - HIMSS 7 Inpatient and Outpatient

Our Staff

The Medical Staff of Boulder Community Health includes 386 community physicians and 110 employed physicians with 46 different medical specialties. Our talented team of over 2,000 employees includes over 400 nurses, working diligently to provide our community with the highest quality healthcare.

Emergency Preparedness and Response

BCH has a robust and mature emergency preparedness system that encompasses an “all hazards” response architecture. This system has been engaged multiple times over several years to ensure readiness during threats including flooding, wildfire, active shooter, information system down-time, and bomb threat events. In addition to responding to these real emergencies, our emergency response system is further prepared to respond to a diverse set of scenarios including, but not limited to, chemical, biological, and radiological contamination, mass casualty trauma, and pandemic. Continual threat assessment, training, exercising, and procedural adjustment is on-going. BCH directly collaborates with our emergency response partners, such as Police, Fire, OEM, and other area hospitals because preparation for disaster is a direct community benefit.

Care Network

Boulder Community Health invested over \$1 million towards the development of the Boulder Valley Care Network (BVCN), its clinically integrated network (CIN). CINs are strategic partnerships between hospitals and independent healthcare providers to improve alignment of organizations around the concept of Population Health. The goal of the BVCN is to improve quality of care, reduce overall cost of care, and improve health outcomes of the populations it serves. BVCN represents roughly 330 physicians in the Boulder County area in over 40 different specialties with primary care physicians accounting for 30% of membership.

BVCN has implemented multiple tactics to improve access to care. It is a participation requirement of all 80 participating entities to be enrolled in Medicaid. This combined with their efforts with the Boulder County Health Improvement Collaborative (BCHIC), which streamlines the referral process between PCP and specialist for Medicaid and uninsured, has increased access to specialty services for underinsured populations in Boulder County. BVCN also monitors their network adequacy, meaning they identify what specialty services are underrepresented to focus recruitment efforts on the services that would most improve the care to our population. BVCN has identified primary care medicine and early intervention techniques when health issues arise as a major care gap for our community. There is an adequate supply of primary care providers, but our population is not seeking adequate preventive services, which can lead to future health issues.

Epic Electronic Health Record

In October of 2019 with a \$34 million investment, BCH implemented an entirely new electronic record (EHR) platform for improving access to patient care and the quality of care that is provided. This new electronic health record offers best-in-class tools for BCH caregivers to provide the highest level of care possible to our community. This investment will also allow patients to access BCH services via the MyBCH app or via their computer. These online services include messaging with their provider, scheduling appointments, getting cost estimates for procedures, and even video consultations. BCH plans to further expand these services over time to provide even more value to the community and make it easier to receive high quality care at BCH. This investment will also allow for improved patient record sharing with other healthcare providers to facilitate improved coordination and continuity of care to our community. While this investment will offer great new tools and value to the community, it also will provide efficiencies that ensure BCH can continue to provide care at a competitive cost.

Language Interpretation

In addition to the EHR technology to increase access to services, BCH utilizes onsite language interpreters and two other modalities to interpret in 200 different languages and dialects for our patients.

Prior Community Health Needs Assessment - Evaluation of Impact

During the prior CHNA, The top four priorities under the prior Boulder Community Health CHNA (2020-2022) were:

1. Chronic disease management and traumatic injury
2. Mental health including chronic pain management and substance abuse
3. Wellness and preventative health including aging of the population and access to care
4. Community education

Boulder Community Health made significant progress in addressing the needs of the community it serves. Detailed reporting of the activities in prior periods can be seen at:

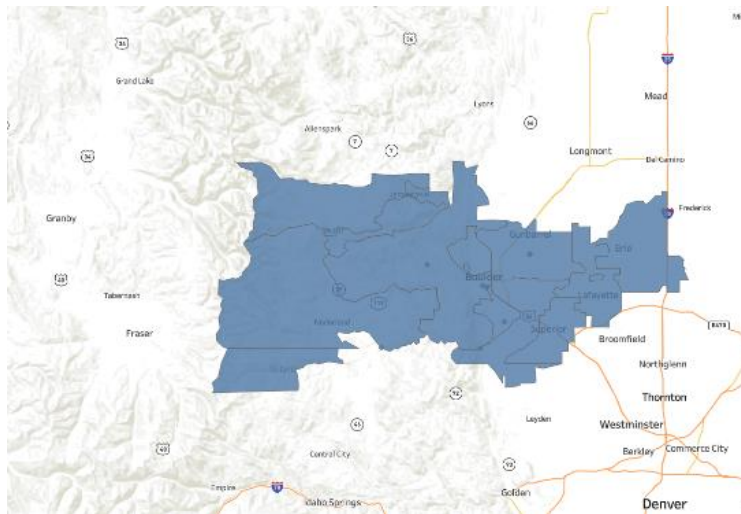
<https://www.bch.org/about-us/community-reports/>

Our Community

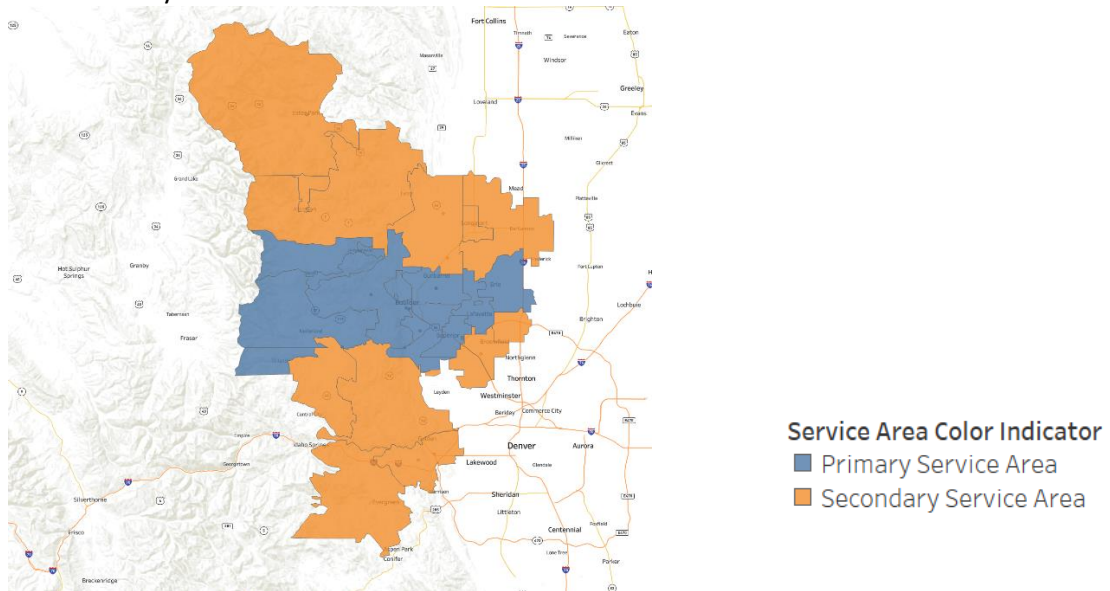
Service Area

Boulder Community Health provides services to patients across Boulder, Weld, and Erie Counties and due to its excellence in many program areas, the entire Front Range of Colorado. The largest number of patients cared for by BCH originate from its primary service area, which is the City of Boulder, Lafayette, Louisville, Erie, Lyons, Jamestown, Nederland, and Ward. A complete list of primary service area zip codes appears as an appendix.

Primary Service Area:



Primary and Secondary Service Areas:



Demographics

Population Growth

Boulder County is the seventh most populous of Colorado’s 64 counties, with an estimated 330,860 residents in 2020. The City of Boulder remains the largest municipality in Boulder County and grew by 10.5% from 2010 to 2020. While the cities and towns in East Boulder County and Weld County grew at a much faster rate.

The slower growth rate for the City of Boulder can be attributed to several factors, including restricted land use policies that limit development and the high cost of housing.

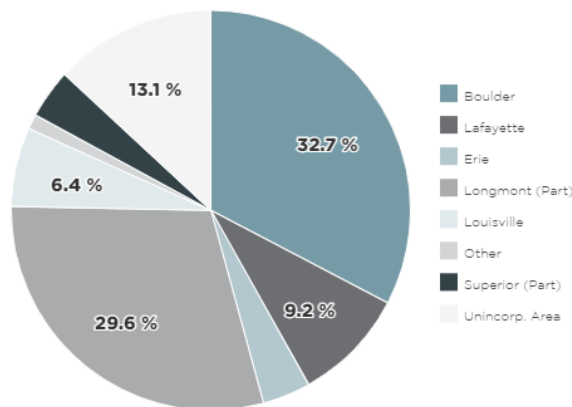
According to the Colorado State Demography Office, Boulder County’s growth rates will increase slightly in the coming years, bringing the total population to a projected 360,000 by 2025. Most of this growth is anticipated to be in the eastern portion of the county.

Population Trends – Cities At-A-Glance

Boulder County Cities At-A-Glance (2020)	Boulder	Longmont	Lafayette	Louisville	Superior	Erie	Colorado	US
Population	108,250	98,885	30,411	21,226	13,094	30,038	5,773,714	331,449,281
Median Age	28.8	39.1	39.7	41.1	36.3	37.1	36.9	38.2
Percent Latino	10.3%	24.4%	15.7%	7.8%	6.9%	9.6%	21.7%	18.2%
Speaks a language other than english at home	14.6%	19.4%	13.5%	8.5%	20.1%	12.2%	16.4%	21.5%
Median Home Value	\$736,000	\$396,000	\$458,300	\$627,500	\$603,600	\$514,000	\$369,900	\$229,800
Lived in the Same House one year ago	66.1%	81.7%	81.7%	84.7%	80.2%	83.0%	82.4%	86.2%
Lived in another county one year ago	7.30%	4.40%	3.10%	2.80%	3.20%	8.70%	5.00%	3.20%
Foreign Born	10.5%	11.3%	8.6%	8.8%	19.6%	8.1%	9.5%	13.5%
Births per 1,000 women aged 15-50 in the past 12 month	20	38	72	76	96	35	49	52
population with a disability	6.30%	10.60%	9.00%	8.00%	5.20%	6.30%	10.80%	12.70%
population under 18 with a disability	5.41%	6.76%	9.86%	7.38%	17.12%	10.22%	7.43%	7.76%
population 65 and over with a disability	41.14%	44.38%	45.38%	46.31%	41.15%	44.10%	41.06%	42.63%
population over the age of 3 enrolled in school	40.27%	23.75%	22.59%	24.69%	34.15%	28.06%	24.05%	24.28%
high school graduate (25+)	97.3%	91.2%	95.6%	97.8%	97.7%	97.5%	92.1%	88.5%
Bachelor's Degree or Higher (25+)	76.7%	44.2%	61.0%	69.5%	76.2%	64.1%	41.6%	32.9%
Living Below Poverty								
• Families	5.50%	4.80%	2.80%	2.50%	1.90%	3.50%	6.10%	9.10%
• Families with related kids under 18	6.60%	8.10%	4.30%	2.20%	2.20%	3.60%	9.50%	14.30%
• Individuals	36.70%	20.80%	13.10%	16.50%	19.00%	18.90%	20.50%	24.20%
• Children	5.60%	9.60%	4.20%	2.80%	2.20%	4.70%	11.50%	17.50%
• 65+	7.40%	7.40%	3.80%	7.70%	2.80%	5.20%	7.40%	9.30%

Data Sources: U.S. Census Bureau, 2016-2020 American Community Survey; 2020 Census of Population and Housing

2020 Population by Municipality Percentage



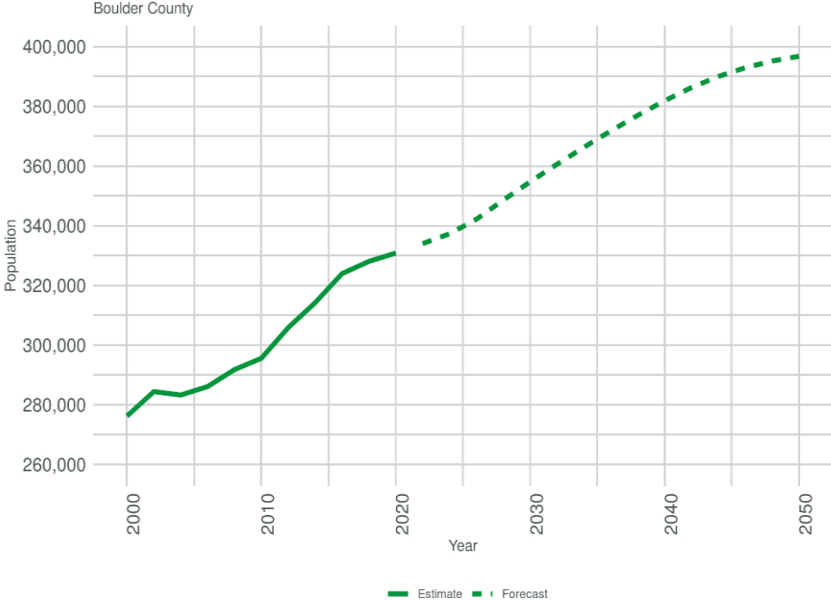
2020

Source: Colorado State Demography Office. Note: Municipalities include only the portion within Boulder

Boulder County

From 2010-2020, Boulder County grew by 35,255

Population Forecast, 2000 to 2050



Source: State Demography Office, Print Date: 04/08/2022

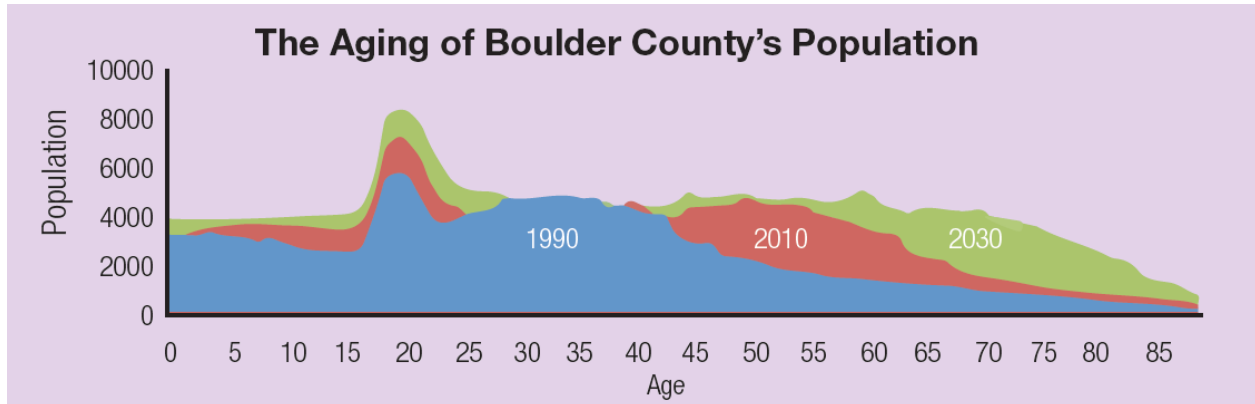
Gender and Sexual Orientation

Boulder County’s population was evenly split between males and females at 50.1% and 49.9% respectively. This is not expected to significantly change over the next decade. In a report obtained from the Open Door Fund of the Community Foundation a sampling of roughly 300 persons within the LGBTQ* community respondents reported that 2.9% were transgender and 3.6% other. 44.5% of respondents identify as gay men, 31.5% as lesbians, 14.9% as bisexual, 5.5% as other, and 3.6% as pansexual or omnisexual. Nearly just as many respondent’s report being single as do being in a committed monogamous relationship, and 73.1% report being “out” in their identity most everywhere.

Age

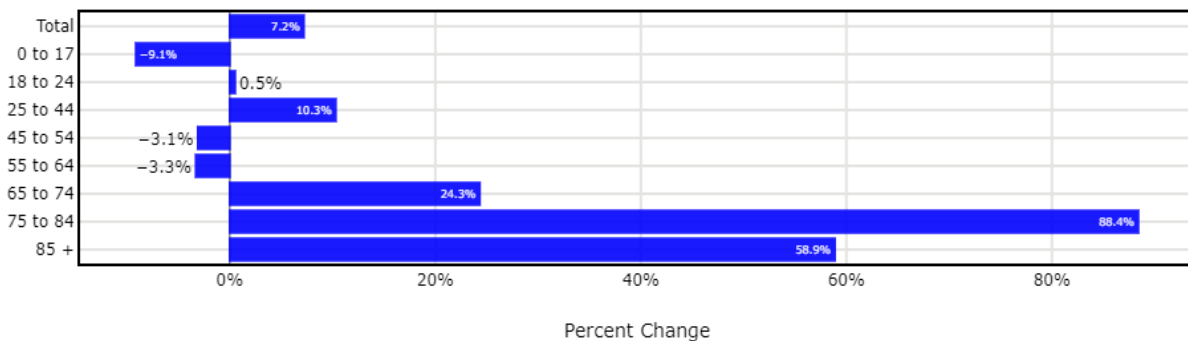
In 2018, the median age of Boulder County residents was 37.4, indicating that our population is fairly young. In 2022 that has trended up to 38.2. Forecasts from the Colorado State Demography Office indicate that there will be a significant shift upwards in Boulder County’s median age over the course of the next decade. 15.9% of Boulder County residents are 65 years or older.

The aging of the population is detailed in the two graphs below:



*different colors in the graph represent the population distribution for 1990, 2010 and for the projected population distribution in 2030.

Projected Population Change by Age Group, 2020 to 2030, Boulder County



Data Sources:

Community Foundation of Boulder County

Colorado Department of Local Affairs, State Demography Office

With an older population, the future will look quite different for health care providers in Boulder County and the demand for healthcare services, particularly in chronic disease management, which includes heart disease, cancer, stroke, will steadily increase.

Diversity

Overall, the state of Colorado is becoming more diverse. However, Boulder County's overall diversity tracks differently from the rest of the state.

Census data report that 79.4% of Boulder's population is White, 11% is of Hispanic or Latine origin, 6.7% is Asian, 1.3% is Black or African American, 0.4% is American Indian or Alaska Native, and .1% is other races. The vast majority of the city's population (87.3%) is U.S. born, slightly lower than the Boulder County, Colorado, and national averages. The remaining 12.7% of the population is foreign born.

Ethnicity

Race*	City of Boulder	Boulder County	Colorado	U.S.
White	79.4%	74.4%	64.7%	57.8%
Black or African American	1.3%	1.0%	3.8%	12.0%
American Indian or Alaska Native	0.4%	0.3%	0.6%	0.7%
Asian	6.7%	4.9%	3.4%	5.9%
Other	0.6%	0.6%	0.5%	0.5%
Hispanic or Latino (of any race)	11.0%	14.6%	21.7%	18.7%

Source: US Census, 2021 American Community Survey. *Race alone or in combination with one or more other races.

Employment/Income

In recent years, Boulder County has enjoyed some of the lowest unemployment numbers in the nation. The U.S. Bureau of Labor Statistics demonstrates the low unemployment rate of 3.2% at the beginning of 2022 and 2.6% in August of 2022.

The Area Median Income is among the highest in Colorado. The Boulder Economic Council reports a median household income of \$84,167 in the City of Boulder and \$90,168 in Boulder County compared to \$82,254 for Colorado and \$69,717 for the United States as a whole. However, the Community Foundations “Trends” report reveals that more than one quarter of Boulder County residents (27%) don’t earn enough to cover their basic needs. Of concern within the County, and particularly within the City of Boulder, is the high cost of housing.

Forecast Resident Labor Force and Population, Age 16 +: Boulder County

Year	Type	Labor Force	Annual Growth Rate: Labor Force	Persons Age 16+	Annual Growth Rate: Persons Age 16+
2010	Estimate	171,711		238,922	
2015	Estimate	178,630	0.4%	260,814	2.1%
2025	Forecast	198,566	0.6%	297,616	1.4%

Source: State Demography Office,
Print Date: 04/08/2022

Soliciting the Community's Input

The Vision of BCH is: Partnering to Create and Care for the Healthiest Community in the Nation. As a locally owned, locally governed stand-alone health system, BCH values the input of its community in how it provides care.

BCH held two sets of meetings – smaller Community Partners Meetings and a Broad Public Community Meeting to solicit community feedback on progress and input on direction. The participants in the groups provided valuable and honest feedback about BCH's strengths and areas for improvement. This positive and constructive information can be used to update the Community Health Needs Assessment and to make continuous improvements to better meet the health care needs of the entire community.

Community Partners Meetings

Four sessions were held virtually and were facilitated by Peak Facilitation Group:

- Community Not-for-Profits
- PFAC, Select Ambassadors, Volunteers, and Nurse Practice Council
- City, County, and Education
- Foundation Trustees and BCH Board of Directors members

Following these sessions, Peak Facilitation prepared a report on feedback which was shared internally prior to the Broad Community Meeting. This report appears in its entirety as Appendix One of this document.

Public Meeting Invitees

Please see previously posted file for detail on invitees

- The State of Colorado Hospital Community Benefit Accountability Law mandatory invitees
- State Government
- City and County Government
- Two County School Districts
- Community not for profit organization leaders
- All community members on Boulder Community Health email lists

Public Meeting Notices

BCH used a multi-pronged approach to announce the community meeting:

Email

- Email invitation to list of designated community members and organizations
- HCBA Law mandated invitee list was sent via an email invitation
- Email invitation extended to all within BCH Database

Website, social media, and newsletters

- Meeting Notice was posted on BCH website in the "Latest News" section and to the website calendar
- Social Media Announcements, including Facebook and LinkedIn, were made in advance of the community meeting
- Notice was given to employees and Medical staff through internal email blasts and articles in the Medical Staff and Boulder Valley Care Network newsletters

Announcements appeared in the:

- Daily Camera newspaper

- Longmont TIMES-CALL newspaper
- Colorado Hometown Weekly

Abbreviated Summary of Community Input:

1. Priorities from 2020 CHNA (Mental Health/pain/substance abuse, Chronic Disease Management, and Wellness/Preventative Health) received a HIGH level of agreement in terms of continued importance from attendees, and were noted as continuing to be the top health care priorities for the community at large. Challenges related to substance use disorders emerged frequently in the discussions.
2. Access to healthcare, health equity, and women's health were noted as priority areas, as well as aging of the population and social determinants of health.
3. The quality of care and inclusiveness at BCH was consistently seen as being very good to excellent.

Summary of the Community’s Health

The State of Colorado and Boulder County tend to outperform the Nation in major health indicators. Leading causes of morbidity and mortality are heart disease, cancer, accidents, cerebrovascular disease, and chronic lower respiratory disease. It’s important to note, there are some disparities in disease prevalence and care based upon ethnicity. Self-reported general health status for Coloradans:

	<i>Number</i>	<i>Percent</i>
Excellent/Very Good/Good Health	4,351,324	87.0
Fair/Poor Health	651,128	13.0
Total	5,002,452	100.0

Addressing mental health, including substance use disorder, continues to be a top health concern. Older adults have overall good physical health; however, access issues exist. Insurance coverage fears, affordability, use of care, and social and economic barriers to health can disrupt care. There is evidence to suggest that continued education with the community on health topics is needed.

Appendix Two (State of the Community’s Health) is a compendium of the most compelling data reviewed for this CHNA.

Boulder Community Health 2023-2025 Implementation Strategy

The Boulder Community Health CHNA process identified the following as the top four health needs for 2023-2025:

1. Mental Health, Chronic Pain Management and Substance Use Disorders
2. Wellness, Preventative Health, Access to Care
 - a. Health Equity
 - b. Women's Health
3. Chronic Disease Management
 - a. Aging
4. Workforce

Community Education remains foundational for enhancements in all of the four areas and the inspirational vision of BCH -- partnering to create and care for the healthiest community in the nation -- is a call to action for BCH and our community.

Initiatives that support the four selected community health needs are detailed within this section of the document with descriptions of the actions and resources that BCH will commit, and planned collaborations to address the identified needs. BCH will utilize healthcare personnel, supplies, programs, technology, facilities and improvements, in addition to a commitment of funds to meet the health needs of the community. Annually, BCH will adjust initiatives based on meeting the community health needs.

1. Mental Health, Chronic Pain Management and Substance Use Disorders

Boulder Community Health has a longstanding commitment to caring for individuals suffering from mental health disorders, chronic pain, and substance use disorder. In this CHNA period, BCH will be utilizing an internal strategic transformation process with the BCH Behavioral Health Service Line, to meet needs of the community; and will explore expanding our substance use disorder services for the community across the BCH continuum of care. The Behavioral Health team at BCH has recently employed a Mental Health Navigation specialist to support post-discharge follow-up for patients. This role continues to collect data from following up with patients and understanding barriers to continued management and support of people with mental health diagnoses.

The following have already been implemented or are planned for the next three years and will be utilized in the overall implementation strategy:

Della Cava Family Medical Pavilion

BCH will continue to leverage The Della Cava Family Medical Pavilion to provide mental health care within our community. The Pavilion is an innovative 70,000 sq. ft. mental health facility added to our Foothills Hospital campus in April 2019.

Community Support through the BCH Foundation

The BCH Foundation has raised close to \$8 million dollars to support further investments in mental health services at BCH. This was made possible through the generosity of over 450 individuals and organizations in the community who share our commitment to expand access to critical mental health services.

Anchor Point Mental Health Endowment

The Anchor Point Mental Health Endowment supports the well-being of our patients along the continuum of care, empowering them to maintain personal independence while they address their mental health. To date, the BCH Foundation has raised over \$2 million which is being utilized to pay for medical and support services that would otherwise not be available to these patients. Examples include extending needed therapy services and providing transition supplies such as clothes, hygiene products, rent assistance, and other necessities.

Partial Hospitalization (PHP) and Intensive Outpatient Programs (IOP)

Boulder Community Health will continue to utilize its nature-based PHP and IOP mental health programs introduced in 2022. Many studies have shown the transformative power of being in nature and its effects on a person's overall well-being. Pathways' approach and curriculum were created with the intent of harnessing the amazing natural resources that our community has to offer. Through the program's nature-based activities, patients can experience positive effects such as:

- Stress reduction
- Reduced blood pressure
- A more focused mind
- Greater control over attention
- Enhanced creativity

Integrated Behavioral Health in Primary Care Clinics

Integrating behavioral health into primary care includes adding social workers into all of our primary care teams to address the behavioral health needs commonly seen in primary care settings, such as insomnia, anxiety, depression, and substance abuse. These licensed clinical social workers or Masters of Social Work care team members provide: short term solution focused counseling; quick interventions for anxiety, depression and stress management, and consults with primary care providers for assistance with diagnosis and treatment of mental health conditions; direct patient therapy; and assistance with support and referrals to higher levels of service with community partners when needed. They are using MyStrength, an online and mobile mental health support tool, to augment the short-term therapy offered.

BCH is also partnering with the State to train providers to administer medication assisted treatment for narcotic addiction, with the goal of increasing access to evidence-based substance abuse intervention and treatments in our community. Depression screening and more in-depth follow up for newly diagnosed patients with depression has been a recent initiative that is improving the care and outcomes for our patient population.

Community Mental Health Initiative

Boulder Community Health is an active participant in a “Community Mental Health Initiative” to improve access to community mental health care. This effort is led by Mental Health Partners (MHP), the county’s largest provider of mental health services. This effort includes the development of a care compact between MHP and BCH Primary Care to improve communication about shared patients for diagnosis, treatment recommendations and care continuity.

Chronic Pain Management and Substance Abuse

Staff in the primary care clinics have been trained and are skilled at supporting patients in managing chronic pain and have care coordination assistance for referral to higher levels of treatment when needed. Advanced Practice Clinicians with expertise in pain management are embedded in two primary care clinics accepting referrals from internal PCPs. BCH will continue its medication take-back program to reduce improper disposal and availability of unused opioids.

Pillar Program

The BCH Prevention and Intervention for Life-Long Alternatives & Recovery (PILLAR) Program is a free service that assists with connection to resources and treatment for Substance Use Disorders (SUD) and/or alternatives to chronic pain management without the use of narcotics. PILLAR provides service navigation, short-term case management, and limited scholarships to get participants connected to care. The program also provides monthly educational opportunities covering topics related to mental health, substance use and prevention, chronic pain, trauma, naloxone use and harm reduction, just to name a few. PILLAR acts as a resource hub for substance abuse, mental health and medical support while also functioning as the bridge between provider, patient and community.

Opioid Reduction Programs

To address the opioid epidemic locally, BCH has partnered with the City of Boulder, Boulder County Public Health and CDPHE to prevent opioid abuse and treat opioid dependence through:

- Ongoing educational outreach to physicians, dentists and oral surgeons regarding non-opioid pain medications and best practices to safely prescribe opioids when needed.
- Reducing new opioid prescriptions by offering non-opioid medications in the ER, inpatient and ambulatory settings.
- Utilizing the BCH Mind-Body Clinic that teaches patients how to manage their chronic pain using alternative strategies such as cognitive-behavioral therapy, mindfulness meditation, alternative pain control therapies, and non-opioid medications.
- In our Surgery and Labor and Delivery suites, BCH continues to utilize protocols that occur before, during and after a procedure that decrease patient reliance on opioid medications during recovery.
- Utilize data from the Colorado prescription drug monitoring program to identify and target providers with high-risk prescribing patterns for educational efforts addressing alternative approaches to pain control.

2. Wellness, Preventative Health, Access to Care

Health Equity

BCH has signed on to the American Hospital Association's Health Equity Transformation pledge and will be compliant, with Joint Commission accreditation standards related to health care disparities beginning in 2023 by:

- Identifying an individual to lead activities to reduce health care disparities
- Assessing the patient's health-related social needs
- Analyzing quality and safety data to identify disparities
- Developing an action plan to reduce health care disparities

- Taking action when the organization does not meet the goals in its action plan.
- Informing key stakeholders about progress to reduce health care disparities

Impacting Social Determinants of Health (SDOH)

Boulder Community Health recognizes the importance of social determinants of health (SDOH) and the role they play in influencing the overall health of individuals, as well as our collective community. BCH has implemented SDOH screening and workflows within its primary care practices and is evaluating screening for inpatients and the processes of referrals for individuals suffering due to SDOH. This work is being implemented within the Case Management team at BCH, as well as under the guidance of the Patient Safety and Quality team. Opportunities for intervention will be identified to improve health care disparities internally, as well as identification of health disparities and social needs within the community, based on patient data.

BCH recognizes that it has limited ability to influence or change all social factors and believes that maximizing the comprehensive assets within the BCH health care system is the primary way for BCH to serve the community. However, BCH is committed to partnering with community agencies to play an expanded role in collaborating to invest in improving the social and economic barriers that are impacting health and within BCH's control to influence. In addition, great strides are being made in assessing social determinants through screening and navigating patients to the appropriate resources.

In support of Boulder Community Health's vision of partnering to create and care for the healthiest community in the nation, the BCH Foundation established the Community Collaboration Fund. Whether it's partnering in support of mental health, playing a role in caring for underserved populations, improving patient experience, or educating our community; we are utilizing funds to help accelerate community partnerships and community health.

BCH is extending partnerships where appropriate to assist in social determinants of health, such as the Bridge House's Ready to Work and Community Table Kitchen job training programs. BCH participates in ongoing collaborative efforts between the organizations to assess where BCH can expand our impact in caring for individuals experiencing homelessness. Most recently, the Boulder Shelter for the Homeless (BSH) launched a pilot program to work with Boulder Community Health (BCH) with a focus on placing the highest utilizers of hospital services into stable housing as a means of addressing both their homelessness and their medical conditions. BCH is also investigating a homeless respite program opportunity to support individuals in need of ongoing care who would otherwise be discharged back to the streets.

In an effort to combat food insecurity, Boulder Community Health has partnered with Project Angel Heart to provide about a week's worth of free, nutritionally specialized meals to about 90 Boulder County residents, thanks to a one-year, \$75,000 grant from the hospital's foundation. The meals delivered directly to the homes of BCH patients who live in Boulder County and have either identified as residents who are experiencing food insecurity through the hospital's social screening or have medical ailments such as congestive heart failure, cancer, AIDS or kidney disease.

Other partnerships to improve SDOH include the BCAP Beacon program - Supporting expanded programming for: HIV Homeless Care Continuation, HCV linkage to Care Program, and Medical Intervention for People who Inject.

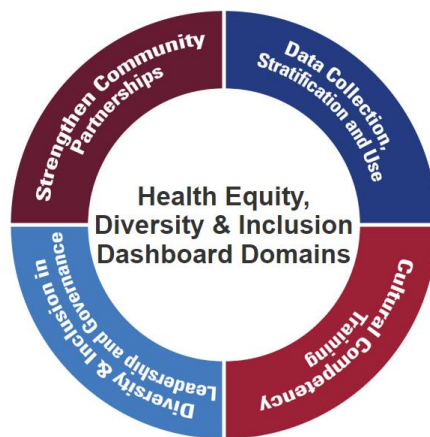
To avoid re-admissions into the hospital, BCH has a team of transitional care nurses that provide education and support to our highest risk patients after a hospitalization. Continuous collaboration across BCH departments and providers, community medical partners and agencies, skilled nursing facilities, and social support organizations provide patients with coordinated care when and where they need it. BCH has continued to enhance the infrastructure of its transitional care program and coordinated patient care material across inpatient stays, specialties, and primary care so that all providers are offering the same support and materials. The Boulder Valley Care Network, of which BCH is a collaborator, has recently added BCH transitional care services for its patients.

Diversity, Equity, and Inclusion

BCH recognizes the importance of ongoing attention and work supporting Diversity, Equity, and Inclusion. Most recently, a statement from the Board of Directors was developed and adopted.

- Formation of “Unifying Boulder Community Health” - an employee resource group for employees of color.
- Within our current Strategic Plan under “Workforce”, BCH has elevated the Diversity Equity and Inclusion Steering Committee
- Development of DEI and Health Equity data dashboards, and efforts to improve the capture of race, ethnicity, gender identify, sexual orientation, age, and first language data for patients and staff. This will be used to stratify quality data and determine internal healthcare disparities for action and utilizing employment data to understand diversity and opportunities for recruitment and inclusion efforts.
- All Staff at BCH will be required to complete training on Diversity, Equity, Inclusion and Belonging, beginning in October 2022, and continuing through 2023.
- BCH is also collaborating to optimize DEI efforts with its internal partner, Optum and its employees.
- BCH sponsors organizations like Queer Asterisk, whose primary mission is to support sensitivity and awareness among staff in working with LGBTQ+ patients.

BCH DEI efforts are based upon the IFDHE Dashboard: <https://ifdhe.aha.org/health-equity-diversity-inclusion-measures-hospitals-and-health-system-dashboards>



Women's Health

BCH continues to develop its offerings and framework for Women's Health and areas of focus include treatment of women throughout all phases of life, including expertise in osteoporosis prevention and treatment, menopausal symptom management. Additionally, BCH continues to lead with the Nationally recognized Family Birth Center and taking part in the Premier Perinatal improvement collaborative to address perinatal morbidity/mortality. Organizing service lines to provide optimal coordination of care in the inpatient and outpatient settings is crucial. Women's Health Services will further align obstetrics and gynecology, oncology, imaging, urology, and midwifery to provide optimal care and interface with community providers.

Aging of the Population

Recognizing the changing demographics within the service area is crucial in providing care to our community. The aging of the population detailed within the Community Health Needs Assessment necessitates evolution of our services. The following areas of care within the organization have received significant resources to provide necessary care for our aging population.

Heart and Lung Disease

The prevalence of heart and lung disease dramatically increases with an aging population. BCH will continue to utilize medical and technological treatments to care for these diseases including expansion of its structural heart and electrophysiology programs, integration of surgical robotics, increasing access for rehabilitation services for patients with cardiac and pulmonary disease, and adding specialist clinics in other locations.

Surgical Services

Acquisition of new technologies allows for enhancing care.

Joint Replacement

Bone loss and osteoarthritis due to aging are the primary indications for joint replacement. BCH's joint replacement program is a certified "Gold Seal" program by The Joint Commission with the goal of improving care of our patients and reducing total costs to provide the highest possible value.

Population Health Outreach

BCH will continue to provide proactive outreach for patients with specific chronic disease states to ensure they are receiving regular and appropriate care. The Boulder Valley Care Network, mentioned previously in this document, serves to further efforts in the management of population health. Antibiotic stewardship activities championed by BCH infectious disease physicians assist in better utilization of antibiotics to promote overall health within the community.

Palliative Care

BCH partners with The Conversation Project and local members of that organization to address advanced care planning in our Medicare population. This includes RN and MD co-visits to create a plan and facilitate choosing a medical power of attorney and help establish goals of care. Strong partnerships with community palliative care programs provide ongoing care post hospitalization.

Fall Risk Programs

BCH collaborates on an annual screening for fall risk which includes targeted support, appropriate exercise, balance training and home safety evaluations. In addition, we are continuing to partner with the Boulder County Area Agency on Aging to provide education and exercise classes that maintain mobility and help prevent falls. An area-wide forum on fall prevention has been held for two consecutive years at a BCH facility at no charge. BCH commits in-kind labor, food and the venue.

Access to Health Care

Utilization of the Epic electronic health record portal “MyBCH” by patients, “Carelink” by community providers, and “Hyperspace” by hospital-based providers will allow BCH to have greater continuity of care and allow for better access amongst patients and physicians. Online services will include messaging with primary care providers, scheduling appointments, getting cost estimates for procedures, and even video consultations. BCH plans to further expand these services to provide even more value to the community and make it easier to access care at BCH. This investment will also allow for improved patient record sharing with other healthcare providers to facilitate improved coordination and continuity of care to our community.

Inclusion

Boulder Community Health will continue to place emphasis on inclusion through participation in community groups and forums dedicated to promoting equity and wellbeing of LGBTQ+ and other oftentimes marginalized populations. Employee training in diversity and equity, the formation of an inclusion and equity steering committee, an employee resource group, and BCH’s participation in the Human Rights Commission survey are some examples of inclusion efforts taking place. As a result, BCH is now ranked in the Healthcare Equality Index and strives to improve its ranking.

Hours of Service

To improve access within the BCH system and based upon a principle of “the right care in the right place at the right time,” BCH has implemented after hours primary care in all clinics with family medicine and internal medicine offices expanding hours of service to 7am to 7pm. BCH has also expanded the number of same day/next day appointments in all of its clinics and an after-hours nurse triage line has been opened which allows 24x7 access to a nurse. BCH owned physician practices continue to standardize patient appointment slots and times to increase the overall access to patients.

Physical Locations

BCH has opened the Anchor Point Clinic in West Boulder at 1645 Broadway and BCH continues to utilize the Erie Medical Center to meet the care needs of patients residing in East Boulder and Weld Counties. Additionally, specialty providers are being scheduled in offsite locations to provide better access to populations requiring their services.

Collaborative Programs

BCH participates in the Boulder County Health Improvement Collaborative (BCHIC). By participating in this collaborative, BCH partners with the Community Foundation and other community partners including other hospitals, Clinica, Salud, housing, dental aid, mental health partners, Boulder County Health to improve access to specialists for patients with Medicaid. Community support groups such as stroke, breast cancer, cancer, and ostomy are all provided to the community members suffering from these diseases.

Population Outreach for Preventative Care Services

Boulder Community Health sees over 67,000 patients within its primary care clinics and the number of patients more than doubles when all patients within Boulder Valley Care Network are counted. Preventative services are an important aspect of creating the healthiest community. Regular outreach to patients who have identified “gaps in care” are done electronically via the portal, or by phone call or mail. Our population health approach is focusing on our total panel of patients to address patients who have not been seen or have routine screening and preventive care services that need to be addressed. We have specific programs in place to improve influenza vaccination rates and HPV vaccination rates using data transparency and process improvement to increase rates with the goal of beating national benchmarks.

Community Wellness Programs

The Boulder Valley Care Network, of which BCH is a collaborator, provides health coaching to employees of the St. Vrain Valley School District and Boulder Community Health.

Programs particular to child and teen safety include partnering to provide educational offerings with Boulder Valley School District, Lake Eldora Ski Race team, Emergency Family Assistance Association (Boulder), and Community Cycles Kids and Adult Cycling Programs in RETAC (Regional Trauma Medical Advisory Council), ThinkFirst, and distracted driving. BCH assists adults and seniors through partnerships with the City of Boulder Senior Services, Boulder Fire, and others in fall prevention day and other onsite programs at retirement communities. Additionally, a car fit program has been designed to fit seniors in their cars as their bodies change.

3. Chronic Disease Management

BCH has committed extensive resources to its chronic disease programs in the areas of personnel and technology. Throughout BCH and the Boulder Valley Care Network, practitioners are improving documentation of advanced care planning (ACP) to be sure we are learning and respecting what matters to our patients

Cancer

BCH continues to enhance its oncology services including the addition of state-of-the-art radiation therapy and PET CT equipment in partnership with Rocky Mountain Cancer Center. Multiple programs exist to assist patients in accessing care and improving their quality of life on their cancer journey:

- Breast Cancer Treatment Fund - The breast cancer treatment fund assists breast cancer patients undergoing treatment.
- Cancer Care Classes – The classes range from Tai Chi, Exercise Class, Writing, Art, and Self Image. The goal is to help patients adhere to treatment plans, enhance quality of life, and save lives.
- CAM Fund - Integrative inpatient and outpatient care for patients receiving cancer treatment funded from the B Strong Ride.
- Bonnie Tebo Chemo Fund - Provides funding for chemotherapy medications for People struggling to access this care.
- Red Lipstick Fund - Offers financial assistance to those in need while receiving treatment at the Cancer Center at Tebo Family Medical Building and BCH.
- Cold Cap Program - Provides patients receiving cancer treatment a cooling cap that helps to prevent complete hair loss during chemotherapy.

Heart Conditions (Cardiology and Cardiovascular Care)

Utilizing an internal strategic transformation process, the BCH Cardiovascular Service Line initiative will create additional access and local care for patients experiencing chronic and acute cardiac disease. Boulder Heart will also explore the possibility of implementing supportive care and integrative therapies.

Brain and Spine Conditions (Neurology, Neurosurgery, and Spine Surgery)

BCH integrated Boulder Neurosurgical and Spine Associates of Boulder Community Health into its field of employed physicians, joining Associated Neurologists in our offerings in neurology, neurosurgery, and spine surgery. BCH patients benefit from the Elaine Myers Fund which helps neurology patients with any care related needs that they might have for brain injury rehabilitation (transportation, rent, equipment, etc.).

Aging

Enhanced care coordination and care management services for our aging and chronically ill populations continues and BCH continues investigating and implementing a broader array of older adult services as the population age shifts.

High Risk Patient Care Management and Registries

- BCH's primary care clinics include an RN Care Coordinator on site to educate and coach patients in better management of their chronic disease and to prevent complications.
- BCH participates in several health care registries including The American College of Cardiology, Society of Thoracic Surgery, Cancer, and American Heart Association's "Get With the Guidelines".
- BCH utilizes a certified Diabetic Education program staffed by a registered nurse and a registered dietician Diabetic Educator.
- BCH utilizes an ambulatory pharmacist to focus on improving the diabetes and depression care in 3 of our primary care clinics.
- BCH is steadily adding capacity within its primary care clinics to manage the chronic condition of dementia.

Readmission Avoidance/Transitional Care Team

BCH has a team of transitional care nurses that provide education and support to our highest risk patients after a hospitalization. There is continuous collaboration across BCH departments and providers, community medical partners and agencies, skilled nursing facilities and social support organizations to provide patients with coordinated care when and where they need it. The team focuses on high risk patients with diagnoses of pneumonia, congestive heart failure, acute myocardial infarction, chronic obstructive pulmonary disease, coronary artery bypass graft surgery, and lower extremity joint replacement surgery.

The readmission avoidance team utilizes strategies such as ensuring the patient's understanding of discharge instructions, medications, and their disease state. The team also monitors for warning signs of relapse and assists in finding social supports and returning these patients to primary and specialty care for follow up facilitates optimal healing.

RN Care Managers in the primary care clinics follow up on their patients not receiving Transitional Care services to ensure continuity of care. ER follow up focuses on understanding of discharge instructions

and appropriate follow up care. The care managers provide education on accessing appropriate levels of service and the availability of extended hours and same day appointments in primary care. BCH is in the early stages of identifying the possible use of a Community Based Resource Referral System to connect patients to non-clinical community-based programs addressing social and economic barriers to health, through a closed-loop system.

4. Workforce

At BCH, our employees are our most valuable asset. The BCH staff and physicians play an important role in helping us deliver quality care every day in communities across Boulder County. That's why we believe in encouraging professional growth to help employees develop and apply new skills in their health care role. We also understand the financial challenges that come with furthering education and are proud to have expanded our education assistance program through the Hoover Family Center for Education Excellence.

Workforce Transformation

In partnership with Optum and the Advisory Board, BCH is actively engaged in a workforce process improvement and innovation projects. This multi-year collaborative effort is focused on improving and streamlining workflows and developing high functioning teams as we continue to address increased labor shortages.

Employee Wellness

Leading by example with its own employees and physicians, BCH has established an employee and physician wellness committee, and a health and wellness team. Supporting the wellness of our workforce helps to ensure the ability to care for our community. The Provider wellness committee meets monthly and focuses on compassionate care for our providers serving the BCH community. The Health and wellness team meets weekly to support the needs of our staff. The team has sponsored symposiums and recently put on a workshop focusing on empathetic communication to reduce burnout and improve patient experience. Schwartz Rounds are occurring monthly with the goal of strengthening the caregiver resilience and self-care, addressing the problem of caregiver burnout by providing a safe space to tell our story's and process how we are affected in these times.

Wellness Programming in a series of initiatives, interventions, and responses developed to support BCH staff, leadership, and providers – helps to alleviate burnout and to promote resiliency, increase capacity and improve longevity of employment within BCH. And the BCH Foundations Foreman Fund invests in the well-being and continuing education of BCH clinicians in the Emergency Department, Radiology and Neurology Departments.

Employee Education

Hoover Family Center for Education Excellence

- Increased tuition reimbursement - Tuition assistance, books, and fees for degree programs (associate, bachelor's, master's; advanced practice providers: nurse practitioner, physician assistant, midwife)
- Continuing education reimbursement - Continuing education reimbursement: For training (CEs, CEUs) required to maintain licensure or certification (short courses, conferences, webinars).

- New certification reimbursement - For obtaining or renewing certification (coursework, training, testing, recertification fees)

Ambassador Scholarships

Each year the BCH Ambassadors award scholarship monies to deserving recipients through their Human Healthcare Scholarship Program. Applications and eligibility requirements are posted in January. Another benefit to patient care is the Ambassadors Mini-Grant Program, which is intended to enhance or facilitate quality patient care.

Better Up Platform - Virtual platform for targeted leadership coaching and education provided to physician leaders and administrative partners to help our leaders be best prepared to transition from expert physician culture to collaborative leadership culture and to get real-time experience and advice on how to manage difficult problems/situations as they occur.

BCH Staff and Physician DEIB Training

Continue Diversity, Equity, and Inclusion training to BCH workforce to accommodate the diverse fabric of our community. BCH will begin system wide training and engagement around the importance of DEI as it relates to health care, and more specifically patient care, organizational culture, and recruitment efforts. DEI Steering Committee has developed a year-long leadership and organizational training program that includes leaders, emerging leaders, and frontline staff beginning with courses:

- Social Identity, Power and Privilege
- Racism and the 4 I's of Oppression
- Sex, Gender, Gender Expression, and Sexual Orientation
- Allyship, Cultural Humility/Responsiveness, and Belonging
- Sustaining DEI Practices in Organizations

Leadership Curriculum

A three-year leadership training curriculum provided to BCH leadership, by nationally renowned leadership organization DDI. to continue to develop the expertise of our BCH leaders, support their teams, and to create innovative solutions to today's health care management challenges.

Employee Emergency Assistance Fund

A program to assist employees in times of unforeseen financial hardships that can arise from a personal tragedy such as a death or sudden illness in the family, loss or damage to a home from a fire, or other natural disasters. As community members, our employee support improves the community in which they live.

BCH continues to investigate partnership opportunities for workforce housing

5. Community Education

Boulder has the distinction of being one of America’s most educated communities, which means our population has a demonstrated affinity for public education programs. Boulder Community Health uses multiple approaches to provide our community with a wide range of education programs designed to address specific population groups and issues.

General Health Education

Boulder’s many amenities make it a community where many people are aging in place. BCH offers an extensive roster of free lectures by local physicians that address the wide gamut of chronic conditions that impact people as they age – heart disease, orthopedic issues, diabetes and more. These programs are offered at locations across our service area – Boulder, Broomfield, Erie, Lafayette and Longmont. Feedback from the CHNA assists in tailoring community lectures on topics impacting our community.

Childbirth and Parenting Education

Boulder Community Health’s Family Birth Center offers a wide range of pre-natal classes addressing the concerns of pregnant families – labor techniques, breastfeeding, newborn care, etc. Parenting classes cover topics like preparing siblings for a new baby and pediatric CPR/first aid. Classes are held in Boulder and have a small charge. Plans are underway to begin offering classes in Erie.

Injury Prevention Education

Boulder Community Health targets both ends of the age spectrum for practical education on avoiding injury. Older adults are offered free or low-cost sessions on topics such as preventing falls and improving driver safety. Children are offered free programs on concussion prevention, bicycle safety, and other risks. Sessions are held in locations across Boulder County, from local schools to public parks.

Sponsorships

Each year, BCH provides financial and in-kind support to organizations that provide or participate in first order provision of health care in our community, along with organizations that support inclusion and diversity. BCH will continue to partner with other community organizations and agencies whose mission is to positively impact social determinants of health.

Implementation Strategy Summary

Boulder Community Health is guided by its mission of “providing our community with the highest value healthcare in an innovative, patient-centered environment” and its vision of “partnering to create and care for the healthiest community in the nation,” along with feedback from the community to provide exceptional care. The initiatives detailed within this document are focused on meeting the evolving needs of the community and will be tracked and updated annually.

Appendices

Appendix One - Community Input

The Boulder Community Health community meeting and the public meeting for 2022 were held as a series to detail progress on the current CHNA and Implementation Strategy and to solicit feedback for its 2023-2025 Community Health Needs Assessment. The meetings fulfilled requirements for the following three sources/programs:

- Community Health Needs Assessment (CHNA) 2023-2025
- Hospital Community Benefit Accountability Law (HCBAL) 2022 calendar year
- Hospital Transformation Project (HTP)

The meetings were an opportunity for BCH to share many of its incredible accomplishments and to continue to tell the BCH story to a wide audience.

BCH held two sets of meetings – smaller Community Partners Meetings and a Broad Public Community Meeting.

Community Partners Meetings

Four sessions were held virtually and were facilitated by Peak Facilitation Group:

- Community Not-for-Profits
- PFAC, Select Ambassadors, Volunteers, and Nurse Practice Council
- City, County, and Education
- Foundation Trustees and BCH Board of Directors members

Following these sessions, Peak Facilitation prepared a report on feedback which was shared internally prior to the Broad Community Meeting. This report will also be included in the BCH 2023-2025 CHNA.

BCH hired Peak Facilitation to facilitate focus-group meetings, which served to gather community input on health needs from Community Partners. The entire report is included below:

Boulder Community Health Community Feedback Sessions Community Health Needs Assessment 2022 Feedback Sessions Report - FINAL

INTRODUCTION

Boulder Community Health (BCH) hosted four community feedback sessions in early September of 2022 designed to invite participation and encourage candid feedback about the community's health needs and BCH's response to the community's healthcare-related needs. Community representatives, partners of BCH, and various internal BCH groups were welcomed to provide their feedback at these invite-only sessions. BCH hosted all four sessions virtually via Zoom in compliance with BCH's COVID-19 policy. Due to the virtual nature of the sessions, participants came in and out of the Zoom meetings leading to some fluctuation in polling numbers. Third-party facilitators from Peak Facilitation Group engaged participants through virtual tools to gather the following information about the community's healthcare-related needs. There was an online survey with a recording of the BCH presentation given at the start of each community feedback session for

those who were unable to attend the live session but wanted to provide feedback. The survey did not receive any responses.

Community Feedback Session Schedule and Participants

- Boulder Community Not-for-Profit Organizations: September 1, 2022, from 2:00 pm to 3:15 pm
- Boulder Community Health Foundation Trustees and Board of Director Members: September 6, from 8:00 am to 9:15 am
- Patient Family Advisory Council (PFAC), Select Ambassadors, Volunteers, and Nurse Practice Council: September 6, from 5:30 pm to 6:45 pm
- City and County Entities: September 8, from 10:00 am to 11:15 am

Total Participant Count: 49 participants

Overview of Topics

During the community feedback sessions, community members had the opportunity to provide input on each of the following topics.

- Community health needs
- Access
- Services
- Safety/Quality
- Social determinants of health (SDOH)
- Branding/Community perception

Report Guide

- The following information compiles the various issues discussed by participants during all sessions. Participants had the opportunity to provide feedback on the same questions in each session.
- While each community feedback session produced consistent themes across topics, some themes emerged consistently throughout the four sessions. The report identifies these cross-cutting themes with an asterisk.

COMMUNITY HEALTH NEEDS

TOP HEALTHCARE-RELATED NEEDS IN THE COMMUNITY

Mental Health *

- Access to mental health programs for youth, teens, and caregivers of children
- Burnout, depression, isolation, and ability to manage stress
- Access to behavioral health resources, especially regarding suicide prevention
- Resources on the effects of social media dependence, including contribution to depression and obesity

Health Equity *

- Healthcare services for the homeless population *

- Health equity across populations in Boulder County
- Access to affordable healthcare
- Funding to address SDOH, especially homelessness
- Recovery spaces for those without housing
- Access to affordable housing
- Ability to afford food and groceries considering inflation

Substance and Alcohol Abuse *

- Improve access to substance and alcohol abuse treatment and recovery programs
- Address substance and alcohol abuse issues with adults, youth, and pregnant individuals

Lack of Resources

- Increased access to healthcare education
- Education surrounding the consequences of obesity
- Resources related to nutrition, general wellness, and disease prevention

Support for an Aging Population

- Support the ability to age in place
- Provide end-of-life education and resources
- Provide equal access to care for aged populations

BCH Staff *

- Increased diversity of the healthcare workforce
- Staffing and workforce challenges at BCH

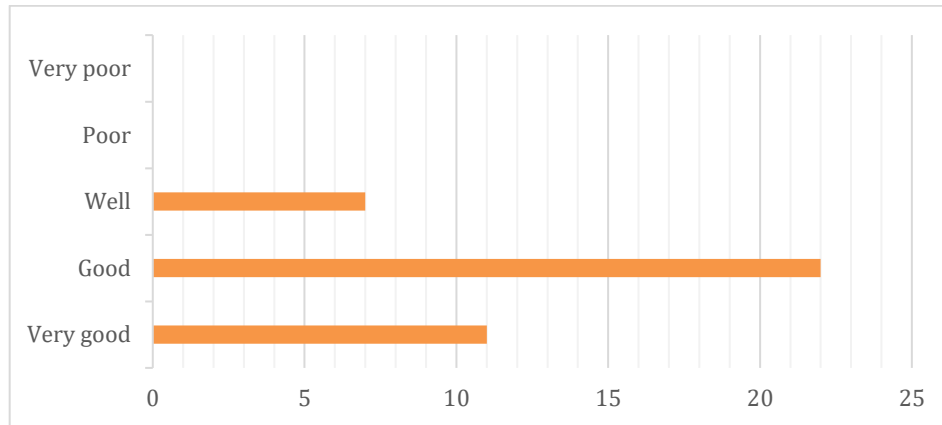
Access

- Improve access to general healthcare and primary care
- Increase access to homecare support for individuals with disabilities
- Increase access to youth health
- Increase access to behavioral health

Other

- Utilize community partnerships to address healthcare needs
- Improve prenatal care and support via existing programs and partnerships
- Improve emergency services following the pandemic
- Mitigate ongoing impacts of COVID-19

HOW WELL BCH ADDRESSES CURRENT HEALTHCARE-RELATED NEEDS



The bar graph includes composite results across all groups. Forty participants answered this question.

Clarifying Comments

- Some participants expressed that there was not enough information to respond accurately.
- Others expressed that healthcare-related needs varied too greatly and therefore abstained from answering.

SUGGESTIONS TO IMPROVE BCH RESPONSE TO HEALTHCARE-RELATED NEEDS

Increase Capacity of Mental Health Programs *

- Increase outreach and education around accessing mental health programs
- Build partnerships with organizations and providers in the mental health field
- Partner with Boulder Valley School District (BVSD) to provide physical and mental health services in schools
- Seek out more grant funding for mental health services
- Broaden access to mental health support groups

Leverage Community Partners/Partnerships *

- Ensure partners have up-to-date information about BCH capacity and services. *
- Provide partners with information on BCH programs related to mental health, culturally responsive care resources, healthcare, and diversity, equity, and inclusion (DEI). *
- Improve coordination with community partners/partnerships to reduce duplicative efforts.
- Coordinate outreach with partners to reach “hidden” populations.
- Partner with organizations for diabetes education for older adults.
- Improve access to physical and mental health services in BVSD schools.
- Coordinate across partners on issues related to SDOH.
- Develop a stronger relationship with Clinica Family Health (e.g., provide in-service care to patients and discounts to undocumented and uninsured patients).
- Provide housing resources to patients, potentially through community partnerships.

Improve Community Outreach *

- Conduct outreach to populations BCH does not currently reach *
- Ensure messages and services are welcoming to the public *

- Improve general outreach to the community so more community members know about BCH, its programs, and its mission
- Define BCH's role and the role of partners in addressing top community health needs

Focus on Health Equity *

- Consider workforce diversity, recruitment, and hiring practices that can encourage and welcome a more diverse workforce *
- Collect data specific to the LGBTQ+ community related to isolation and mental health via Epic
- Consider and message that focusing on SDOH is an investment
- Hire a chief equity officer at BCH
- Connect representatives from at-risk populations with appropriate BCH resources
- Address healthcare needs of the community's homeless population
- Take a systems approach within the community to address healthcare-related needs

Provide Additional Resources

- Provide prevention resources earlier
- Provide in-person lectures at assisted living facilities to address end-of-life topics
- Provide equitable and accessible family planning resources that are challenged due to legislation

Clarifying Comment

Community members are not always aware of how well BCH addresses various healthcare-related needs in the community.

ACCESS

OVERALL ACCESS TO BCH FACILITIES

Nineteen out of 45 participants (42%) indicated that the community members and/or the clients their organization serve experience problems with overall access to BCH facilities.

ISSUES CONTRIBUTING TO ACCESS

Insurance or Lack Thereof/ Costs of Care *

- Lack of clarity and information in a timely manner regarding insurance
- Whether insurance covers costs of services
- Access and affordability for patients without substantial insurance
- Reception and treatment of patients without substantial insurance
- Financial resources
- Disclosure and transparency of costs of care

Staffing and Service Limitations

- Staffing limitations impact efficiency and ability to care *
- Wait times for imaging (e.g., DEXA is a four-month wait)
- Not all appropriate/relevant BCH providers provide Truvada
- Need for more providers who can provide hormone treatment
- Shortage of expertise in specialty areas

Cultural Accessibility *

- Lack of education around internal bias for providers and staff
- Lack of cultural accessibility, especially for LGBTQ+ and Latinx communities
- Access for undocumented community members
- Access depends on a patient’s race, economic status, sexual orientation, etc.
- Concerns around undocumented status

Transportation and Housing *

- Lack of door-to-door transportation for older adults and people with disabilities
- Lack of understanding of how to use public transportation
- Lack of housing and transportation

System Navigation

- Frustration due to the length of time to get an appointment
- Challenges with navigating or understanding the system
- Inability to meet all community members’ needs
- Technology barriers

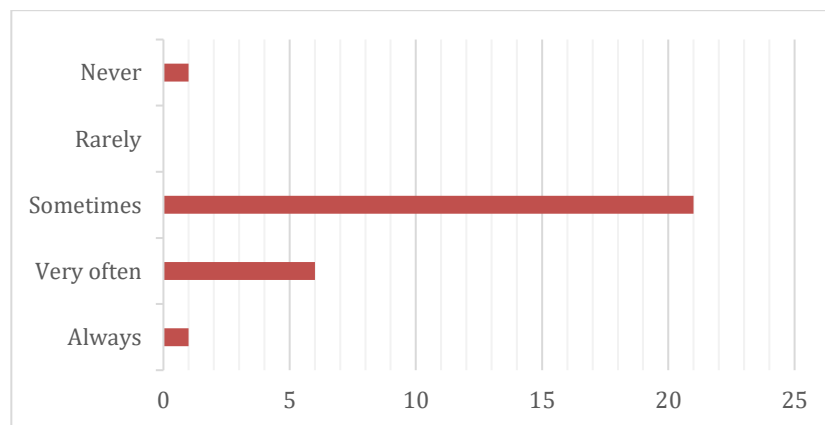
Improve Service Coverage

- Address challenges with continuity of care
- Improve access for people experiencing serious mental illness
- Improve emergency department services
- Increase access to educational resources
- Provide access to childcare

Other

- Additional efforts may provide more information about access
- On par with healthcare standards throughout the U.S.

FREQUENCY OF ACCESS CHALLENGES



The bar graph includes composite results across all groups. Twenty-nine participants answered this question.

CREATING A MORE WELCOMING ENVIRONMENT AT BCH

Promoting Inclusivity *

- Promote diversity in hiring *
- Improve the welcoming environment through the navigators at the hospital *
- Increase anti-racism, ableism, and ageism messaging (e.g., be bold and message this through front-line staff) *
- Provide greater diversity amongst service providers so that community members feel they can connect with providers *
- Treat patients equally and greet them in a welcoming way *
- Add inclusive signage upon entry to hospital clinics
- Add pronouns to staff and volunteer name tags
- Ensure that there are more people of color in leadership roles
- Inform the community about BCH's Board-adopted DEI statement
- Provide a welcoming atmosphere in all components of care in the hospital, including referrals
- Establish patient appreciation campaigns

Improve Community Outreach

- Conduct and improve outreach in critical environments (e.g., homeless populations)
- Create a culture of outreach to build relationships with communities/groups that may not currently feel welcome at BCH
- Solicit and respond to feedback from the community, patients, staff, etc., and include the community in making changes
- Host focus groups, in addition to PFAC, with patients to hear about their experiences directly
- Continue to develop programs such as the Jean Wilson Caring Science Program

Provide Support

- Assist patients with mental illness and cognitive interference in scheduling follow-up appointments
- Help all patients navigate through the healthcare system

Diverse Workforce *

- Recruit more diverse staff across medical specialties
- Develop a representative workforce that is ready to respond to clients

Training and Education

- Offer training that leads to a certificate or degree in various healthcare professions, including behavioral health
- Collaborate with BVSD on their career readiness initiative
- Provide more training for staff, similar to Sarah Wise's training
- Provide ongoing DEI education for staff and volunteers

Other

- Consider more welcoming models for crisis mental health services in the emergency room
- Offer more affordable housing for healthcare workers
- Coordinate with mental health and community partners

Example of a Welcoming Environment Created by BCH

The vaccination event BCH held with BVSD staff was an incredibly welcoming environment.

TIMELINESS OF CARE AT BCH FACILITIES

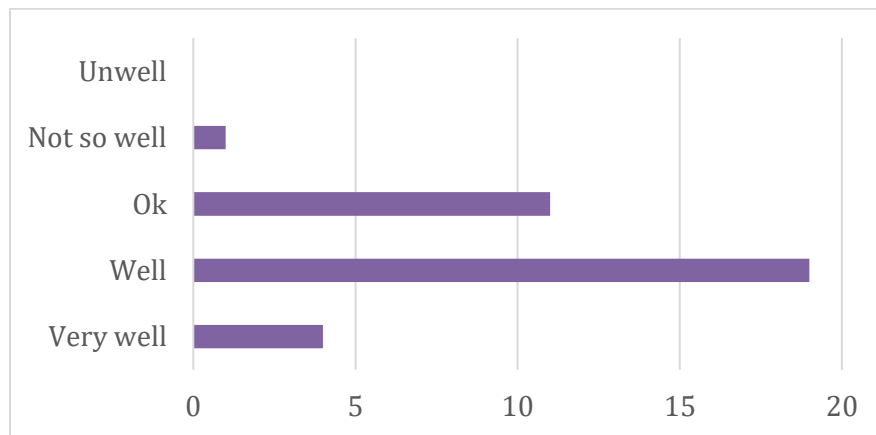
- Sixteen out of 34 or 47% of participants expressed they were unsure whether or believed that community members and/or the populations their organizations serve received timely care at BCH facilities.
- Fourteen out of 34 participants (41%) expressed that the community and/or populations their organizations serve receive timely care at BCH facilities.
- Four out of 34 participants (12%) expressed that the community and/or populations their organizations serve do not receive timely care at BCH facilities.

Issues Contributing to Timeliness of Care

- Community members with resources likely receive the care they need, but community members who face language, socioeconomic, and/or education-related barriers may not receive the care they need in a timely manner. *
- Patients might have trouble navigating systems due to computer literacy, language barriers, and insurance. BCH could provide advocates for individuals who face navigation barriers. *
- The reduced availability of appointments impacts BCH’s ability to deliver timeliness of care.
- There are waitlists for programs like Pathways for young adults.
- Timeliness of care can vary greatly between BCH facilities.
- Due to staffing limitations, BCH should prioritize high-risk cases.
- Communication issues can lead to delayed, prolonged, or inadequate access to care.

SERVICES

ALIGNMENT OF BCH SERVICES WITH PATIENT NEEDS



The bar graph includes composite results across all groups. Thirty-five participants answered this question.

Clarifying Comments

The University of Colorado at Boulder students mostly go to BCH for emergency services, and their emergency service needs are met.

ADDITIONAL SERVICES BCH SHOULD OFFER TO MEET PATIENTS' NEEDS

Community Outreach and Education Opportunities

- Engage the community in different ways (e.g., community health fairs, events similar to vaccine events)
- Offer de-escalation education and information on the prevention of gun violence or injury from violence
- Offer communication workshops to community members

Connect Patients to non-BCH Services

- Advertise providers and resources for chronic diseases (e.g., abdominal aortic aneurysm (AAA) and other chronic diseases)
- Provide connections to other longer-term service providers and across the spectrum of healthcare needs
- Assist patients in finding community resources for follow-up care (for example, recovery space for patients experiencing homelessness)
- Ensure people are linked to services and care in the community

Navigation Resources

- Expand and improve the navigation services that BCH already provides
- Offer culturally responsive integrated care
- Utilize a triage system to match patients' needs with a service
- Improve telemedicine services

Additional Services or Expansion of Current Services

- Expand substance abuse programs for youth and adults *
- Partner with BVSD and surrounding areas to provide educational and technical skills to increase job prospects for youth in the community and assist in mental health *
- Define and research adverse health impacts for top-tier athletes
- Increase access to genetic counseling for many disease processes, such as gender-related care
- Provide biometrics screenings to help relieve the stress of bedside care

Improved Access to Care

Offer childcare or partner with agencies to offer childcare for staff and patients *

Other

Balance scarce resources to promote internal efficiency

SAFETY/QUALITY

PERCEIVED RATE OF ADEQUATE LISTENING OF BCH HEALTHCARE PROVIDERS

- Eighteen out of 33 participants (54%) expressed that they were unsure or thought that sometimes BCH healthcare providers adequately listen to patient concerns during visits.
- Thirteen out of 33 participants (39%) expressed that they think BCH healthcare providers adequately listen to patient concerns during visits.
- Two of 33 participants (6%) expressed that BCH healthcare providers do not adequately listen to patient concerns during visits.

Reasons for Inadequate Listening

- Lack of connection for people of color, LGBTQ+ community members, Latinx population, and monolingual non-English speakers to the provider *
- Culture or attitude of expertise amongst some providers
- Quality of service can range from outstanding to not so outstanding depending on the provider
- Occurrence of misgendering of some LGBTQ+ community members

Clarifying Comment

Some participants expressed that they did not have enough information to answer this question adequately.

PERCEIVED QUALITY OF BCH HOSPITAL SERVICES

A majority of participants indicated that based on what they see and hear, there are no concerns about the quality of BCH hospital services. Those who indicated that they had seen or heard negative perceptions shared that those perceptions were due to the following reasons.

Hospital Billing

- Separate billing for certain services can create confusion and frustration
- Medical bills are a major concern for many community members, especially those who live check-to-check
- Fear of medical bills can deter community members from accessing hospital services
- Billing statements come from an out-of-state address, which is inconsistent with BCH's community atmosphere
- Timing of billing (e.g., billing can take several months)
- Inaccurate billing due to insurance processing

*Disproportionate Quality of Care **

- Concerns about the quality of care for marginalized community members
- Concerns that BCH provides greater care to affluent white people/ those who identify with the dominant culture or have resources

Other

- Perception that specialty issues require out-of-town care (e.g., the Mayo Clinic)
- Possibility that Boulder community members take BCH for granted
- Uncertainty about recent program and policy implementation

PERCEIVED QUALITY OF BCH OUTPATIENT SERVICES

A majority of participants indicated that based on what they see and hear, there are no concerns about the quality of BCH outpatient services. Those who indicated that they had seen or heard negative perceptions shared suggestions for how to improve outpatient services.

Suggestion for Improvements

- Provide clearer information about outpatient services (e.g., next steps, locations of additional medical appointments, transportation options, etc.)
- Consider the needs of the patients who require outpatient services (e.g., can a community partner provide transportation services?)

PERCEIVED SAFETY OF BCH HOSPITAL AND OUTPATIENT SERVICES

The majority of participants indicated that community members do not express concerns about the safety of BCH hospital and outpatient services. Participants who did indicate that they had seen or heard concerns cited the following reasons.

COVID-19 *

- The COVID-19 pandemic impacted and continues to impact the experiences of people feeling safe in all environments. BCH should be sensitive and attentive to the impacts of the pandemic by acknowledging how things have changed and that people may feel differently.
- The concerns about safety are mainly attributed to COVID-19-related safety issues, such as fear of contracting the virus by coming to a medical facility.

Mortality

- Often there are more safety concerns when death may be a possibility or is imminent.
- There are safety concerns around maternal mortality and morbidity, which are on the rise in Colorado.

Staff

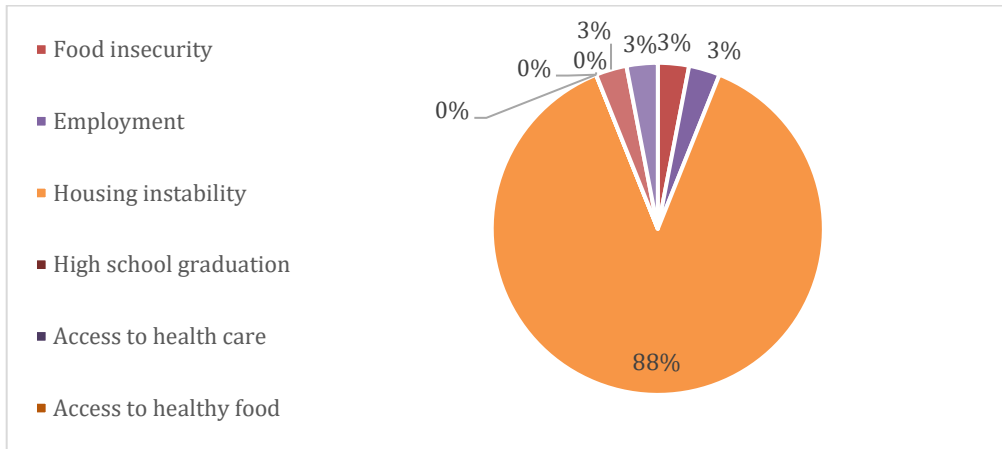
- Some BCH staff have concerns about their safety when serving specific patient populations.
- Some participants expressed concerns about the ability of BCH staff to provide quality care because staff appear overwhelmed with heavy workloads.

Communication

- Often, patients feel safer with providers who tend to be more communicative and more effective listeners.
 - Protected health information (PHI) and patient privacy have become increasingly important, and community members express discomfort around the previous data breach.
-

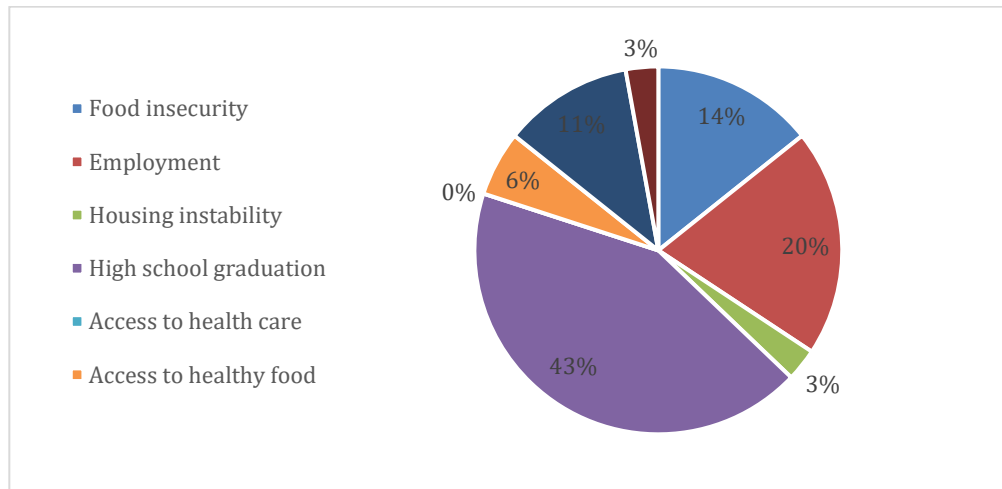
SOCIAL DETERMINANTS OF HEALTH (SDOH)

MOST CHALLENGING SDOH FOR COMMUNITY MEMBERS



The pie chart includes composite results across all groups. Thirty-three participants answered this question.

LEAST CHALLENGING SDOH FOR COMMUNITY MEMBERS



The pie chart includes composite results across all groups. Thirty-five participants answered this question.

Other SDOHs that Impact the Community

- Transportation
- Addiction
- Aging in place/isolation
- College education, as opposed to high school graduation
- Fear of discrimination due to previous experiences

Clarifying Comments

- All SDOHs are inter-related
 - Discrimination is connected to all SDOHs
-

BRANDING/COMMUNITY PERCEPTION

PERCEPTION OF BCH'S INDEPENDENT NONPROFIT STATUS

Grounded in the Community and its Needs

- Allows BCH to take care of the community better than if it was part of a larger system
- Allows for a deeper commitment to the community and community partners
- Creates a "small town" feel at BCH
- Allows for community investment in the system as a whole
- Inspires pride in some community members and partners
- Avoids corporate healthcare systems and top-down decisions

Improves Responsiveness

- Provides nimbleness in care and programming
- Allows for flexibility to meet and be more responsive to community needs
- Allows for faster response times to community needs

Little-Known

- While it is important that BCH is an independent nonprofit organization, that fact is not widely known throughout the community. People are always surprised when they find out BCH is an independent, nonprofit organization.
- For some, the level of care provided is more important than the status of the institution.

Branding

- Provides BCH with a branding and marketing advantage
- Attracts provider and physician candidates with its independent status

Unique Opportunities

- Provides opportunity as well as responsibility
- Provides BCH with opportunities to create partnerships and work with partners to leverage spaces

It is Very Important

- Overall, participants expressed that BCH's status as an independent nonprofit is very important.
- BCH's independent, nonprofit status makes it much easier to believe and recognize that decisions are made with health as the bottom line.

PERCEIVED SUCCESS OF BCH IN ACCOMPLISHING BCH'S GOAL TO SERVE THE COUNTRY'S HEALTHIEST COMMUNITY

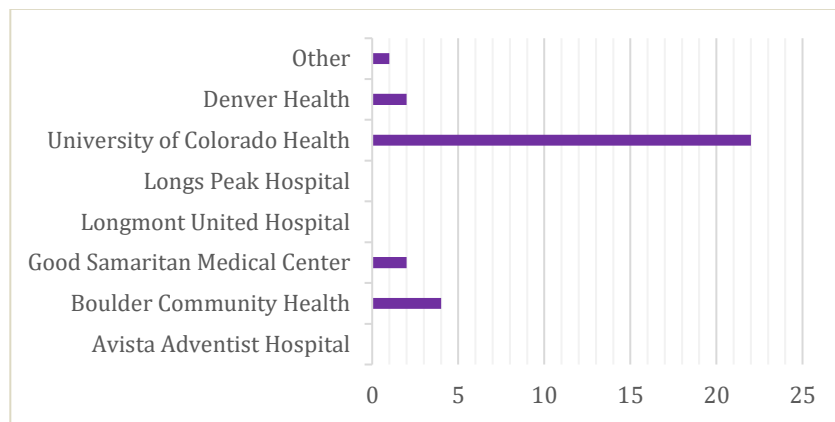
Boulder as the Healthiest Community

- The grades and reports that list Boulder as one of the “healthiest” communities do not explain the connection between class and health/access to health.
- Boulder usually does not make it to the top ten healthiest communities in the nation.
- BCH should focus on messaging that what it means to be healthy can differ. There is not one single image or definition of health.

Outreach to the Community and Agencies

- Develop stronger relationships with senior and age-well centers that provide for older adults and caregivers
- Strengthen partnerships with additional community agencies
- Improve integrated care partnerships to allow patients to access care beyond the six offered sessions
- Conduct proactive outreach to disproportionately impacted populations by physically meeting those populations where they are
- Message how BCH is doing so that all community members know, in addition to those who are familiar with the hospital system and BCH
- Message to the community that BCH has made great strides in implementing its vision

LOCAL AREA PROVIDERS OFFERING THE LARGEST RANGE OF HEALTHCARE SERVICES



The bar graph includes composite results across all groups. Thirty-one participants answered this question.

Clarifying Comments

UC Health tends to provide services for more significant health services.

Public Meeting

- The State of Colorado Hospital Community Benefit Accountability Law mandatory invitees
- State Government
- City and County Government

- Two County School Districts
- Community not for profit organization leaders
- All community members on Boulder Community Health email lists
- All public via announcements in social media and three local newspapers

Summary of Public Meeting

On Wednesday, September 21, 2022, BCH held its public CHNA meeting, and this was viewed by approximately 200 community members and invitees. Feedback was taken online during the meeting and emails were fielded for two weeks after the meeting. Salient feedback enveloped into the CHNA included our focus on Women's Health which is included in the Implementation Strategy.

Appendix Two: The State of the Community's Health

The State of Colorado Health Trends

The State of Colorado received a high grade across all life stages with an overall B+, and the Nation's best rankings for obesity at 24.2%. Even though it is a leading score, these rates still increased by 3% since 2006. Colorado is second only to Oregon for physical activity and fewer adults are smoking cigarettes, down from 17.3% to 12.4%.

The Colorado Health Access Survey 2019 2021 performed by the Colorado Health Institute details "stories" impacting the health of Coloradans:

<https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>

The COVID-19 pandemic brought more than a novel and dangerous virus to Colorado. The 2021 Colorado Health Access Survey (CHAS) documents historic shifts in health, access to care, and social and economic conditions. More people than ever before reported challenges with their mental health, especially young adults.

Fewer people went to the doctor. Many Coloradans lost their job-based insurance, and more than a million had their incomes reduced. People of color were especially hard hit.

1. Insurance Coverage – no change on the surface, but still waters run deep
The rate of people in Colorado going without insurance was 6.65% — nearly the same as in 2019. But that overall stability masks turbulence just beneath the surface. Government programs kept Coloradans covered. Nearly 1.4 million Coloradans lost income or jobs because of the pandemic. But health coverage held steady, with 93.4% of Coloradans insured. More people enrolled in Medicaid, which helped make up for drops in job-based insurance. The social safety net held, too. Statewide rates of housing insecurity and hunger did not increase, despite an unprecedented recession. Community efforts and policy interventions such as cash assistance and a ban on evictions likely played a role.
2. Use of Care – More people visited the doctor and dentist
75.4% of Coloradans saw a general doctor at least once in the past year
Fewer people visited a doctor because of the pandemic. And one in three Coloradans missed dental care, often because their clinic was closed, or they worried about getting COVID-19 at the dentist's office. Telemedicine made a good first impression. More than a third of Coloradans used telemedicine — and they liked it. People of all ages and across the state used the phone or computer to access health care during the pandemic, and nearly four in five said the quality was at least as good as in-person care. Dental pain was a widespread and serious problem. Oral pain got in the way of everyday activities for 400,000 Coloradans, and half a million did not go to the dentist because of fear of pain.
3. Behavioral Health: Greater awareness, even greater need
Behavioral health includes mental health and substance use. Nearly a quarter of Coloradans said their mental health was poor — by far the most in the 12-year history of the Colorado Health Access Survey. Young adults suffered the most,

with more than half of people ages 19 to 29 saying their mental health declined during the pandemic.

A new report from the Colorado Health Institute combines data from the 2019 and 2021 Colorado Health Access Surveys (CHAS) to offer insight into the experiences of LGBTQ+ Coloradans.

One in four heterosexual, cisgender Coloradans (25.2%) experienced poor mental health in the last month, compared to more than half (58.0%) of LGBTQ+ Coloradans. *

The disparity in mental health was even more dramatic among transgender, nonbinary, and otherwise gender diverse Coloradans, more than three in four (77.1%) of whom reported poor mental health in the last month. In contrast, about three in 10 (27.7%) cisgender Coloradans reported poor mental health in the last month. *

About two in five LGBTQ+ Coloradans (41.8%) did not receive the mental health services they needed, more than twice that of their heterosexual, cisgender neighbors (15.3%).

LGBTQ+ Coloradans also anticipated a future need for behavioral health services in greater proportions than heterosexual, cisgender Coloradans (57.3% vs 17.6%). Gender diverse Coloradans were especially likely to anticipate a future need of behavioral health services, with three in four (76.7%) reporting they would likely require assistance in the next year.

*The CHAS defines poor mental health as having eight or more days in the past month that were characterized by feelings of stress, depression, or problems with emotions. All statistics are for Coloradans age 18 and up.

4. Food, Housing and Health – The economic boom is unbalanced

There is increasing recognition that factors outside the doctor's office have a profound effect on health. 8.1% of Coloradans experience food insecurity, 5.6% experience housing instability.

5. Unfair Treatment – A wakeup call for health care

4.2% of age 18+ reported they were treated with less respect or received health care services that were not as good as others received

Discrimination persisted in the health care system.

Nearly 150,000 Coloradans reported they were treated disrespectfully when getting health care — most often by clinical staff. Disability, income, race/ethnicity, and language were commonly reported reasons people believed they were treated with less respect than other people.

6. Affordability – Warning signs of a backslide

The cost of health care is an increasing concern for Coloradans. Nearly 11.3% said they had problems paying medical bills in the past year. One in five Coloradans skipped health care due to concerns about cost in 2021, and 3% of Coloradans said their health worsened because they couldn't afford their medications. One in five Coloradans skipped health care due to concerns about cost in 2021, and 3% of Coloradans said their health worsened because they couldn't afford their medications.

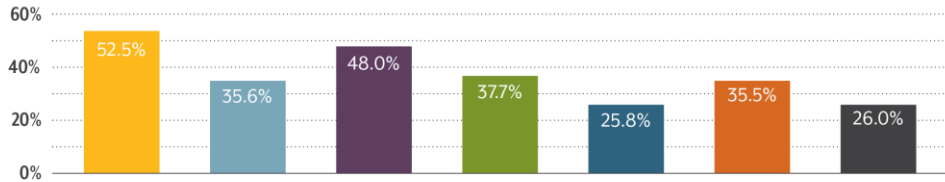
7. Pandemic

The pandemic worsened inequities.

American Indian/Alaska Native, Black or African American, and Hispanic/Latino Coloradans were more likely to report job loss, reduced income, and other financial hardships due to COVID-19. Black or African American Coloradans were more likely to report trouble finding childcare. And they were more likely to report housing instability and food insecurity than white Coloradans.

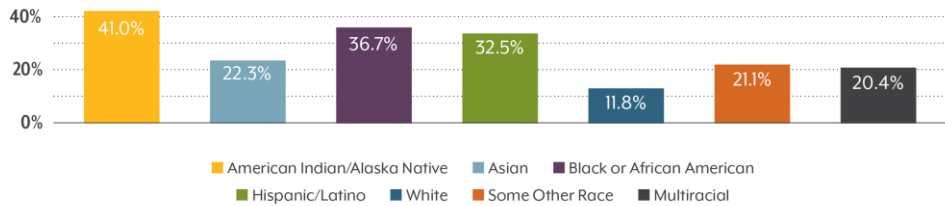
More Than Half of American Indian/Alaska Native Coloradans Lost Income or Reduced Their Working Hours Due to COVID-19

Reduced working hours or income as a result of COVID-19, Coloradans ages 16+ by race/ethnicity, 2021



The Pandemic Made Finances Challenging for Many Coloradans, But People of Color Were Hit Hardest

Struggled to pay for basic necessities as a result of COVID-19, Coloradans ages 16+ by race/ethnicity, 2021



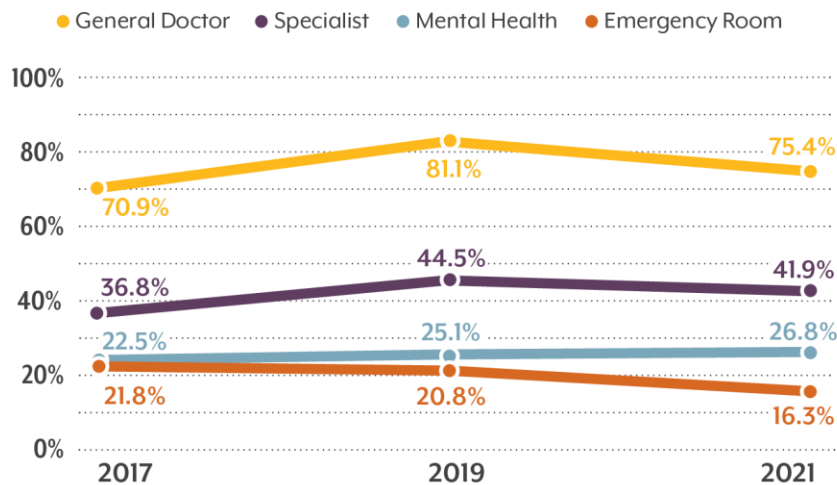
Data for Middle Eastern/North African and Native Hawaiian or Other Pacific Islander were not reported due to sample size.

8. Use of health care dropped.

Fewer people visited a doctor because of the pandemic. And one in three Coloradans missed dental care, often because their clinic was closed or they worried about getting COVID-19 at the dentist's office

While Use of Most Health Care Declined, Use of Mental Health Care Increased

Visit in past 12 months by visit type, 2017-2021



Boulder County Health Trends

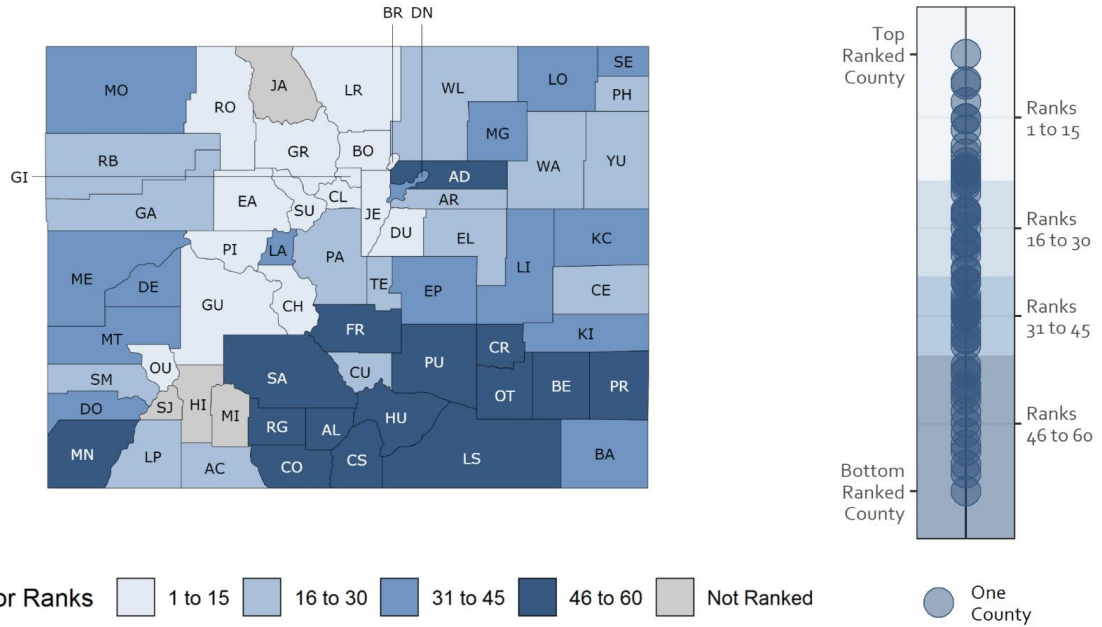
Overall, Boulder County ranks very high in the State of Colorado for having low mortality and morbidity rates. According to the County Health Ranking Report by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Boulder County ranks 4th out of 60 counties assessed for health outcomes again in 2020. More than 89.5% of Boulder County adults reported their health as “good/excellent” with some discrepancies seen due to ethnicity and income:

Health Attitudes and Behaviors	Value
Visited A Doctor in the Past Year	78.70%
I go to the doctor regularly for check-ups (Strongly Agree)	49.70%
I go to the doctor regularly for check-ups (Agree Somewhat)	25.60%
I go to the doctor regularly for check-ups (Disagree Somewhat)	12.70%
I go to the doctor regularly for check-ups (Strongly Disagree)	12.00%
In general, I feel I eat right (Strongly Agree)	34.90%
In general, I feel I eat right (Agree Somewhat)	47.20%
In general, I feel I eat right (Disagree Somewhat)	15.10%
In general, I feel I eat right (Strongly Disagree)	2.80%
I take my prescription medicines exactly as prescribed (Strongly Agree)	67.60%
I take my prescription medicines exactly as prescribed (Agree Somewhat)	23.30%
I take my prescription medicines exactly as prescribed (Disagree Somewhat)	5.50%
I take my prescription medicines exactly as prescribed (Strongly Disagree)	3.60%
I only go to the doctor when I'm very ill (Strongly Agree)	28.30%
I only go to the doctor when I'm very ill (Agree Somewhat)	31.60%
I only go to the doctor when I'm very ill (Disagree Somewhat)	23.10%
I only go to the doctor when I'm very ill (Strongly Disagree)	17.00%
I take medicine as soon as I don't feel well (Strongly Agree)	11.70%
I take medicine as soon as I don't feel well (Agree Somewhat)	28.90%
I take medicine as soon as I don't feel well (Disagree Somewhat)	36.20%
I take medicine as soon as I don't feel well (Strongly Disagree)	23.30%
Medication has improved the quality of my life (Strongly Agree)	27.30%
Medication has improved the quality of my life (Agree Somewhat)	38.30%
Medication has improved the quality of my life (Disagree Somewhat)	20.20%
Medication has improved the quality of my life (Strongly Disagree)	14.10%
I follow a regular exercise routine (Strongly Agree)	27.40%
I follow a regular exercise routine (Agree Somewhat)	33.70%
I follow a regular exercise routine (Disagree Somewhat)	26.60%
I follow a regular exercise routine (Strongly Disagree)	12.30%
My medical conditions limit my lifestyle somewhat (Strongly Agree)	11.70%
My medical conditions limit my lifestyle somewhat (Agree Somewhat)	22.20%
My medical conditions limit my lifestyle somewhat (Disagree Somewhat)	22.00%
My medical conditions limit my lifestyle somewhat (Strongly Disagree)	44.00%

Data Source: Advisory Board Demographic Profiler

Market: BCH Primary and Secondary

AGS Consumer Behavior Database sourced from the latest GfK MRI DoubleBase' surveys



Leading Causes of Morbidity

According to the Colorado Department of Public Health, the leading causes of death in order from highest to lowest in Boulder and Weld Counties in 2021 were: 1. Heart Disease 2. Cancer, 3. Accidents Covid-19, 4. Accidents, 5. Chronic Lower Respiratory Diseases, 6. Stroke, 7. Alzheimer's Disease, 8. Suicide, 9. Chronic Liver Disease/Cirrhosis, 10. Diabetes

Deaths, crude death rates and age-adjusted death rates with 95% confidence limits from selected causes: Boulder County residents, 2021

Cause of Death	N	Crude Rate	Age-Adjusted Rate	Lower Limit	Upper Limit
All Causes	2,167	657.1	627.4	601.5	653.3
Cardiovascular Disease	587	178.0	173.7	159.6	187.7
Heart Disease	409	124.0	120.5	108.8	132.3
Cerebrovascular Disease	129	39.1	39.3	32.5	46.2
Atherosclerosis	*	*	*	*	*
Malignant Neoplasms	388	117.7	103.2	92.7	113.7
Lung Cancer	49	14.9	12.9	9.2	16.6
Breast Cancer	47	14.3	12.0	8.5	15.5
Chronic Lower Respiratory Diseases	77	23.3	21.5	16.6	26.4
Unintentional Injuries	162	49.1	47.4	40.0	54.9
Motor Vehicle	33	10.0	9.2	5.9	12.4
Other Unintentional Injuries	128	38.8	37.9	31.2	44.6
Pneumonia and Influenza	10	3.0	3.0	1.4	5.1
COVID-19	119	36.1	34.3	28.0	40.6
Suicide	72	21.8	20.0	15.2	24.9
Diabetes Mellitus	35	10.6	9.1	6.0	12.2
HIV Infection	0	0.0	0.0	0.0	0.0
Chronic Liver Disease and Cirrhosis	52	15.8	14.3	10.3	18.3
Alzheimer's Disease	113	34.3	35.7	29.1	42.3
Nephritis, Nephrosis, Nephrotic Syndrome	15	4.5	4.6	2.3	7.0
Homicide and Legal Intervention	18	5.5	5.1	2.7	7.6
Septicemia	17	5.2	4.2	2.1	6.3
Congenital Anomalies	11	3.3	4.3	2.4	6.9
Perinatal Period Conditions	5	1.5	2.6	1.1	4.6
All Other	605	183.4	178.7	164.4	193.1
Injury by Firearm	47	14.3	13.7	9.7	17.7
Drug-Induced Deaths	58	17.6	16.6	12.2	21.0
Alcohol-Induced Deaths	80	24.3	22.7	17.5	27.8
Work-Related Injury (Y/N Check Death Certificate)	8	2.4	2.2	0.8	4.2

CDC State Data

<https://www.cdc.gov/nchs/pressroom/states/colorado/colorado.html>

CO Leading Causes of Death, 2017	Deaths	Rate***	State Rank*	U.S. Rate**
1. Cancer	7,829	130.9	48th	152.5
2. Heart Disease	7,060	122.7	49th	165.0
3. Accidents	3,037	53.6	26th	49.4
4. Chronic Lower Respiratory Diseases	2,604	45.6	22nd	40.9
5. Stroke	1,988	35.8	33rd	37.6
6. Alzheimer's Disease	1,830	34.2	25th	31.0
7. Suicide	1,181	20.3	10th (tie)	14.0
8. Diabetes	1,017	17.2	45th	21.5
9. Chronic Liver Disease/Cirrhosis	865	14.0	8th (tie)	10.9
10. Influenza/Pneumonia	577	10.1	46th (tie)	14.3

Colorado Mortality Data	Deaths	Rate**	U.S. Deaths	U.S. Rate***
Firearm Deaths	779	13.4	39,773	12.0
Homicide	261	3.2	19,511	6.2
Drug Overdose Deaths	1,015	17.6	70,237	21.7

Other Colorado Data	State	U.S.
Infant Mortality Rate (Deaths per 1,000 live births)	4.5	5.8

Heart and Cardiovascular Disease

Ischemic heart disease is characterized by narrowing of the arteries of the heart, resulting in less blood and oxygen reaching the heart muscle. Most ischemic heart disease is caused by atherosclerosis and can result in a heart attack. 22% of Medicare enrollees living in Boulder County in 2017 have ischemic heart disease. This number decreased from 24% in 2009.

Cancer

Breast cancer is the most common type of cancer among women in the U.S. The most recent data from the Colorado Department of Public Health and Environment shows that the incidence rate for breast cancer in women of all races in Boulder County was 130 per 100,000 women). According to the CDPHE, 71.3% of women over the age of 50 in Boulder County reported having had a mammogram in the previous two years and almost twice as many cases were reported in Caucasian women as compared to Hispanic women.

Colorectal cancer is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the U.S. If adults, ages 50 or older, had regular screening tests, as many as 60% of the deaths from colorectal cancer could be prevented. According to CDPHE, the incident rate of colorectal cancer in Boulder County was 30.7 per 100,000. 69% ages 50-75 have completed one of the colorectal cancer screenings

Diabetes

State of Colorado reports 7% of adults live with diabetes while Boulder County reports 7% of adults live with diabetes. While the percentage of Boulder County residents diagnosed with diabetes is lower than the State of Colorado, a greater percentage of those diagnosed are in the Hispanic community and the disease becomes more prevalent as the population ages.

Obesity

Like the rest of the state, Boulder County is experiencing an upward trend in obesity rates. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Approximately 15% of adults in Boulder County are classified as obese, with the Hispanic population having more than twice the number of obese adults as non-Hispanics.

Mental Health

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. Mental health continues to be a major concern nationally and locally:

- According to the 2021 Colorado Health Access Survey (CHAS), Nearly a quarter of Coloradans said their mental health was poor — by far the most in the 12-year history of the Colorado Health Access Survey. Young adults suffered the most, with more than half of people ages 19 to 29 saying their mental health declined during the pandemic.

More Coloradans Reported Poor Mental Health in 2021 Than Ever Before

Percentage reporting eight or more poor mental health days in the past month, 2013-2021



- Colorado ranks in the top 10 states in the incidence of suicide, which is the leading cause of death in Coloradans age 10-24.
- The age-adjusted death rate due to suicide for the United States is 13.48 per 100,000, Colorado is 22.3, and Boulder is 20.1.
- Suicide constituted the second leading cause of death among Colorado youth and young adults ages 10 to 34.
- In 2020, 13% of Colorado youth attempted suicide.

Substance Use and Addiction

- High school binge drinking is significantly higher in Boulder than the rest of Colorado (22.2% in Boulder, compared to 16.6% in Colorado)
- Boulder County is initiating more intervention and treatment

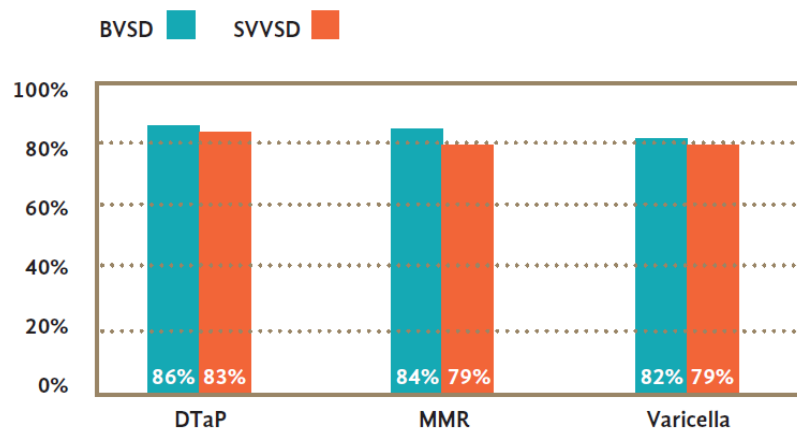
Aging and Health

Vaccination Rates

Covid – Greater than 70%, 86% with at least one dose, 79% Full course Coverage (11/8/2022)

Boulder County has not seen any cases of measles. However, the county has a lower, although improving, school vaccination rate than many places and pockets of very low vaccination rates, putting it at greater danger for a measles cluster, or what health professionals call an outbreak. For the 2018-2019 school year, the vaccination rate for MMR in Boulder Valley schools was 92%, on the low end of what's required to achieve herd immunity, or the percentage of the population that needs to be vaccinated to prevent a disease from becoming endemic. The St. Vrain schools average of 89% was below herd immunity.

KINDERGARTEN STUDENT VACCINATION RATES, BVSD AND SVVSD, 2017/2018 SCHOOL YEAR



Source: The Status of Children in Boulder County, 2018

Youth

Colorado data on infant and child indicates an overall increase in health measures:

- From 2016 to 2019 infant ranking improved to 14th and child ranking improved to 23rd among states
- Infant mortality dropped to 4.7 deaths per 1,000 from 5.1 deaths per 1,000 during this same period
- Colorado continues to be in the bottom 10 states for low birth weight babies, holding steady at 9.4%
- Only 5.5% of children remain uninsured, down from 14.1% in 2007. Even so, Colorado kids still rank 28th in the nation for overall health. Child poverty was reduced from 20.1% to 10.9%, moving Colorado's children up to 5th place (previously 12th). Colorado is ranked 6th in child obesity (25.1%). Colorado's Hispanic child obesity ranked 33rd. Low-income children are often eligible for health insurance through two public insurance programs

In regard to immunization, the percentage of children 19-25 months receiving all recommended immunizations dropped from 80.3% in 2007 to 74.3% in 2016. Both Boulder Valley School District and the St. Vrain School District reported an average up-to-date immunization rate of about 90% in 2018.

The Boulder County Healthy Kids Colorado Survey results (Shared Measurement for Collective Impact on Youth Health) measures youth risk and protective behaviors across a spectrum of health issue areas. Results from the 2017 Healthy Kids Colorado Survey for Boulder County of high school students indicates that Boulder youth behaviors track closely with national rates. Noted within the table below, where available, is an indication of the behavior increasing or decreasing since the 2013 Survey.

YRBS Results 2017 – BVSD	2013	2017	2019	Trend from prior measurement
Consumed alcohol (prior 30 days)	32.1%	34.7%	36.6%	Increased
Consume alcohol regularly (1-2 per month)	59.8%	84.8%	Not on this survey	Sig. Increased in previous survey
Used marijuana (prior 30 days)	20.4%	22.4%	22.6%	Increased
Smoked cigarettes (prior 30 days)	8.0%	7.5% However 46.1% vaped	6.2% However 27.4 % vaped	Decreased
Ever used heroin	1.5%	2.3%	1.4%	Decreased
Seriously Considered Attempting suicide (prior 12 months)	13.7%	15%	16.4%	Increased
Currently sexually active (prior 3 months)	19.7%	23.3%	24.4%	Increased
Used condom during last intercourse	66.7%	61%	65.6%	Decreased
Overweight or Obese	9%	14.7%	12.4%	Decreased

With the indicator of cigarette smoking as the only exception, each of the remaining indicators has moved in the wrong direction. Other notable trends include “use of any tobacco product” increased to 9.9%, and the percentage of students who have ever used an electronic vapor product was **27.4%, down significantly**. Any prescription pain medication use ever is 13%.

Overall, teen birth rates in Boulder County declined from 1999 to 2020. However, according to the Colorado Department of Public Health, only 68% of young mothers in this age group receive early prenatal care, a key factor in improving birth outcomes and lowering health care costs by reducing the likelihood of complications during pregnancy and childbirth.

Adult Health and Behaviors

Robert Wood Johnson Foundation: County Health Rankings reveals Boulder County ranking 4th and Weld County ranking 18th.

https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2022_CO_0.pdf

2022 County Health Rankings for the 59 Ranked Counties in Colorado

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	27	46	Crowley	47	57	Gunnison	7	8	Mesa	32	38	Rio Blanco	25	21
Alamosa	53	41	Custer	41	30	Hinsdale	NR	NR	Mineral	NR	NR	Rio Grande	50	50
Arapahoe	14	20	Delta	48	44	Huerfano	44	52	Moffat	43	45	Routt	6	6
Archuleta	21	26	Denver	23	34	Jackson	NR	NR	Montezuma	51	40	Saguache	57	58
Baca	39	42	Dolores	49	33	Jefferson	12	11	Montrose	31	35	San Juan	NR	NR
Bent	58	56	Douglas	1	1	Kiowa	NR	NR	Morgan	40	49	San Miguel	16	22
Boulder	4	3	Eagle	3	15	Kit Carson	36	31	Otero	59	53	Sedgwick	37	47
Broomfield	5	2	El Paso	33	24	La Plata	13	17	Ouray	19	5	Summit	8	10
Chaffee	17	13	Elbert	10	7	Lake	34	36	Park	26	12	Teller	30	16
Cheyenne	35	28	Fremont	42	43	Larimer	11	9	Phillips	29	14	Washington	45	27
Clear Creek	9	18	Garfield	15	25	Las Animas	55	55	Pitkin	2	4	Weld	18	32
Conejos	54	48	Gilpin	28	23	Lincoln	24	39	Prowers	46	51	Yuma	22	29
Costilla	56	59	Grand	20	19	Logan	38	37	Pueblo	52	54			

For more information on how these ranks are calculated, view the technical notes at the end of this report and visit www.countyhealthrankings.org

Older Adults

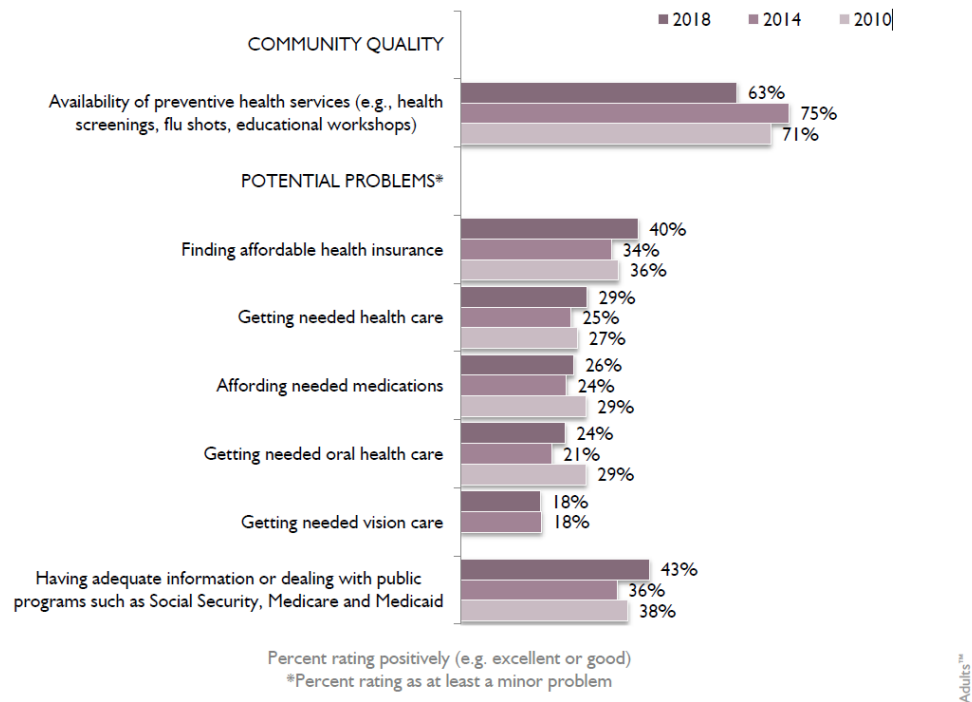
The Health Access Survey performed by the Colorado Trust and the Colorado Health Institute Local indicates that seniors self-report as in better health than the average Coloradans with only 9.4% in fair or poor health within Boulder and Broomfield Counties and 19.6% as the Colorado average.

The Boulder County Age Well Strategic Plan and the Community Assessment Survey for Older Adults revealed that seniors are finding difficulty in accessing care:

Within the Boulder County Age Well plan, three access goals were stated:

- Goal 12: Individuals and the community as a whole acknowledge the importance of all aspects of health and wellness. (Taken from page 12 of the Area Agency of Aging final-area-plan-2015-2019)
- Goal 13: Health and wellness services are affordable, accessible and readily available.
- Goal 14: Wellness includes dying and end-of-life as a natural part of life.

Figure 14: Health Care in Boulder County



Across Colorado, over three-quarters of older residents felt they had good fitness opportunities (including exercise classes and paths or trails, etc.) while 4 in 10 felt they had good access to quality physical health care (see Figure 12). The availability of quality physical health care declined significantly between 2010 and 2018 to below-average levels. Older residents rated their overall physical health as “excellent” or “good” with many participating in healthy activities such as eating fruits and vegetables (37%) and exercising regularly (50%). In addition to rating aspects of physical health, older residents provided insight into their mental health. About one-quarter of older residents felt there was “excellent” or “good” availability of mental health care in Colorado while 86% rated their overall mental health/emotional well-being as “excellent” or “good.”

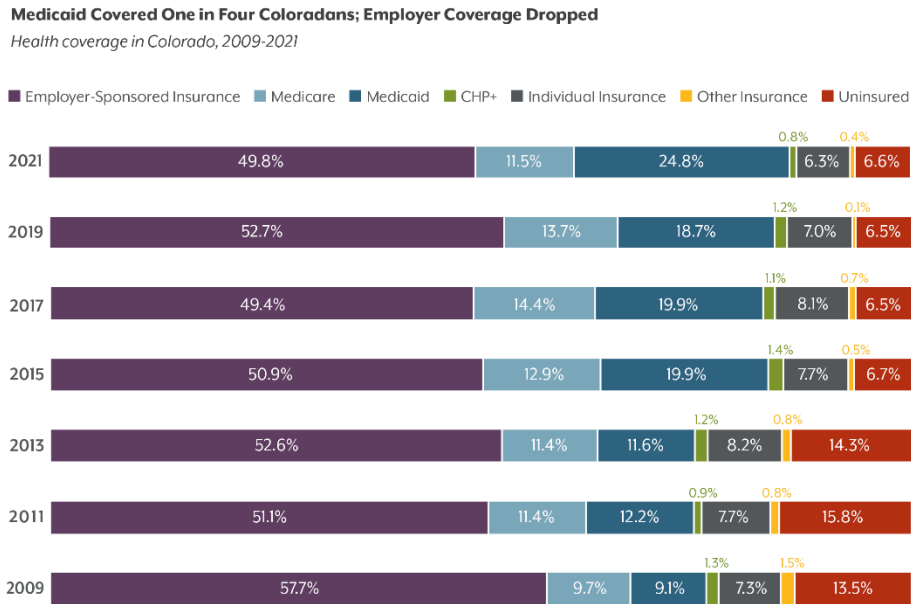
Regional Subgroup:

Percent of respondents who rated the following as "excellent" or "good":	Age			AAA overall
	60 to 64 years (A)	65 to 74 years (B)	75 or over (C)	(A)
How do you rate your overall physical health?	87% C	86% C	75%	83%
How do you rate your overall mental health/emotional wellbeing?	92%	91%	88%	90%
How do you rate your overall quality of life?	90% C	91% C	83%	88%

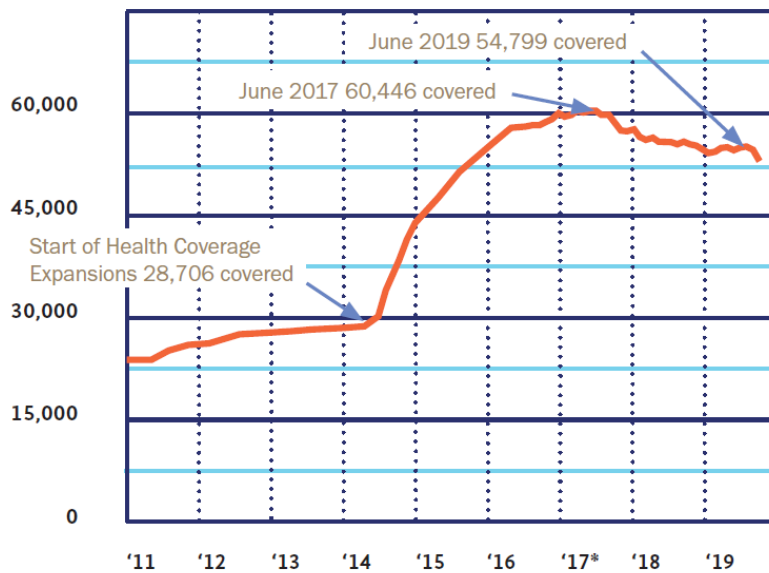
Access to Care

Health insurance is a key indicator for determining whether or not residents will access preventive care or seek disease management and acute care. Delays in seeking care can lead to unmet health needs, potentially avoidable hospitalizations and an increase in morbidity and mortality rates overall.

The 2021 Colorado Health Access Survey (CHAS) finds that the state’s insurance rate is 93.4%, essentially unchanged from 93.5% set in 2019 and refers to this trend as “the new normal”. The uninsured rate is 6.6%, basically unchanged from 2019’s 6.5%. Recent political discussions make the gains on the number of insured uncertain in the future. In Boulder and Broomfield Counties, the rate of uninsured dips to 4.6%



BOULDER COUNTY ENROLLMENT IN MEDICAID AND CHP+



Source: Boulder County Housing and Human Services

75.4% of Coloradans saw a general doctor at least once in the past year.

Nearly three-quarters (73.6%) of Coloradans had a dental visit in the past year — an encouraging change. The rate had been stuck at around two-thirds of Coloradans for the previous decade, despite the fact that many Coloradans gained dental insurance over that period.

Use of Health Care Services

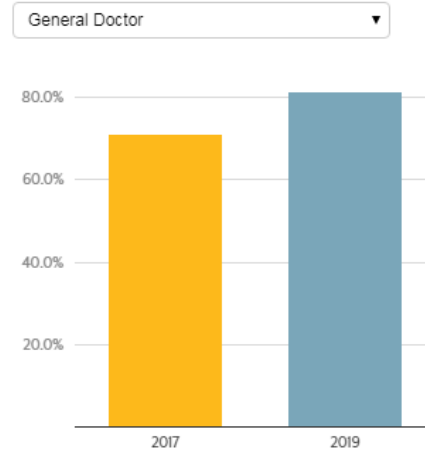


Chart: Colorado Health Institute
Source: 2019 Colorado Health Access Survey

Discrepancies in the rate of insured residents emerge due to income and ethnicity. More than 93% of Anglo residents currently have health insurance compared to 89.6% for Latino residents.

When it comes to the Boulder County’s children, over 92% have health insurance. With an estimated childhood poverty rate of 13%, financial barriers to health coverage is an issue and significant effort has been put towards enrolling eligible children into Colorado’s Health Plan Plus and Medicaid. Of concern is that while more than 96% of white-non-Hispanic children are insured, the Boulder County Health Department reports that only 82% of their Hispanic and Latino counterparts have insurance coverage.

The cost of health care is an increasing concern for Coloradans. Nearly 11.3% said they had problems paying medical bills in the past year..

The 2021 Colorado Health Access Survey revealed the following issues that residents age 60 and over considered barriers to obtaining healthcare:

- 18.67% stated that they could not get an appointment as soon as they thought was needed
- 8.4% stated that the physician office was not accepting patients with their type of insurance
- 6.6% stated that the physician office was not accepting any new patients
- 10.5% listed getting time off work (if employed) as a barrier
- 2.2% listed transportation as barrier to obtaining health care.

Three of four individuals age 60 or older reported having a preventative care visit within the past year and 16.3% visited the emergency room one or more times.

Colorado Health Access Survey:

Not Getting an Appointment Ranks as Biggest Barrier to Care

In the past 12 months ...	2009	2011	2013	2015	2017
You couldn't get an appointment as soon as you needed one	16.8%	16.4%	15.0%	18.7%	15.7%
The doctor's office wasn't accepting patients with your type of insurance*	8.0%	8.4%	7.1%	9.7%	11.4%
The doctor's office wasn't accepting new patients	8.0%	9.2%	8.4%	9.2%	11.3%
You lacked transportation to the doctor's office or it was too far away	N/A	N/A	4.4%	4.7%	5.5%
You couldn't take time off work**	N/A	N/A	10.1%	10.6%	12.0%
You couldn't find child care***	N/A	N/A	4.0%	7.9%	10.0%

* Asked of currently insured ** Asked of employed adults and parents *** Asked of those with children

In Colorado, Medicaid enrollees and people without insurance use specialty care at far lower rates than Coloradans with commercial insurance — illustrating a gap in access to care.

Medicaid patients forgo an estimated 486,000 specialty care visits annually; for uninsured patients, it's 148,000 visits. On average, that's about 87 extra visits annually for each of the state's medical specialists.

COLORADO HEALTH ACCESS SURVEY 2021

Boulder and Broomfield Counties

HEALTH STATISTICS REGION (HSR) 16

COVID-19

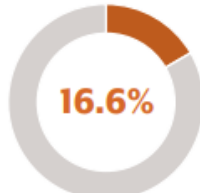
The COVID-19 pandemic had wide-ranging health and social effects. The Colorado Health Access Survey captured evidence of many of these effects, including:

Percentage of Coloradans age 16+ in this region reporting the following effects of the COVID-19 pandemic:



Decline in mental health

Lowest Region: 27%
Highest Region: 49.4%



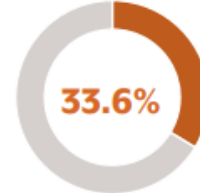
Decline in physical health

Lowest Region: 9.8%
Highest Region: 25.5%



Continued working as an essential worker

Lowest Region: 29.1%
Highest Region: 46.2%



Had reduced hours/income

Lowest Region: 19.4%
Highest Region: 35.7%

HEALTH STATUS

9.6%
Of people reported poor general health
Lowest Region: 3.6%
Highest Region: 20.6%



14.6%
Of people reported poor oral health
Lowest Region: 6.9%
Highest Region: 31%



27.4%
Of people ages 5+ reported poor mental health
Lowest Region: 16.9%
Highest Region: 29.2%



MENTAL HEALTH

16.9%
Did not get needed mental health care in the past 12 months
Lowest Region: 9.6%
Highest Region: 17.6%

18.6%
Talked with a general doctor about their mental health
Lowest Region: 13.9%
Highest Region: 28%

20.4%
Expect to need mental health care in the next 12 months
Lowest Region: 10.6%
Highest Region: 26.6%

18.8%
Talked with a mental health provider about their mental health
Lowest Region: 9.6%
Highest Region: 20.9%

ORAL HEALTH

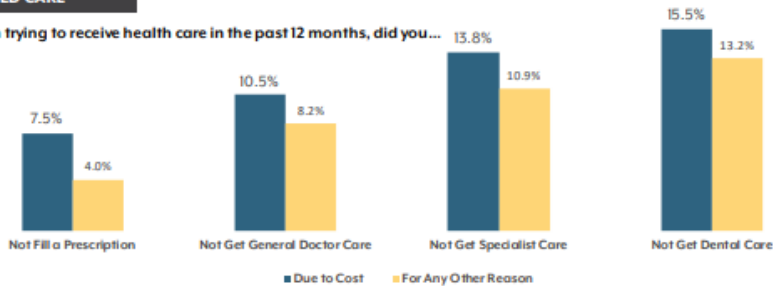


79.0%
Had dental insurance
Lowest Region: 59.6%
Highest Region: 87.4%

65.8%
Visited a dentist in the past 12 months
Lowest Region: 55.4%
Highest Region: 81.2%

MISSED CARE

When trying to receive health care in the past 12 months, did you...



19,499
people
had dental pain that kept them from everyday activities

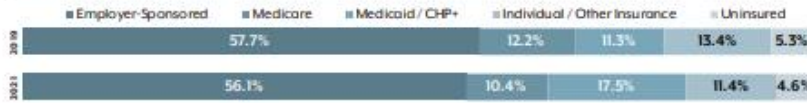
22,963
people
didn't go to the dentist because they were worried about pain

COLORADO HEALTH ACCESS SURVEY 2021

Boulder and Broomfield Counties

HEALTH STATISTICS REGION (HSR) 16

INSURANCE COVERAGE



Number of uninsured: 18,518

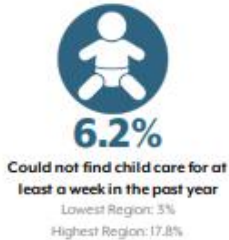
Lost, switched, or gained coverage in the past 12 months



2021 18.6%
2019 14.1%

Lowest Region: 10.5%
Highest Region: 18.6%

SOCIAL FACTORS



AFFORDABILITY

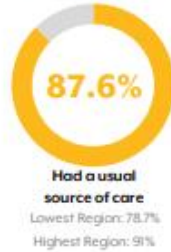


17.7%
Had a surprise medical bill in the past 12 months
Lowest Region: 15.3%
Highest Region: 27.6%



7.8%
Had problems paying medical bills in the past 12 months
Lowest Region: 4.3%
Highest Region: 17.8%

ACCESS TO CARE



BARRIERS TO CARE

In the past 12 months, did not receive needed care because...

	2015	2017	2019	2021
You couldn't get an appointment as soon as you needed one	20.8%	17.9%	18.8%	19.7%
The doctor's office wasn't accepting patients with your type of insurance*	10.4%	15.5%	12.2%	8.4%
The doctor's office wasn't accepting new patients	8.5%	15.0%	9.2%	6.9%

* Asked of currently insured



The Colorado Health Foundation™

The Colorado Health Foundation is the primary funder of the Colorado Health Access Survey. Support also comes from the Community First Foundation, the Colorado Springs Health Foundation, the Delta Dental of Colorado Foundation, and the Rocky Mountain Health Foundation. The Colorado Department of Health Care Policy & Financing, the Colorado Office of Behavioral Health, the Latino Community Foundation of Colorado, and the UCLA Center for Health Policy Research provided funding for certain questions.

Appendix Three: Boulder Community Health Primary Service Area by City and Zip Code

Boulder	80301
Boulder	80302
Boulder	80303
Boulder	80304
Boulder	80305
Boulder	80306
Boulder	80307
Boulder	80308
Boulder	80309
Boulder	80310
Boulder	80314
Boulder	80321
Boulder	80322
Boulder	80323
Boulder	80328
Boulder	80329
Eldorado Springs	80025
Erie	80516
Jamestown	80455
Lafayette	80026
Louisville	80027
Louisville	80028
Nederland	80466
Pinecliffe	80471
Rollinsville	80474
Ward	80481

Appendix Four: Information Sources

Boulder Community Health has made every attempt to analyze the most current data available in performing this CHNA.

American Community Survey, 3- and 5-year estimates

The Colorado Health Access Survey 2019 2021

<https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>

Boulder County Public Health Department

[Healthy Kids Colorado Survey Boulder Valley School District 2017 www.healthykidscolo.org](http://www.healthykidscolo.org)

Boulder County Trends, 2019, The Community Foundation <http://www.commfound.org/about/>

The Boulder County Age Well Strategic Plan and the Community Assessment Survey for Older Adults

<http://www.bouldercounty.org/doc/cs/bouldercountycasoareport2014-final.pdf> &

<https://assets.bouldercounty.org/wp-content/uploads/2017/02/community-of-hope-assessment-2016.pdf>

<http://www.allagewell.com/introduction.html>

Boulder Economic Council <http://www.bouldereconomiccouncil.org/>

Center for Disease Control, Colorado Behavioral Risk Factor Surveillance System (BRFSS) surveys

Center for Disease Control, Youth Risk Behavior Surveillance System

Colorado Health Foundation

Colorado Department of Public Health and Environment, Health Indicators

Colorado State Demography Office

Colorado Health Institute – Colorado Health Access Survey 2021

<https://www.coloradohealthinstitute.org/research/CHAS>

Community Assessment Survey of Older Adults, Colorado State Unit on Aging 2018, National Research Center, Inc.

Colorado Health Institute’s ‘How Healthy are Boulder’s Seniors?’

http://www.bouldercounty.org/doc/cs/how%20healthy%20are%20our%20seniors_aaa_chi_feb_2016_final.pdf

National Cancer Institute State Cancer Profile

United States Census Bureau

United States Census Bureau, County Quick Facts

<http://www.allagewell.com/introduction.html> &

<http://www.bouldercounty.org/doc/cs/bouldercountycasoareport2014-final.pdf>

<http://www.countyhealthrankings.org/app/colorado/2019/rankings/boulder/county/outcomes/overall/snapshot>

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

Note: Not all sources of data are published within the same period that the CHNA is performed and some sources were not updated.