PUEBLO COUNTY 2021 COMMUNITY HEALTH ASSESSMENT

Adopted by Pueblo County Board of Health

November 24, 2021

Prevent • Promote • Protect

Contents

Executive Summary

This document is a summary of the 2021 Pueblo County Community Health Assessment (CHA) that was conducted by the Community Health Assessment Planning Team over a 15-month period between June 2020 and August 2021. Led by the Pueblo Department of Public Health and Environment (PDPHE) and a diverse group of members from community partner organizations and Pueblo County residents, the Pueblo County CHA was conducted to inform the 2022 Community Health Improvement Plan (CHIP).

The CHA includes a review of health indicators that were collected using existing datasets, a survey among community members, a survey among community leaders, as well as priority setting and resource inventory activities. The 2018-2022 CHIP focused on two priority areas: behavioral health (including mental health and substance use) and obesity. Current data supports the continuation of these priority areas. To better identify what is driving behavioral health and obesity concerns, the 2021 CHA process used the Healthy People 2030 Social Determinants of Health (SDOH) model which identifies "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"[1]. SDOH are grouped into five categories called domains: (1) Education Access and Quality; (2) Health Care Access and Quality; (3) Economic Stability; (4) Neighborhood and Built Environment; and (5) Social and Community Context.

Community input and participation were essential to ensure the process was community driven, and results reflected the needs and perspectives of Pueblo County residents. All aspects of the CHA process heavily involved community partner organizations and members, including development of the surveys, selection of guiding framework, strategic planning, community outreach, and prioritization setting.

Input gathered throughout the process was used to determine the top two health priorities for Pueblo County.

Introduction and Overview

As the public health agency for Pueblo County, the Pueblo Department of Public Health and Environment's (PDPHE) mission is to promote and protect the health and environment of Pueblo County. Its vision is to achieve a thriving, healthy, and safe Pueblo County. To accomplish this, PDPHE completes a comprehensive Community Health Assessment (CHA) every five years. CHAs provide information to help identify concerns, resources, policy needs, and necessary improvements based on the community's data. PDPHE recognizes that at the core of public health is community. Therefore, Pueblo County's CHA is a collaborative process with a diverse team that consists of community partner organizations from public health, health care, higher education, behavioral health, etc., as well as members of the community.

Building on the 2016 CHA, PDPHE led the CHA Planning Team (CPT) through a process to identify the social determinants of health contributing to issues related to behavioral health (including mental health and substance use) and obesity. The process also included data collection to identify a potential third health priority for the 2022 Community Health Improvement Plan (CHIP).

This report contains a summary of the process followed for the CHA, data collected, and information on the top two priority issues identified for Pueblo County. The full report including references may be accessed here.

Methodology

Pueblo County's CHA process spanned 15 months, from June 2020 through August 2021. Using the Colorado Health Assessment and Planning System (CHAPS)[6]. Work occurred in five phases:

1. Planning the Process
2. Ensuring Equity and Community Engagement
3. Conducting the Assessment
    a. Community Member Survey
    b. Community Leader Survey
    c. Secondary Data Collection
4. Assessing Capacity
5. Prioritizing Issues

Phase One: Planning the Process

In June 2020 a project management team was formed with PDPHE staff members from the Office of Policy and Strategic Implementation including a program manager, public health planners, and epidemiologist. In August 2020, this team expanded to include a faculty member from the School of Health Sciences and Human Movement from Colorado State University Pueblo with experience in qualitative data research as well as community health assessments. The CHA project management team remained involved throughout the process and was responsible for drafting an initial work plan including addressing how to incorporate equity and community engagement, assess capacity, and prioritize the issues.

Phase Two: Ensuring Equity and Community Engagement

COMMUNITY ENGAGEMENT

To ensure the process fully assessed the health of Pueblo County, the project management team identified community groups, organizations, and individuals to join an advisory group, later renamed the Community Health Assessment Planning Team (Planning Team or CPT). Intentional recruitment of Planning Team members occurred to ensure diverse experiences, skill sets, perspectives, knowledge about community health and Pueblo's populations, and conducting needs assessments. Members represented various sectors including higher education, behavioral health, seniors, hospitals, community health centers, board of health, social service agencies, neighborhood groups, and others.

Certain populations are known to be under engaged in data collection. As part of the CHA workplan, the Planning Team identified four groups to focus extra attention and resources on to better ensure adequate engagement. Those groups were males, people living on low-income, people with Spanish as a first language, and Pueblo County residents living outside the city of Pueblo. Although other populations were identified as needing unique outreach efforts or survey administration methods, limitations with capacity, resources, and available data resulted in just these four being selected to match response rates to known Pueblo County population numbers. The Planning Team provided influential guidance and assistance reaching community members in these groups throughout the CHA process.

EQUITY

Based on research, two SDOH frameworks were presented to the Planning Team to guide the 2021 Pueblo County CHA. These two models were the Bay Area Regional Health Inequities Initiative (BARHII)[7] and Healthy People 2030. The CHA Planning Team reviewed advantages and disadvantages of both frameworks and voted to utilize the Healthy People 2030 framework to guide the CHA.

Healthy People provides 10-year, measurable objectives, and tools to track progress for identified public health priorities to help individuals, organizations, and communities across the country improve health and well-being. A main component of Healthy People 2030 is the inclusion of social determinants of health (SDOH). SDOH can be thought of as the many different aspects of people's environments which can affect health, well-being, and quality of life. Examples of SDOH are safe housing, literacy skills, access to healthy food, job opportunities, discrimination, and air quality. Healthy People 2030 organizes SDOH into the five domains depicted in Figure 1.

Figure 1. Social Determinants of Health, Healthy People 2030

Phase Three: Conducting the Assessment

Community Member Survey

Planning Team members drafted a survey to be distributed to community members across Pueblo County. The survey was created to identify top factors that may impact obesity and behavioral health and to identify if there are other health issues that needed to be prioritized. The survey questions were tested to ensure they were easy to understand, and response options were representative of the diverse ethnic, racial, and cultural composition of Pueblo County residents. The Planning Team brainstormed specific populations to focus on when administering the survey as well as specific outreach strategies for each population. Specific populations were selected based on the following factors:

- Challenges reaching members of the demographic in the past, such as men, young adults, and seniors;
- Inability to complete electronic surveys, such as people experiencing homelessness, people living on low income, and seniors;
- Demographic groups who may otherwise be under engaged, such as LGBTQ+ community members, persons with disabilities, and people living in Pueblo County outside of the Pueblo city limits; and
- Members of the community whose primary language is Spanish.

Community Leader Survey

To gather community leader perspectives on risk factors, barriers, and priority populations for obesity and behavioral health, a three-round anonymous survey was completed electronically by individuals identified based on their work in either obesity or behavioral health.

Secondary Data Collection

Existing data was collected for population, the economy and employment, education, built environment, physical environment, social factors, health behaviors and conditions, mental health, access, utilization and quality of health care, population health outcomes, as well as leading causes of death. Additional measures in each of these areas linked to the social determinants of health were also collected and categorized by the five Healthy People 2030 SDOH domains.

Phase Four: Assessing Capacity

The Planning Team conducted capacity assessment activities to provide updated information on available resources for use in the prioritization process. Questions were included on the community leader survey related to resources and other assets (e.g., current agency efforts working on obesity and behavioral health). Another activity asked health department staff members to list known community resources pertaining to obesity and behavioral health by SDOH domain. Themes from survey responses and activities were analyzed and presented to the CHA Planning Team as a part of the prioritization process.
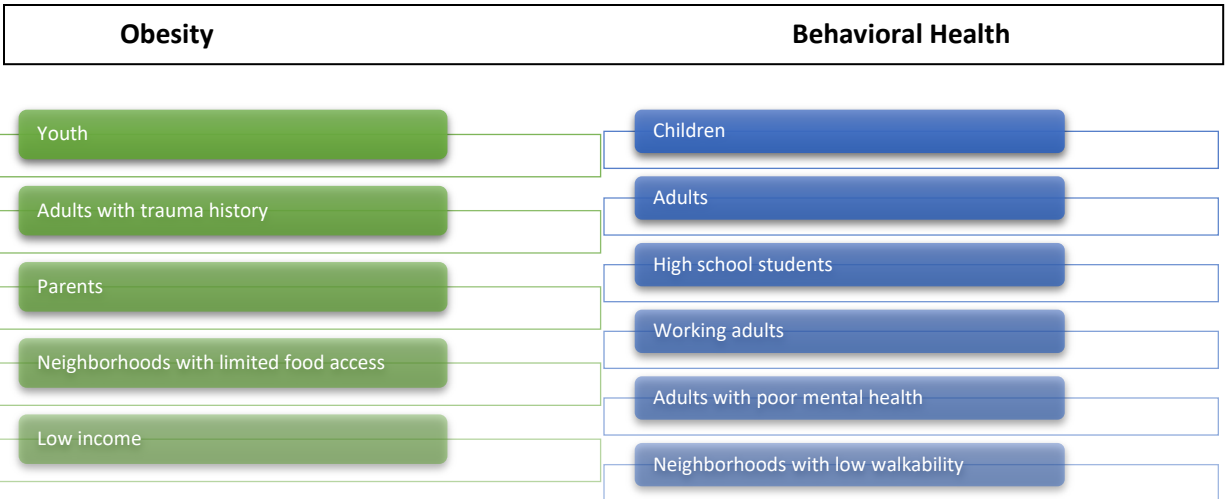
Phase Five: Prioritizing Issues

Three key decisions were made in the prioritization phase of the CHA. For both obesity and behavioral health, the Planning Team selected the top contributing factor, priority demographic group, and SDOH domains to guide work in the CHIP. Information for a potential third priority area was presented, discussed, and prioritized.

To create a list of contributing factors for obesity and a list for behavioral health, responses from all three data collection methods were reviewed. On the community member and leader surveys, participants were asked about risk factors for obesity and behavioral health. From these results, a final list of seven factors for each priority area was created (see Figure 2).

Top Contributing Factors for Obesity (No particular order)						
Lack of access to affordable healthy foods (cost and nearby access)	Behavioral health factors (existing mental health and substance use issues)	Lack of knowledge about nutrition and how to be physically active	Lack of food and nutrition skills (selecting, prepping, and cooking foods)	Lack of physical activity	Feeling unsafe to be active in own community / neighborhood	Poverty and lack of finances
Top Contributing Factors for Behavioral Health (No particular order)						
Housing insecurity and homelessness	Lack of knowledge and access to behavioral health services (mental health and substance use)	Domestic violence and trauma, including severe and long-term stress	Childhood trauma and ACES	Stigma around receiving care	Poverty	Cost of receiving care

Figure 2: Top Contributing Factors by Priority Area and Data Collection Method

To create a list of priority demographic groups, secondary data was reviewed to highlight groups for which an inequity was apparent. Community leaders were asked to list then rank populations to prioritize in the CHIP. Figure 3 shows the final options.

Obesity	Behavioral Health

Obesity	Behavioral Health
Youth	Children
Adults with trauma history	Adults
Parents	High school students
Neighborhoods with limited food access	Working adults
Low income	Adults with poor mental health
	Neighborhoods with low walkability

Figure 3: Top Priority Populations by Priority Area

Secondary data was similarly reviewed by social determinant of health domain. For example, for the domain of economic stability, data relating to poverty, median household income, unemployment, and eligibility for food assistance programs were collected. Not all five domains were considered for prioritization due to a lack of available local-level data.

A detailed presentation of the information was presented to the Planning Team, including: 1) contributing factors; 2) priority populations; 3) SDOH domains; and 4) a third priority area. For the contributing factor review, results from existing and primary data collection were highlighted. Planning Team members anonymously ranked the contributing factors according to each assessment criterion (e.g., to what degree are there known health equity issues associated with each of the factors, rank 1-7). To prioritize priority populations, anonymous voting occurred to select the top three populations. Social determinant of health domain ranking was similarly done in an anonymous fashion.

Because available data warranted continuing with obesity and behavioral health as priority areas, PDPHE and the Planning Team agreed it was important to still review community member and leader survey responses along with the secondary data to determine if a third priority area was warranted. The top five potential priority areas by data collection tool were presented to the group. The Planning Team discussed areas of overlap and anonymously voted on recommendations should a third priority be added.

Results

Prioritization
The results from the CHA Planning Team prioritization meetings are summarized below. Note there was a tie for first for the priority demographic group for behavioral health efforts. The top two SDOH domains are included; there was a tie for first in obesity prioritization and a tie for second in behavioral health prioritization.

	Obesity	Behavioral Health
Contributing Factor	Lack of access to affordable, healthy foods	Adverse childhood experiences (ACEs)
Priority Group	Youth	(tie) Youth Pregnant women & young moms
Social Determinant of Health Domains	(tie) 1. Neighborhood and Built Environment 1. Economic Stability	1. Economic Stability 2. Social and Community Context 2. Health Access and Quality

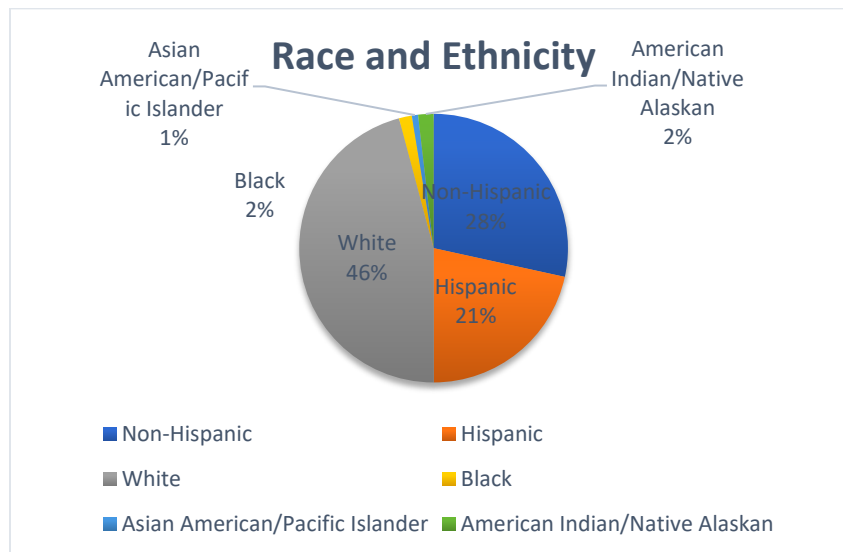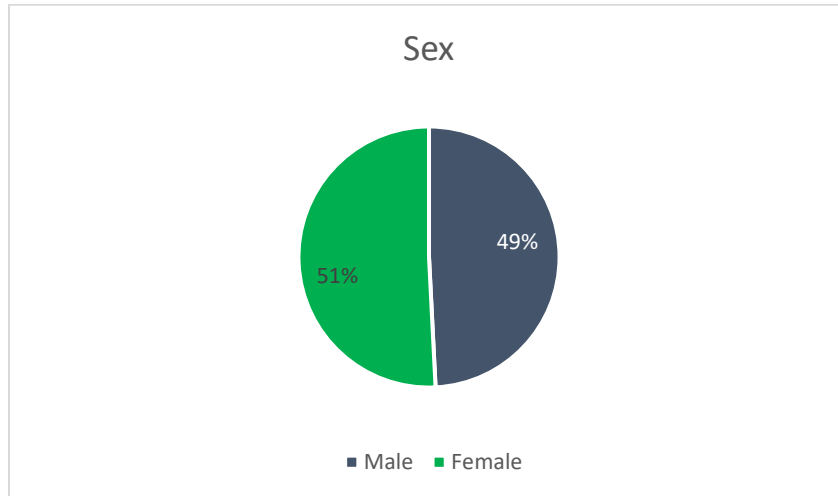**Figure 4: Prioritization Results**

After reviewing the top five potential third priority areas by data collection tool, the Planning Team selected housing instability and homelessness as a recommendation should it be decided to add a third priority area. Local data for Pueblo County substantiate housing concerns including vacant housing units, number of students needing homelessness services and related metrics such as percent of the population living in poverty. Ultimately, it was determined that based on capacity to adequately address the priority issues, a third area would not be added. As possible, work related to housing instability and/or homelessness will be tracked in the Community Health Improvement Plan as it aligns with the prioritized elements for obesity and behavioral health.

Appendix

Population Characteristics

Total Population Estimate in 2019: 168,288 [1]

% Change since 2010: 5.8 [1]

Sex

- Male
- Female

Male: 49%
Female: 51%

Race and Ethnicity

Asian American/Pacific Islander 1%
American Indian/Native Alaskan 2%
Black 2%
Non-Hispanic 28%
White 46%
Hispanic 21%

- Non-Hispanic
- Hispanic
- White
- Black
- Asian American/Pacific Islander
- American Indian/Native Alaskan

Age
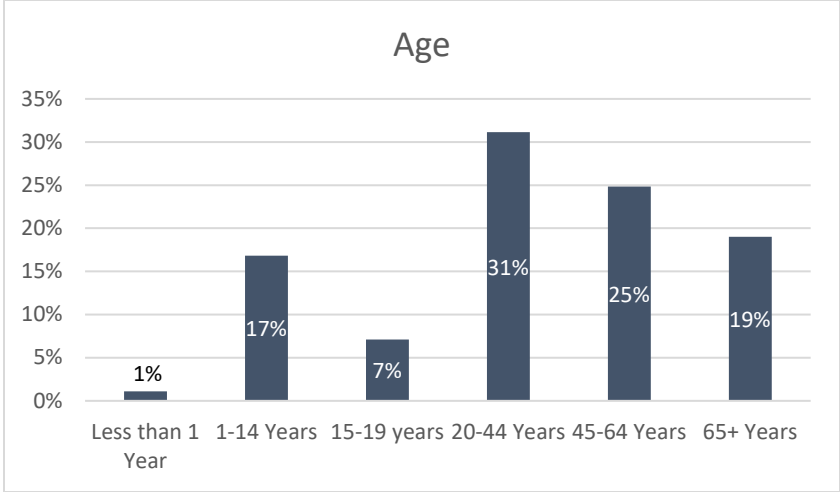
86.4% speak English only at home; 2.3% speak Spanish at home and .24% speak another language at home [1]

2.6% of Pueblo County's population is linguistically isolated, i.e. they do not speak English very well [1]

Economic Opportunity & Education

Indicator		Pueblo County	Colorado
Poverty	Percent of population living in poverty, 2019 [1]	17.9%	9.3%
	Percent of children living in poverty, 2019 [1]	26.3%	10.9%
	Median household income, 2019 [1]	$51,276	$77,127
	Percent of households that received food stamps, 2019 [1]	18.3%	6.9%
	Percent of students eligible for free and reduced school lunch (K-12), 2020 [2]	60.8%	40.3%
	Household Food Insecurity (%, three-year average), 2015-2017 [3]	9.2%	<10%
Education	**Percent of adults over 25 years of age that completed:**		
	A master, professional school, or doctorate degree, 2019 [1]	8%	16%
	An associates or bachelor's degree, 2019 [1]	27.8%	30.8%
	Some college (less than 1 year or more), 2019 [1]	26.3%	20.3%
	High school, GED or alternative, 2019 [1]	29.2%	21%
	Some K-12 education, but no high school or equivalent completed [1]	8.7%	7.6%

40,168 students (age 3+ years) enrolled in school in Pueblo County in 2019 [1]

School Completion	School dropout rates, 2019-2020 [4]	1.7%	1.8%
	High school completion, 2019-2020 [4]	88.3%	81.9%

Indicator		Pueblo County	Colorado
Employment	Unemployment rate, 2019 [1]	4.1%	2.8%
	Disability, 2019 [1]	17.8%	8.4%
Housing	Monthly owner costs as % of household income that exceed 35% or more of household income (in last 12 months), 2019 [1]	19.8%	20.7%
	Gross rent as a % of household income that exceeds 35% of household income (in last 12 months), 2019 [1]	43.8%	40.5%
	Median Home Value, 2019 [1]	$164,600	$343,300

Physical Environment

Indicator		Pueblo County	Colorado
Built environment	Percent of workers that commute to work by biking, walking, or public transportation, 2019 [1]	2.3%	7%
	Percent of population with adequate access to locations for physical activity [5]	65%	90%
	Fast food restaurants per 1,000 population, 2016 [3]	.64 per 1,000	N/A
	Percent change in fast food restaurants per 1,000 population [3]	-7.21 per 1,000	N/A
	Those with low access to grocery store, 2015 [3]	58,655	N/A
	Those with low income and low access to grocery store, 2015 [3]	25,514	N/A
	Percent of population who are low-income and do not live close to a grocery store, 2015 [3]	16%	5%
Healthy Housing	Percent elevated blood lead levels for ages <6 years (> 5 mcg/dL) [6]	2.8%	1.6%
	Percent of houses built before 1960, 2019 [1]	34%	17%
Outdoor Air	Average annual PM 2.5 concentration, 2016 [7]	4.8	N/A
	Percent of days PM 2.5 above standard, 2018 [8]	0	N/A
Water	Number of public water systems with average annual HAA5+ level above the EPA limit, 2018 [9]	0	19

		1	47
	Number of public water systems with average annual TTHM++ level above the EPA limit, 2018 [9]	1	47

The chart below summarizes the contaminants in the public water system data above.

Contaminant	µg/L	Mg/L	Potential Health Effects from Long-Term Exposure Above MCL	Sources of Contaminant in Drinking Water
Disinfection Byproducts				
+Haloacetic acids (HAA5)	60	0.06	Increased risk of cancer	Byproduct of drinking water disinfection
++Total Trihalomethanes (TTHMs)	80	0.08	Liver, kidney or central nervous system problems; increased risk of cancer	Byproduct of drinking water disinfection
Inorganic Chemicals				
Arsenic	10	0.01	Skin damage or problems with circulatory systems, and may have increased risk of getting cancer	Erosion of natural deposits; runoff from orchards, runoff from glass & electronics production wastes
Nitrate (measured as nitrogen)	---	10	Infants who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome.	Runoff from fertilizer use; leaking from septic tanks, sewage; erosion of natural deposits

Social Factors

Indicator		Pueblo County	Colorado
Leadership	Percent of firms owned by minorities, 2018 [10]	26%	15.7%
	Percent of firms owned by women, 2018 [10]	32.9%	35.5%
Organizational Networks	Percent of population that participates in religious congregations [11]	62.2%	37.8%
Violence	Child maltreatment rates per 1,000 (ages 17 and younger), 2018 [12]	4.8	9.5
	Elder abuse rates per 100,000 (age 65+) [13]	176	
	Homicide rate (age adjusted), 2019 [14]	11.4	4.6
	Percent of high school students who reported being bullied on school	19%	16.6%

	property during the last 12 months, 2019 [15]		
	Among students who were teased in the past year, the percentage who were teased because of sexual orientation, 2019 [15]	22%	21.8%
	Adult ages 18+ violent crime (rates per 100,000), 2019 [16]	666.1	381
	Juvenile ages 10-17 violent crime (rates per 100,000), 2019 [16]	294.1	
	Adult ages 18+ property crime (rates per 100,000), 2019 [16]	1948	2590
	Juvenile ages 10-17 property crime (rates per 100,000), 2019 [16]	399.4	
Participation	Percent of population that are registered public library borrowers, 2018 [17]	54.8%	53.4%
	Percent of registered voters and active registered voters in previous election cycle, 2018 [18]	58.5%	

Health Behaviors and Conditions

Indicators		Pueblo County	Colorado
Nutrition	Percent of children 1-14 who consumed sugar sweetened beverages 1 or more times per day, 2015-2017 [19]	23.6%	15%
	Percent of children aged 1-14 years who ate fruit 2 or more times per day and vegetables 3 or more times per day, 2015-2017 [19]	8.6%	11.4%
	Percent of high school students who ate a fruit 1 or more times per day in the past week, 2019 [15]	26%	34%
	Percentage of high school students who ate other vegetables (not including salad, potatoes, or carrots) one or more times per day in the past week, 2019 [15]	18%	25%
	Percentage of high school students who ate green salad one or more times per day in the past week, 2019 [15]	11%	13%

	Percentage of high school students who drank a can, bottle, or glass of soda or pop one or more times per day in the past week, 2019 [15]	18.1%	14.4%
Physical Activity	Percent of adult population (18+) who had 150+ minutes of physical activity a week, 2017-2019 [20]	49.9%	
	Percent of adults age 18+who had 0 minutes of physical activity in a week, 2017-2019 [20]	33.3%	
	Percent of adults age 18+ year who are physically inactive, 2018 [21]	23.7%	18.7%
	Percent of high school students who were physically active for a total of 60 minutes/day for the past 7 days [15]	51.6%	48%
	Percent of students who played video or computer games or used a computer for something not schoolwork 2+ hours per day on average school day [19]	20.4%	14.8%
Tobacco Use/Exposure	Percent of adults aged 18+ year who currently smoke cigarettes, 2018 [21]	20%	13.7%
	Percentage of high school students who smoked cigarettes on 20 or more days of the past 30 days, 2019 [15]	2.1%	1.5%
	Percent of children aged 1-14 years who rode in a car in the past 7 days with someone who was smoking, 2015-2017 [19]	12.7%	2%
	Percent of children aged 1-14 year who live in homes where someone has smoked in the past 7 days [19]	6.7%	1.7%
	Percent of women who smoked during the last 3 months of pregnancy, 2018-2019 [22]	10.9%	6.5%
Sexual Health	Percent of sexually active women and men aged 18-44 years using an effective method of birth control to prevent pregnancy, 2016,2018,2019 [20]	62.9%	64.3%
	Percent of pregnancies resulting in live births that were unintended, 2018-2019 [22]	58.6%	36.6%

	Percent of high school student who ever had sexual intercourse, 2019 [15]	47.4%	34.6%
	Percentage of high school student who used any form of birth control to prevent pregnancy the last time they had sexual intercourse, among student who had sexual intercourse in the past three months, 2019 [15]	72.5%	79.2%
	Teen fertility rates (ages 15-17) per 1,000, 2019 [14]	9.7	5.9
Health Conditions	Percent of live births to mothers who were overweight or obese based on BMI before pregnancy, 2017-2019 [22]	52.5%	46.7%
	Percent of adults aged 18+ years who are obese or overweight, 2017-2019 [20]	66.8%	59%
	Percent of adults aged 18+ year who are overweight, 2016-2018 [20]	33.9%	35.9%
	Percent of children aged 2-14 years who are overweight or obese, 2015-2017 [19]	63.8	22.8
	Percent of children aged 2-14 years who are obese, 2015-2017 19	35.6%	13%
	Percent of high school students who are obese, 2019 [15]	18.9%	9.7%
	Percent of high school students who are overweight, 2019 [15]	15.3%	11.9%
	Percent of adults aged 18+ year who have ever had cholesterol screening and been told by a health care provider that they had high cholesterol, 2017 [21]	34.1%	27.3%
	Percent of adults aged 18+ year who have ever been told by a health care provider that they had high blood pressure, 2017 [21]	32.4%	24.8%

Mental Health

Indicators		Pueblo County	Colorado
Mental Health Status	Percent of mothers reporting that a doctor, nurse, or other health care worker talked to them about what to do if they felt depressed during pregnancy or after delivery, 2018-2019 [22]	83.7%	78%
	Percent of women who experienced 1 or more major life stress events 12 months before delivery, 2018-2019 [22]	71.4%	70%
	Percent of women who often or always felt down, depressed, sad or hopeless since the new baby was born (Postpartum depressive systems), 2018-2019 [22]	11.3%	7.2%
	Percent of high school students who seriously considered attempting suicide during the past 12 months, 2019 [15]	23.3%	17.5%
	Emergency Room rate due to Mental Health Issue for ages 0-17 per 100,000, 2019 [23]	2326.3	2072.9
	Emergency Room rate due to Mental Health Issue for ages 18+ per 100,000, 2019 [23]	13,215.1	9607.2
	Emergency Room rate due to suicide attempt for ages 0-17 per 100,000, 2019 [23]	259.1	212
	Emergency Room rate due to suicide attempt for ages 18+ per 100,000, 2019 [23]	202.97	124.63
	Age adjusted suicide death rate (per 100,000), 2019 [24]	30.4	21.6
	Percent of parents who reported behavioral or mental health problems in children aged 1-14 years, 2015-2017 [19]	21.9%	16.7%

Indicators		Pueblo County	Colorado
Substance Use	Percent of women who drank alcohol during the last 3 months of pregnancy, 2018-2019 [22]	3.1%	15.2%
	Percent of adults who reported binge drinking in the past 30 days [21]	17%	18.3%
	Percent of high school students who had 5 or more drinks of alcohol within a couple of hours, 2019 [15]	16.3%	14.2%
	Among students who reported current alcohol use, the percentage who usually drank in a public setting, on school property, or riding in a car [15]	8.5%	10.3%
	Percent of adults (18+) who currently use marijuana, 2017-2019 [20]	17%	17.3%
	Percent of high school students who used marijuana one or more times during the past 30 days, 2019 [15]	27%	20.6%
	Age-adjusted rates of drug overdose hospital admissions at acute care hospitals in Colorado, 2018-2019 [23]	203.8	81.8
Functional Status and Quality of Life	Percent of adults who reported that their general health was fair or poor, 2019 [25]	27.9%	14.8%
	Average of 8 or more days in the past 30 days when their physical health was not good, 2018 [21]	13.8%	11.8%
	Percent of adults reporting mental health not good 14+ days in the past 30 days, 2016-2018 [25]	17.8	10.9
	Percent of parents of children aged 1-14 years who reported that their child's general health was fair or poor, 2015-2017 [19]	1.4%	2.0%

Access, Utilization and Quality Care

Indicators		Pueblo County	Colorado
Received Needed Care	Percent of adults aged 18+ years who visited the dentist for any reason within the past 12 months, 2018 [21]	58.9%	67.6%
Preventive Care	Percent of adults aged 18+ years who have had cholesterol screening in the past 5 years, 2017 [21]	76.2%	86.2%
	Percent of females aged 50-74 years who report having had mammogram within last 2 years, 2018 [21]	65%	71%
	Percent of adults aged 50-75 years how had fecal occult blood test, sigmoidoscopy, or colonoscopy, 2018 [21]	60.5%	
	Percent of females aged 21-65 who had cervical cancer screening, 2018 [21]	83.4	82.8
Health Insurance Coverage	Percent of children eligible but not enrolled in Medicaid, CHP+, or APTC 2018 [27]	2.0%	5.7%
	Percent of working-age adults (19-64 years) eligible but not enrolled in Medicaid, 2018 [28]	8.7%	10.3%
	Percent of population that is uninsured, 2019 [25]	6.3%	6.5%
	Percent of uninsured among 18-64 years old [1]	10.3%	10.4%
	Percent of uninsured under 19 years old [1]	2.7%	4.5%
Provider Availability	Percent of adults who report having one or more regular health care providers (medical home), 2018 [25]	**85.5%**	**87.6%**

Population Health Outcomes

Indicators		Pueblo County	Colorado
Morbidity Arthritis	Percent of adults aged 18+ years with arthritis, 2018 [25]	26.3%	22.3%
Morbidity Asthma	Percent of adults aged 18+ years that currently have asthma, 2018 [25]	9.9%	
	Percent of high school students with asthma, 2019 [15]	25.5%	20.2%
	Percent of children aged 1-14 years with asthma, 2015-2017 [19]	5.3%	7.3%
Morbidity Cancer	Incidence rate of invasive cancer (all sites combined) among persons of all ages per 100,000 people, 2018 [29]	390.8	384.9
	Incidence rate of invasive cancer of the female breast among females of all ages per 100,000 people, 2018 [29]	54.4	128.7
	Incidence rate of invasive cancer of the cervix among females of all ages per 100,000 people, 2018 [29]	2.21	3
	Incidence rate of invasive cancer of the colon and rectum among persons of all ages per 100,000 people, 2018 [29]	38.3	30.5
	Incidence rate of invasive cancer of the lung and bronchus among persons of all ages per 100,000 people, 2018 [29]	43.3	37.2
	Incidence rate of invasive melanoma among persons of all ages per 100,000 people, 2018 [29]	390.8	384.9
	Incidence rate of invasive cancer of the prostate among males of all ages per 100,000 people, 2018 [29]	46.9	45.1
Morbidity Diabetes	Percent of adults aged 18+ years with diabetes, 2018 [25]	11.5%	7%
Morbidity Heart Disease and Stroke	Stroke Hospitalizations per 100,000, 2017-2019 [30]	488.5	337.3
	Heart Disease Hospitalizations per 100,000, 2017-2019 [30]	2624	2109.7
	Acute Myocardial Infarction Hospitalizations per 100,000, 2017-2019 [30]	183.8	171
	Heart Failure Hospitalizations per 100,000, 2017-2019 [30]	982.2	829.5
Morbidity Oral Health	Percent of adults aged 18+ years who ever lost any teeth due to decay or	38.8%	35.8%

	periodontal disease, 2014,2016,2018 [20]		
	Percent of children aged 1-14 years with fair or poor condition of teeth, 2015-2017 [19]	3.9%	5.6%
	Percent of adults aged 65+ who lost all teeth, 2018 [25]	14.4%	10.4%
Morbidity Communicable Disease	Rate of new tuberculosis cases per 100,000, 2016-2020 [31]	1.1	1.2
	Rate of new HIV cases per 100,000, 2019 [32]	6	8
	Rate of new Chlamydia cases for total population per 100,000, 2018 [33]	571.6	511.4
	Rate of new Gonorrhea cases for total population per 100,000, 2018 [33]	395.6	156.2
	Rate of new Pertussis cases per 100,000, 2017 [34]	4.2	12.3
	Rate of new Hepatitis A cases per 100,000, 2017-2019 [35]	11.4	7.5
	Rate of new, acute Hepatitis B cases per 100,000, 2017-2019 [35]	1.2	1.3
	Rate of new, chronic Hepatitis B cases per 100,000, 2017-2019 [35]	7.8	12.5
	Rate of new chronic Hepatitis C cases per 100,000, 2017-2019 [35]	83.8	53.9
	Rate of new Campylobacter cases per 100,000, 2017-2019 [35]	75.9	65.9
	Rate of new STEC O157 (Shiga toxin producing E. coli) cases per 100,000, 2017-2019 [35]	3.0	3.1
	Rate of new Salmonella cases per 100,000, 2017-2019 [35]	41.3	41.9
	Rate of new Shigella cases per 100,000, 2017-2019 [35]	4.8	12.1
	Rate of new West Nile Virus cases per 100,000, 2018-2020 [36]	1.8	5.0
	Number of reported outbreaks of foodborne illness, 2017-2019 [35]	4 (however, data missing for 2019)	141
	Rate of influenza hospitalizations for 65+ year olds per 100,000, 2017-2019 [30]	349.3	260
Morbidity Birth Defects	Percent of live births with low birth weight (<2500 grams) [14]	9.8%	9.3%
Morbidity Injury	Age-adjusted rate of motor vehicle injuries per 100,000, 2017-2019 [37]	140.9	100.5

Mortality	Age-adjusted rate of unintentional poisoning hospitalizations per 100,000, 2018-2020 [38]	313.2	187.9
	Infant (under 1 year) Mortality Rate per 1,000 live births, 2020 [14]	6.4	4.8
	Years of Potential Life Lost by age 65, 2017-2019, [39]	26,003	551,468

Age Adjusted 10 Leading Causes of Death per 100,000, 2017-2019 [39]

Ranking	Pueblo County	Colorado
1	Malignant neoplasms: 152.4	Malignant neoplasms: 126.2
2	Heart disease: 123.4	Heart disease: 122.1
3	Chronic lower respiratory diseases: 78.6	Unintentional injuries: 51.5
4	Unintentional injuries: 77.1	Chronic lower respiratory diseases: 42.6
5	Cerebrovascular diseases: 30.8	Cerebrovascular diseases: 33.9
6	Diabetes mellitus: 29.4	Alzheimer's disease: 31.5
7	Alzheimer's disease: 21	Suicide: 21.2
8	Chronic liver disease and cirrhosis: 24.6	Diabetes mellitus: 16.4
9	Suicide: 29.5	Chronic liver disease and cirrhosis: 14
10	Septicemia: 18.3	Other diseases of respiratory system: 10

Age Adjusted Rate of Leading causes of years of potential life lost before age 65 years, 2017-2019 [39]

Ranking	Pueblo County	Colorado
1	Unintentional injuries: 1752.1	Unintentional injuries: 924.2
2	Suicide: 822.1	Suicide: 565.4
3	Malignant neoplasms: 655.6	Malignant neoplasms: 406.1
4	Heart disease: 424.0	Heart disease: 278.2
5	Homicide/legal intervention: 328	Perinatal period conditions: 237.9
6	Perinatal period conditions: 339.3	Chronic liver disease and cirrhosis: 175.4
7	Chronic liver disease and cirrhosis: 285.6	Homicide/legal intervention: 169.5
8	Diabetes mellitus: 176.9	Congenital malformations, deformations, and chromosomal abnormalities: 140.2
9	Chronic lower respiratory diseases: 145.7	Diabetes mellitus: 64.6
10	Congenital malformations, deformations, and chromosomal abnormalities: 171.2	Chronic lower respiratory diseases: 42.3