

2022 Community Health Needs Assessment



Kaiser Permanente of Colorado

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente of Colorado 2022 Community Health Needs Assessment

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Kaiser Permanente of Colorado 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente of Colorado conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente of Colorado has identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Food insecurity
4. Income and employment
5. Structural racism
6. Climate and environment

To address those needs, Kaiser Permanente of Colorado has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

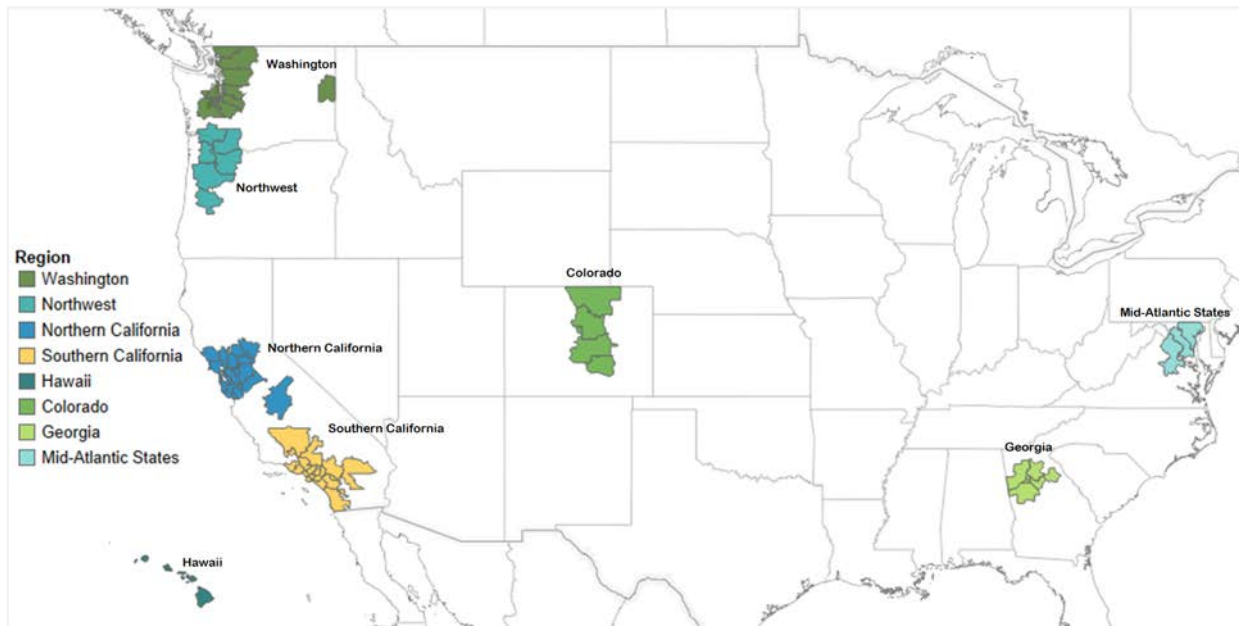
Introduction/background

About Kaiser Permanente

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Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

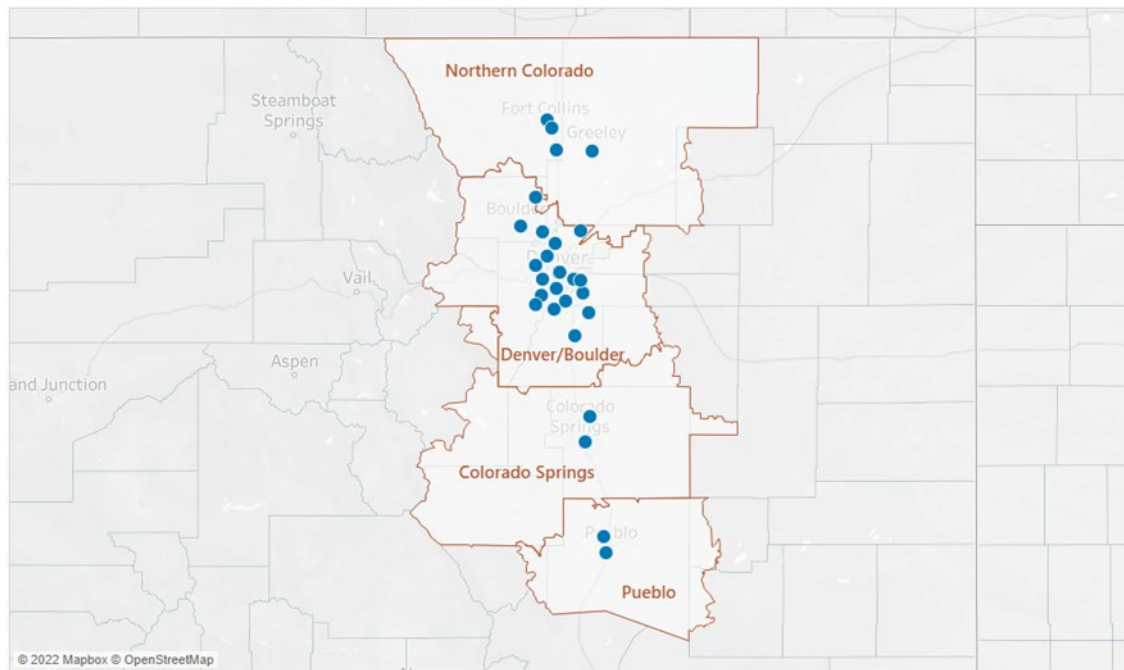
The Kaiser Permanente of Colorado 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>.

Community served

Kaiser Permanente defines the community served as those individuals residing within its service area. The Kaiser Permanente of Colorado service area includes all residents in a defined geographic area surrounding its medical facilities and does not exclude low-income or underserved populations.

Colorado region and service areas

● Kaiser Permanente medical offices



Colorado region demographic profile

Total population:	4,989,771
American Indian/Alaska Native	0.5%
Asian	3.8%
Black	4.6%
Hispanic	22.3%
Multiracial	2.7%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	65.8%
Under age 18	22.7%
Age 65 and over	13.1%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

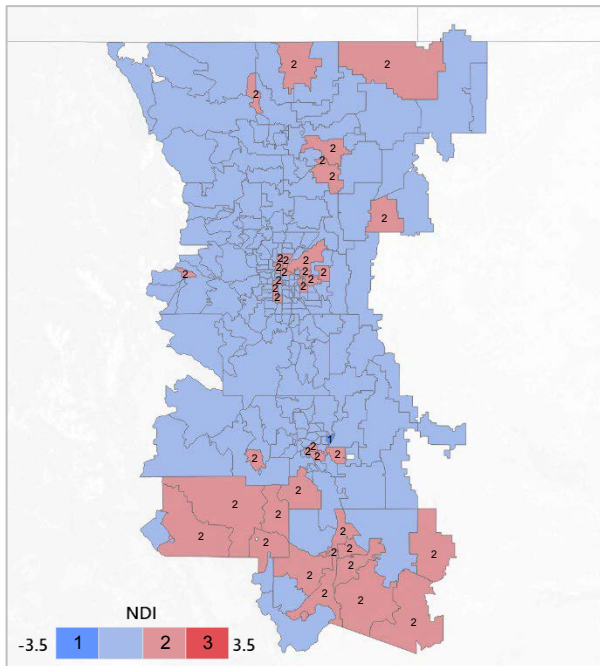
Neighborhood disparities in the Colorado region

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

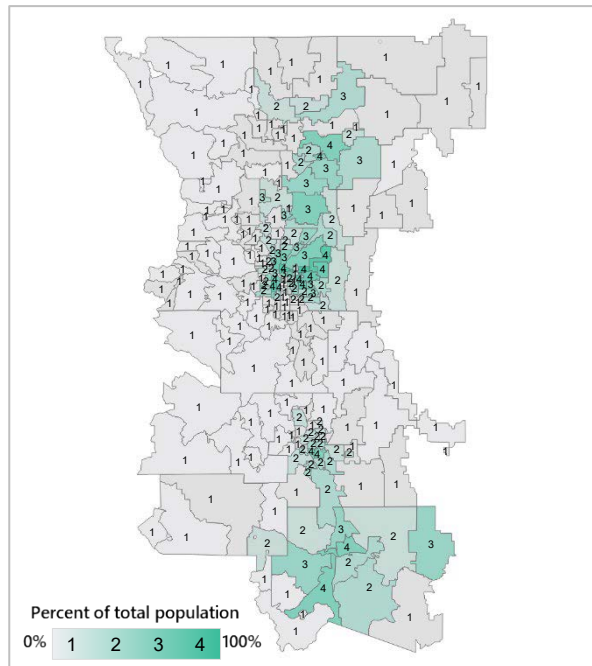
The map on the left shows the NDI for ZIP codes in the Colorado region. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

COLORADO REGION

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

Consultants who were involved in completing the CHNA

The Center for Community Health and Evaluation (CCHE) provided support with secondary and primary data collection, data analysis, and the writing of this report. CCHE designs and evaluates health-related programs and initiatives throughout the United States and brings experience conducting tailored needs assessments and engaging stakeholders. CCHE is part of Kaiser Permanente Washington Health Research Institute.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform, and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente of Colorado Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente of Colorado had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente of Colorado staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente of Colorado has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Colorado region

Before beginning the prioritization process, Kaiser Permanente of Colorado Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente of Colorado Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the Colorado region

1. Access to care: The Colorado region provides comprehensive health care services to best meet the needs of the community. Key components of accessing care in the Colorado region include one's ability to obtain preventative treatment, specialty care, and mental and behavioral health services. Key informants from health care, mental health and public health organizations shared that access to providers who provide culturally relevant services is a challenge. In the Colorado region improving the mental health and well-being of the community requires addressing challenges such as adequate system support for depression, suicide, and unhealthy substance use.

2. Housing: In the Colorado region, housing affordability — the ability of a typical resident to purchase an existing home in the area — is worse than the national average in most ZIP codes. Many households are spending more than 30 percent of their income on mortgages. The Colorado housing crisis is multifaceted and varies by geography. Colorado's population has increased by almost 1 million over the past decade. The population increase, combined with the recent increase in housing prices and rents has low income households at risk of losing their home. In rural areas, homes are being purchased as second homes or investors are purchasing vacation homes. This displaces long-time residents and makes it hard for individuals who work the service and tourism industries to afford a home that is close to where they work. Key informants shared that employers in rural areas are considering buying and renovating old hotels into multi-family housing units to house workers and their families.

3. Food insecurity: Food insecurity is a need across the region and people with lower incomes, rural residents, young adults, black/African American and Hispanic/Latinx people, and women are disproportionately affected by food insecurity. Food insecurity, like most health needs, is part of interconnected and complex systems. To make progress in reducing food insecurity a system of solutions must exist. The Colorado Blueprint to End Hunger is working to research, fund, and implement solutions so that "every Coloradan can access the food they choose, where they want it, when they need it." Key informants shared that residents experiencing food insecurity access supports in a variety of ways such as utilizing food pantries, receiving supplemental food from school, and enrolling in programs like the Supplemental Nutritional Assistance Program (SNAP).

4. Income & employment: Many factors, such as the pandemic, social unrest and political divisiveness, impact income and employment in the Colorado region. During the pandemic unemployment hit an all-time high, reaching more than 11 percent unemployed in many areas. As communities in Colorado continue to economically recover, unemployment rates continue to drop. However, access to jobs, and especially jobs that pay a living wage is not equal, which creates disparities between people of color and white households. Community representatives shared that the economic divide is growing in Colorado and that investments should be made to support businesses owned by people of color.

5. Structural racism: Racism underlies all other health concerns, according to key informants who were interviewed. They described this as the consistent disinvestment in communities of color and the way systems are set up to benefit some people but not others. According to one from a service organization “in the communities that we work in, both rural and in urban areas, different races have just really been impacted so differently. So many of the historically marginalized communities have been impacted by racism.” The pandemic worsened inequities. In Colorado, American Indian/Alaskan Native, Black and Latino Coloradans were more likely to report job loss, reduced income and other financial hardship due to COVID-19.

6. Climate & environment: In Colorado, temperatures have risen by about 2.5 degrees Fahrenheit since the beginning of the 20th century. Within Colorado 4 major rivers supply water to 18 other states. Warming temperatures reduces overall water availability and leads to earlier snowmelt in a given year. In addition, the frequency of severe droughts has increased, which reduces soil moisture and leads to more frequent and severe wildfires. Colorado is taking intentional steps to build equity and justice into climate strategies. Most recently creating an Environmental Justice Unit at the Colorado Department of Public Health and Environment, which is mapping environmental burdens such as air pollution, changing climate, and how close people live to lots of traffic in communities across the state.

Health need profiles

Detailed descriptions of the significant health needs in the Colorado region follow.

Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

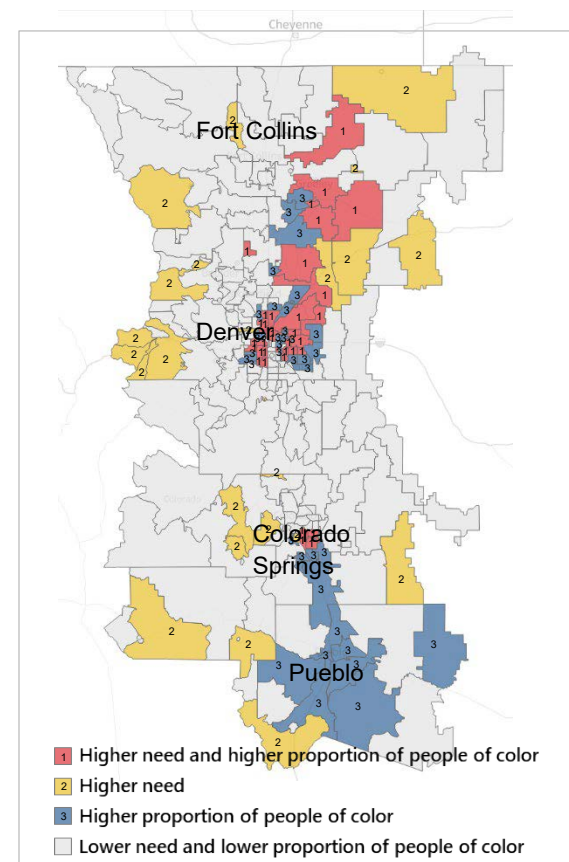
The Colorado region provides comprehensive health care services to best meet the needs of the community. Key components of comprehensive access to care in the Colorado region include the ability to obtain preventative treatment, specialty care, and mental/behavioral health services.

Insurance coverage

Insurance coverage in the Colorado region is a moderate need, with 7.5 percent of the adult population uninsured, which is better than the national average of 22.1 percent uninsured. The rate of uninsured children in Colorado is also low at 3.6 percent. However, despite better than average rates, disparities in coverage among adults and children are seen by geography, race, and ethnicity. According to the Colorado Health Access Survey, the top three reasons Coloradans are likely to be uninsured include high cost, loss or change of job, and lack of coverage eligibility for themselves or partners through an employer. Key informants also stressed that the COVID-19 pandemic created breaks in coverage, which may have pushed people to delay seeking care. For patients who were already experiencing economic challenges pre-pandemic, the burden was exponentially compounded. Job loss during the pandemic increased the number of uninsured patients, who experienced even higher financial stress, including inability to pay for medications, pay medical bills or copays, or even cover transportation costs to reach their appointments.

PERCENT UNINSURED, COLORADO REGION, 2015-2019

ZIP codes shaded in yellow (2) have rates of uninsured adults higher than the national average, those shaded in red (1) have high rates of uninsured adults and more than 34 percent of the population are people of color.



Source: [Kaiser Permanente Community Health Data Platform](#)

Mental & behavioral health

In the Colorado region, improving the mental health and well-being of the community requires addressing challenges such as adequate system support for depression, suicide, and unhealthy substance use.

The age-adjusted suicide rate is more than 20 percent higher than the national average in all service areas in the Colorado region. According to the Center for Disease Control and Prevention, factors linked to suicide include substance misuse, job or financial challenges, relationship problems, and physical or mental health conditions. These factors may be exacerbated in rural counties with less social connectivity and limited access to services.

We've seen a much higher level of need coming into the crisis centers. Isolation is impacting that and then people are not seeking the services for whatever reason - fear of getting COVID or when they are showing up and they're at extreme crisis level. It's a perfect storm combining behavioral health, substance use, and isolation.

– Mental health provider

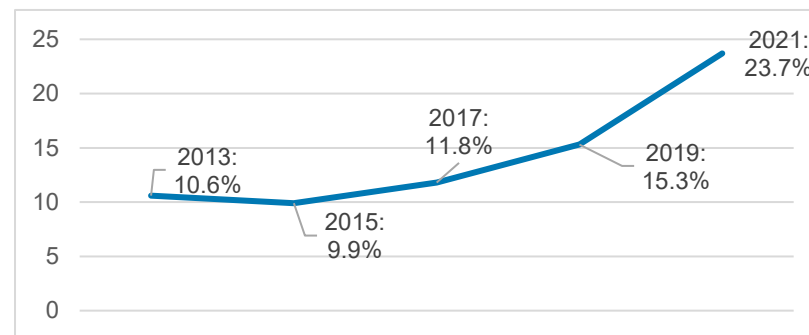
The COVID-19 pandemic has impacted the mental health of Coloradans. The 2021 Colorado Health Access Survey found that almost 25 percent of residents said that their mental health was poor. Young adults were disproportionately impacted, with more than half of people ages 19 to 29 saying their mental health declined during the pandemic. Key informants also shared that the pandemic was impacting the mental health of residents in the region, noting increases in substance use, health care staff burn out, and stress around balancing childcare and work.

Culturally responsive care

Key informants from health care, mental health and public health organizations shared that access to providers who provide culturally relevant services is a distinct challenge. More than just spoken language, culturally competent care includes sharing similar lived experiences, understanding cultural norms, and acknowledging historical barriers to care. When culturally relevant care is provided, bias and discrimination are reduced, and trust increases between patient and providers. Research shows that continued use of race as a biological concept limits our ability to focus on “social drivers of health inequities, including racism” and adds to ongoing “bias and discrimination among providers.” The medical community has increased efforts to reevaluate and revise its practices and move toward “race-conscious (as opposed to race-based) medicine.”¹

PERCENTAGE REPORTING EIGHT OR MORE POOR MENTAL HEALTH DAYS IN THE PAST MONTH, COLORADO, 2013-2021

More Coloradans reported poor mental health in 2021 than ever before.



Source: [Colorado Health Access Survey](#)

¹Use of Race in Clinical Diagnosis and Decision Making: Overview and Implications. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/use-of-race-in-clinical-diagnosis-and-decision-making-overview-and-implications/>

Health need profile: Housing

Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Housing affordability

Colorado's population has increased by almost 1 million over the past decade. This increase has contributed to the lack of housing stock leading to increases in housing prices and rents and putting more low-income households at risk of housing instability.

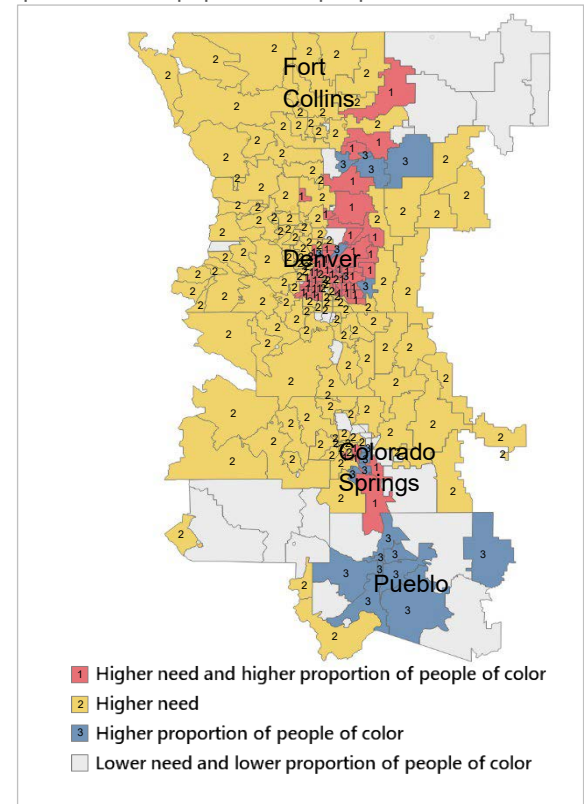
The Denver metropolitan area is experiencing a housing crisis, as is much of the state. According to the U.S. Census Bureau 2015-2019 American Community Survey, over 18 percent or roughly 396,000 metro Denver households spent between 30 and 49 percent of their income on housing.

Structural racism has left its mark, disproportionately affecting generational wealth via home ownership. Although practices such as redlining and restrictive covenants are no longer legally sanctioned, discrimination endures in the home buying process for communities of color. And those who do not own their home are more likely to experience lower housing quality. Older rentals may have habitability issues such as pests and mold and may also be in closer proximity to freeways, industry, and toxic waste sites.

Individuals and families living in poor quality housing are less able to adapt to hazards associated with climate change and environmental exposures.

HOUSING AFFORDABILITY INDEX, COLORADO REGION, 2015-2019

Housing costs are high across the Colorado region. ZIP codes shaded **yellow** (2) are places with low housing affordability, i.e., where residents have a lower than average ability to purchase a home ("higher need"); those **shaded red** (1) are places with low housing affordability more than 34 percent of the population is people of color.



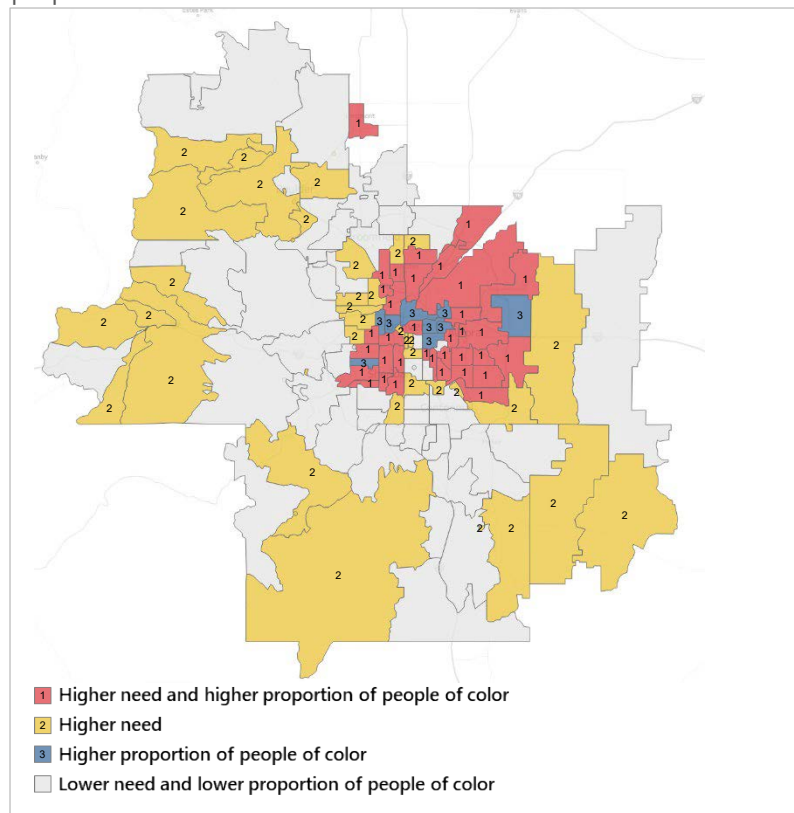
Source: [Kaiser Permanente Community Health Data Platform](#)

Homelessness

It is estimated that nearly 11,000 Coloradans are homeless. Key informants shared that their organizations are being called to provide support for a growing unsheltered population, especially in the Denver metropolitan area where residents are being displaced, often ending up living in hotels, cars, or on the street. According to the Metro Denver Homeless Initiative, the number of people in Denver shelters who reported experiencing first-time homelessness in 2021 nearly doubled over 2020. The racial disparities among the unhoused are prominent. Black Americans are 5 times more likely to experience homelessness than white Americans. And the effects of homelessness on health are stark. The average unhoused person’s lifespan is shortened by more than 17 years compared to the general population. People who have unstable housing environments are more likely to forego necessary medical care, skip medication, or be negatively impacted by their environment in ways that worsen their health.

MODERATE HOUSING COST BURDEN, DENVER/BOULDER SERVICE AREA, 2015-2019

ZIP codes shaded yellow (2) are places with moderate housing cost burden, i.e., percent of households with housing costs greater than 30 percent but less than 50 percent of income; those shaded red (1) are places with moderate housing cost burden and where more than 34 percent of the population is people of color.



The population in Denver and along the Front Range specifically, more people are moving into it. I don't think that we can keep up with the demand that we're seeing, and so more and more people are at risk of being squeezed out of their neighborhoods. And as we know historically, those are often families of color that are going to be displaced from their neighborhoods. It's going take the whole community, the whole system to try to figure out how to not see homelessness rise in the face of all that. Housing and homelessness those two paired together I would say is a big need.

– Housing representative

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Food insecurity

Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

According to Feeding America, 566,440 Coloradans face hunger, and of those 147,120 are children. This means that 1 in 10 people and 1 in 9 children experience hunger. Food insecurity is a need across the region and people with lower incomes, rural residents, young adults, Black and Hispanic people, and women are disproportionately affected by food insecurity.

FOOD INSECURITY BY RACE/ETHNICITY, AGES 19 to 44, COLORADO, 2021

A third of younger Black adults had trouble affording food.

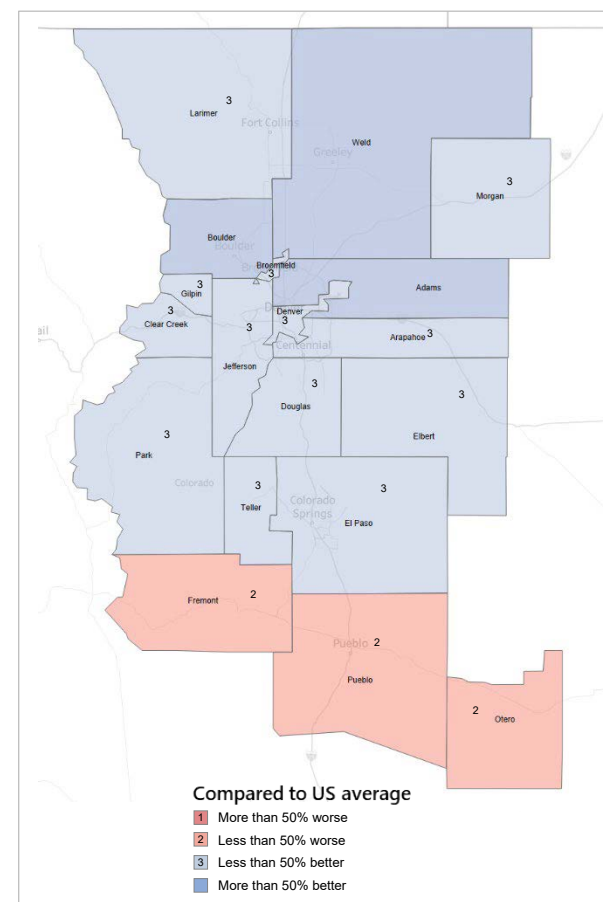
Race/ethnicity	Percent food insecure
Black	33%
Latino	21%
White	10%
Multiracial	10%

Source: [Colorado Health Access Survey](#)

Food insecurity in the Pueblo service area is 20 percent worse than the national average and it has highest percentage of food insecure population in the region.

FOOD INSECURITY COLORADO REGION, 2018

Areas shaded red (1) are counties where food insecurity is higher than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Addressing inequities in food access

Food insecurity, like most health needs, is part of interconnected and complex systems. To make progress in reducing food insecurity a system of solutions must exist. The Colorado Blueprint to End Hunger is working to research, fund, and implement solutions so that every Coloradan can access the food they choose, where they want it, when they need it. Key informants shared that residents experiencing food insecurity access supports in a variety of ways such as utilizing food pantries, receiving supplemental food from school, and enrolling in programs like the Supplemental Nutritional Assistance Program (SNAP). They shared that individuals may not be aware of the full breadth of the system of food supports available in the region, encouraging food navigation to be included as part of social supports. According to the USDA, in Colorado 79 percent of the eligible population is enrolled in SNAP, which is slightly less than the national average of 82 percent. However, this one of the lowest enrollment rankings in the United States ranking 44th. When eligible Coloradans are enrolled in SNAP it generates local economic activity from grocery store sales and result in a high return on investment in terms of improved health outcomes and reduced health care costs.¹

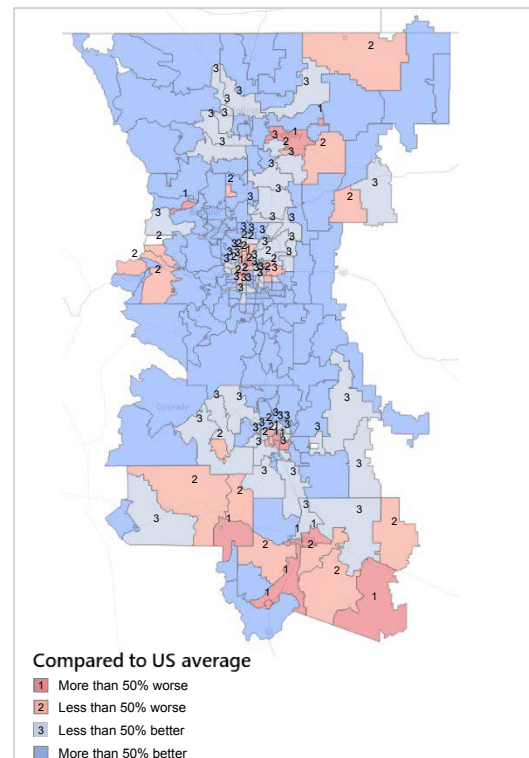
A lot of low-income communities are being pushed further and further away from our food support services, and I'm sure neighborhood stores as well. Access to grocery stores is an issue. Transportation barriers exist, buses don't always run on schedules or routes that take individuals to the places they need to go when they need to go.

– Nonprofit representative

¹ Colorado Blueprint to End Hunger. January 2018.

SNAP ENROLLMENT, COLORADO REGION, 2015-2019

Areas shaded red (1) are ZIP codes with SNAP enrollment worse than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

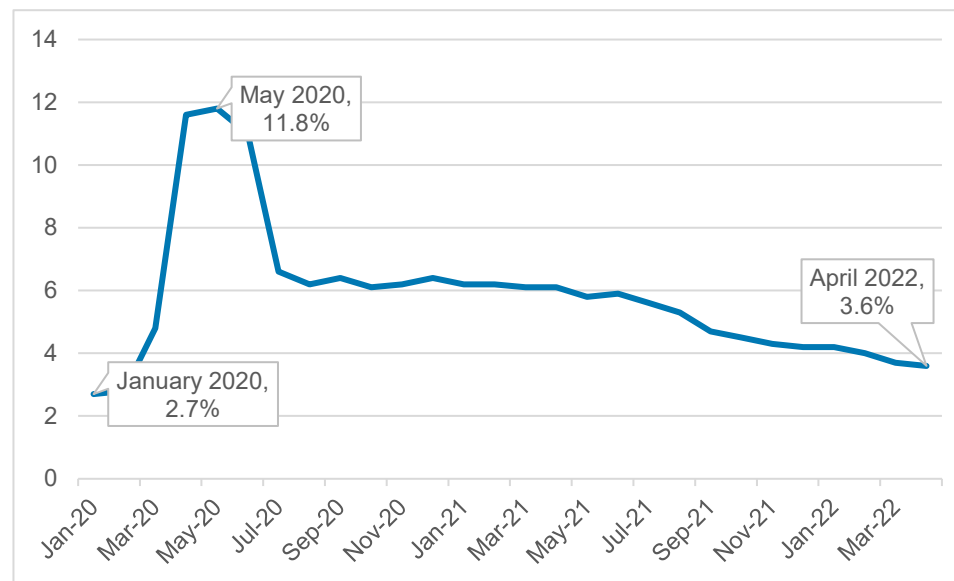
Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Many factors, such as the pandemic, social unrest and political divisiveness, impact income and employment in the Colorado region. During the pandemic unemployment hit an all-time high, reaching more than 11 percent unemployed in many areas. As communities in Colorado continue to economically recover, unemployment rates continue to drop. However, access to jobs, and especially jobs that pay a living wage is not equal, which creates disparities between people of color and white households.

SEASONALLY ADJUSTED UNEMPLOYMENT RATE, COLORADO, 2020-2022



Source: [US Bureau of Labor Statistics](#)

Informants shared that small business owners who identify as people of color were at increased risk of losing their livelihood during the pandemic. One noted that Black and Asian businesses were under attack, being robbed and vandalized in some communities. Respondents shared that investments should be made to stabilize those businesses impacted by protests and riots.

Median household income varies across the region. In the Colorado Springs, and Pueblo service areas most households earn less than the median household income (\$70,036). It also varies by race and ethnicity across the state, with white individuals earning more than individuals who identify as American Indian/Alaska Native, Black, or Latino. Access to equal pay reduces economic instability and increases economic stability for households.

I think there is going to continue to be this economic divide that's growing exponentially that we should be paying attention to it.

– Social service representative

Education

Throughout the region rates of preschool enrollment and elementary school proficiency index vary. Communities with lower rates of preschool enrollment are more likely to have fewer students proficient in third grade reading. According to County Health Rankings, school achievement is a predictor of future academic outcomes, which is connected to better health outcomes including increased educational and employment opportunities. Advancing strategies that create equitable access and funding to support education opportunities is key.

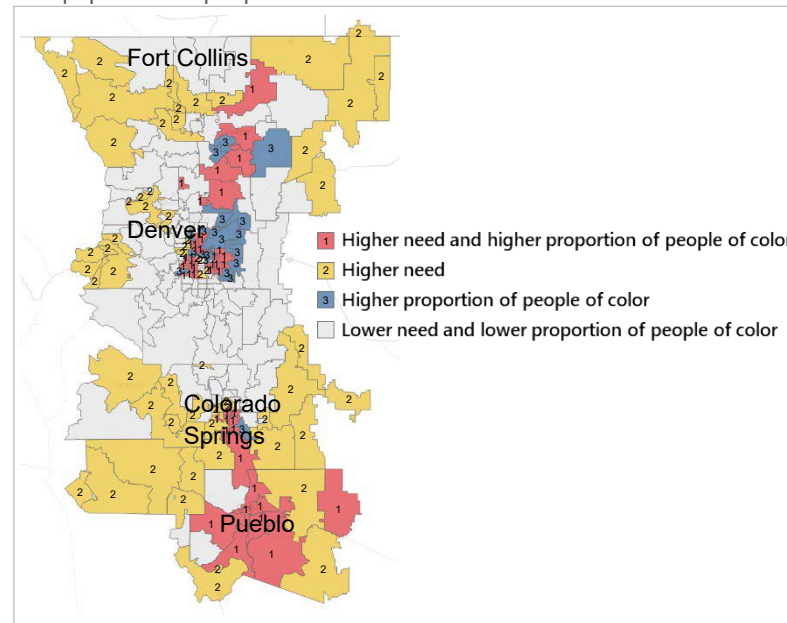
MEDIAN INCOME, COLORADO, 2015-2019

	Median income
American Indian/Alaska Native	\$47,097
Black	\$51,677
Latino	\$53,929
White	\$74,730

Source: [American Community Survey](#)

MEDIAN HOUSEHOLD INCOME, COLORADO REGION, 2015-2019

ZIP codes shaded **yellow** (2) are places with household median income lower than the national average, those **shaded red** (1) are places with lower median incomes and where more than 34 percent of the population is people of color.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Structural racism



Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

Addressing structural racism in the Colorado region is multifaceted, with no one starting point. One approach is to start by understanding the historical policies and practices that enabled racism to flourish, then identify biases and opportunities to change policies and practices, and shift power across systems such as health care, housing, social services, employment, education.

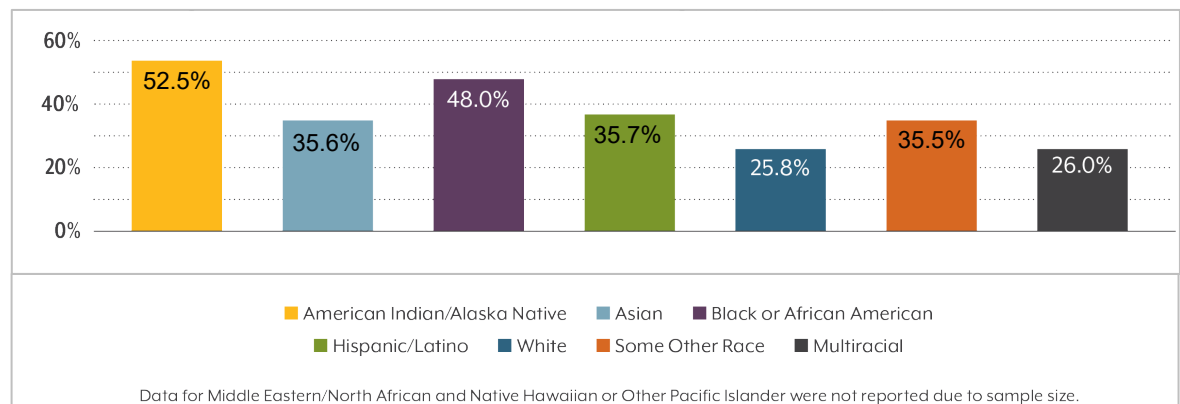
Community perceptions of racism in the Colorado region

Racism underlies all other health concerns, according to key respondents who were interviewed. They described this as the consistent disinvestment in communities of color and the way systems are set up to benefit some people but not others. According to a service organization source, “in the communities that we work in, both rural and in urban areas, different races have just really been impacted by racism.”

Another source, noted that as long as there is a two-tier system of individuals who have status and those who don't, you're going to always have inequities. The pandemic worsened these inequities. In Colorado, American Indian/Alaskan Native, Black and Latinx populations were more likely to report an increase in job loss, reduced income, and other financial hardship due to COVID-19.

REDUCED WORKING HOURS OR INCOME AS A RESULT OF COVID-19, AGES 16+ BY RACE/ETHNICITY, 2021

More than half of American Indian/Alaska Native Coloradans lost income or reduced their working hours due to COVID-19.



Source: [Colorado Health Access Survey](#)

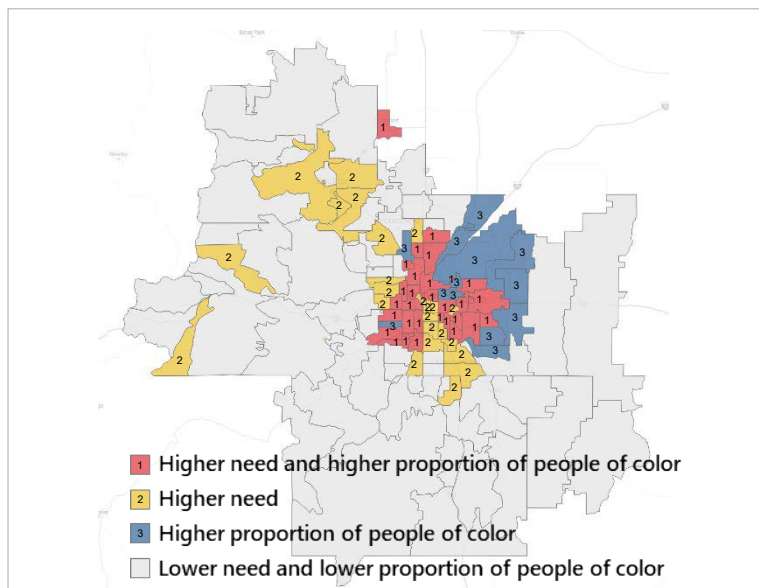
Racial Wealth gap

In Denver, the racial wealth gap can be tied directly to redlining and the inability to own one’s home. The disparity between wealth in Black and white households has continued to grow, despite legislation such as The Fair Housing Act. In Colorado, home ownership rate among white people is 1.5 times that of Black people and 1.3 times that of Latinx communities. Informants noted that In Colorado, historic systems operated through oppression toward communities of color which uplifted white communities. This system decreased access to jobs, economic security and has established a significant wealth gap for people of color. Working to address the greater disparities in terms of income, access to living wage jobs, and educational access is going to be crucial.

According to the 2019 Survey of Consumer Finances the median family wealth of a typical white family (\$188,200) is 5.2 times that of a typical Latinx family (\$36,100) and 7.8 times that of a typical Black family (\$24,100). Redlining hurt the ability of people of color to qualify for loans and in turn greatly diminished their opportunity to build wealth. The map below illustrates that Denver neighborhoods impacted by redlining (receiving a grade of “hazardous” or ‘definitely declining”) continue to have low rates of homeownership.

HOMEOWNERSHIP RATES, DENVER/BOULDER SERVICE AREA, 2015-2019

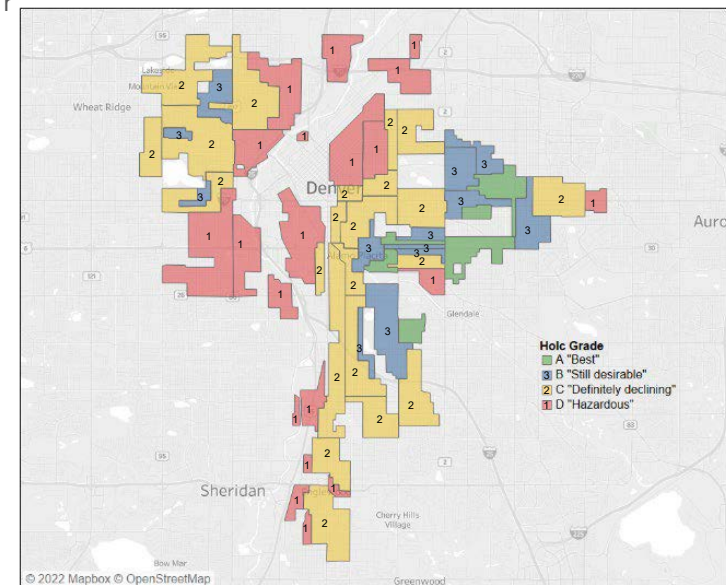
ZIP codes shaded **yellow** (2) are places with rates of uninsured adults higher than the national average, those **shaded red** (1) are places high rates of uninsured and where more than 34 percent of the population is people of color.



Source: [Kaiser Permanente Community Health Data Platform](#)

RESIDENTIAL SECURITY MAP, DENVER, CO

Areas shaded **yellow** (2) received a HOLC rating for “definitely declining” those **shaded red** (1) received a HOLC rating of “hazardous”



Source: [Mapping Inequality](#)

Health need profile: Climate & Environment

In 2021, more than 200 leading medical journals jointly declared a warming planet as the greatest threat to global public health.

There is a wide consensus that human-caused emissions of carbon dioxide and other greenhouse gases are the main driver of the climate impacts we're now witnessing.

Nearly all parts of the U.S. have experienced the effects of a changing climate, including flooding and power outages caused by hurricanes, record-breaking heat waves, and dangerous air quality as a result of wildfire smoke. As average temperatures rise, disease-carrying insects are moving further northward. Extreme heat and drought have affected agricultural production in places like California's Central Valley.

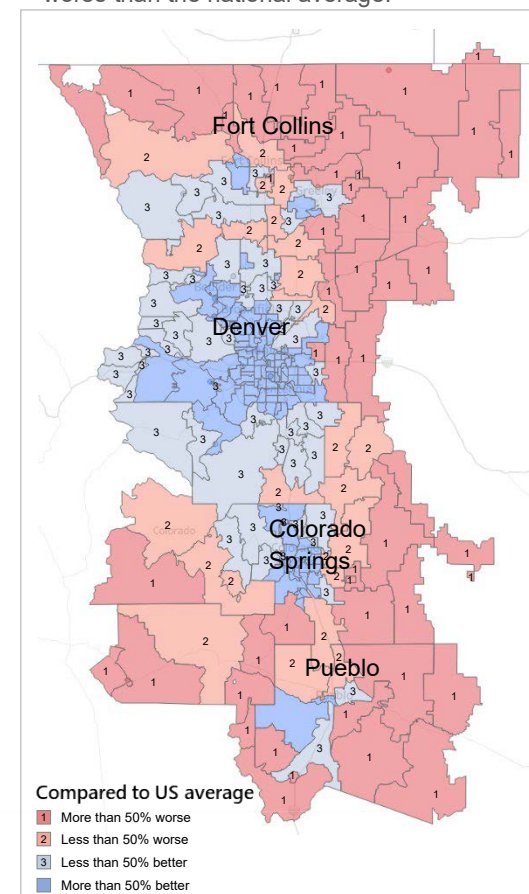
Long-term exposure to fine particulate matter from vehicles and wildfires compromises children's immune systems and increases their risk of asthma. Communities of color are disproportionately affected by environmental risks, including air pollution in both urban and rural environments. Black residents of cities are more likely to live in heat islands that lack tree canopy and green space, while some indigenous communities are losing tribal lands to coastal flooding.

In Colorado, temperatures have risen by about 2.5 degrees Fahrenheit since the beginning of the 20th century. Colorado is home to the headwaters of 4 major rivers that supply water to 18 other states. Warming temperatures reduce overall water availability and lead to earlier snowmelt each Spring. In addition, the frequency of severe droughts has increased, which reduces soil moisture and leads to more frequent and severe wildfires.

Colorado has been in a near-constant state of drought since 2001, with three historic droughts occurring in the past 20 years: in 2002, 2012, and 2018. Three of the five driest years on record for Colorado have occurred since 2002. During the summer and fall of 2020, Colorado experienced one of its worst wildfire seasons. Warm and extremely dry conditions, combined with high winds and low relative humidity, led to the ignition and spread of numerous wildfires. Three of these grew to become several of the largest wildfires ever recorded in Colorado—the Cameron Peak Fire, the East Troublesome Fire, and the Pine Gulch Fire, which collectively burned more than a half million acres. Other western states also suffered record-breaking wildfire seasons in 2020, and collectively these fires cost more than \$16 billion in damages. The smoke from these fires also created unhealthy air quality conditions for millions of people across the state and downwind from the fires.¹

DROUGHT RISK, COLORADO REGION, 2021

Areas shaded in **dark red (1)** show ZIP codes with a drought risk that is 50 percent worse than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Legacy of racist policies

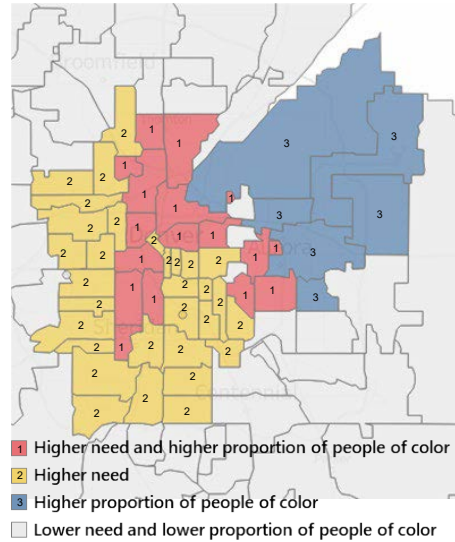
The Home Owners’ Loan Corporation (HOLC), a federal agency, created color-coded maps of metropolitan areas across the U.S., with the “safest” neighborhoods for banks to issue mortgages colored green and the “riskiest” colored red. The ratings were often related to the proportion of people of color, particularly Black people, that lived in or were likely to move to an area but were also based on physical characteristics such as transportation infrastructure or condition of housing.

Neighborhoods that were given a lower HOLC grade have been shown to have greater exposure to air pollution even now.² As shown on the map, current Denver neighborhoods with a higher population of color and higher levels of particulate matter are among those that were given “hazardous” HOLC ratings.

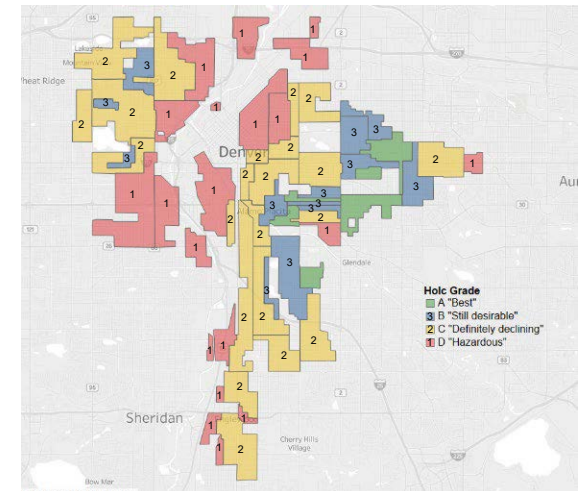
DISPARITIES ASSOCIATED WITH HISTORIC REDLINING

The maps below show that areas with higher than average PM2.5 concentration are areas that received hazardous HOLC ratings in 1938.

ESTIMATED PARTICULATE MATTER, DENVER SERVICE AREA, CO, 2.5 CONCENTRATION, 2018



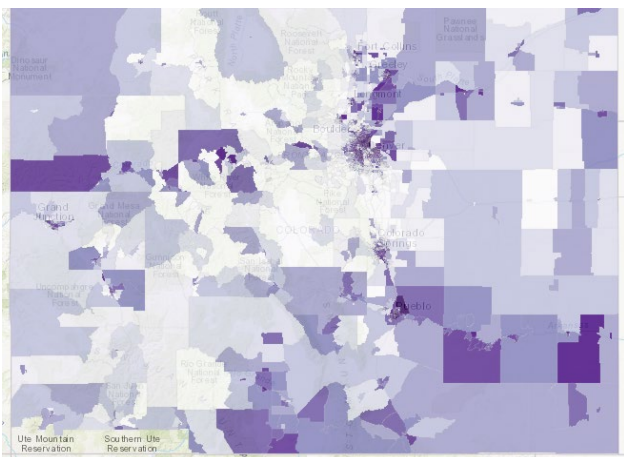
RESIDENTIAL SECURITY MAP, DENVER, CO



Sources: [Kaiser Permanente Community Health Data Platform](#); [Mapping Inequality](#)

COLORADO CLIMATE EQUITY MAP, 2022

Areas shaded darker have worse climate equity scores and higher exposure to environmental burdens.



Source: [Colorado Climate Equity Viewer](#)

Environmental Justice

Colorado is taking intentional steps to build equity and justice into its climate strategies. The recently created Environmental Justice Unit at the Colorado Department of Public Health and Environment is mapping environmental burdens such as air pollution, changing climate risks, and proximity to traffic in communities across the state. The map also takes into consideration population characteristics such as health status, age, race/ethnicity, and education level, and will serve as a tool for identifying and supporting the most disproportionately impacted communities in our state. An example of the mapping tool is shown to the left.

¹NOAA State Summaries, [Colorado](#)

²*Environ Sci Technol Lett* 2022, 9(4):345–350

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Colorado region includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente of Colorado 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente of Colorado’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente of Colorado 2019 Implementation Strategy priority health needs

1. Substance use
2. Mental health
3. Economic security
4. Access to primary & Specialty care
5. Physical environment to promote healthy eating and active living

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente of Colorado Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente of Colorado addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

One example of a key accomplishment in response to our 2019 IS includes Creative Strategies for Change is a grantee addressing systemic racism that mobilizes arts and education for social justice. Overall, its evaluation results for its adult leadership cohort showed significant transformation. The adult cohort had 21 participants; 65 percent identified as Black, Indigenous, and People of Color. The growth occurred in survey results demonstrating increased knowledge of social justice and mental health practices, increased confidence in confronting inequitable experiences moving forward, and more participation in art-based tools and practices.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Colorado Centennial Fund was awarded \$675,000 to increase vaccination rates among the communities hardest hit by the pandemic. The program is expected to reach 100,000 school-aged youth by removing access and trust barriers to ensure people at highest risk for contracting COVID-19 receive the vaccine.

Kaiser Permanente of Colorado 2019 IS priority health needs and strategies

Mental health including strategies to address substance use

During 2020-2021, 5 grants were awarded to community organizations, for a total investment of \$1,485,656 to address mental health in the Colorado region.

Examples and outcomes of most impactful strategies

Thriving Schools: Boulder Valley School District

Boulder Valley School District was awarded \$300,000 over three years to promote the social-emotional health of staff and students. The program is expected to reach 4,408 K-12 students by expanding the reach of the Resilience in Schools and Educators (RISE) program.

Thriving Schools: Cherry Creek School District #5

Cherry Creek School District #5 was awarded \$300,000 over three years to promote the social-emotional health of staff and students. The program is expected to reach more than 50,000 K-12 students by expanding the reach of the Resilience in Schools and Educators (RISE) program.

UpRise: CityHealth

Kaiser Permanente of Colorado donated \$15,000 to the University of Colorado Foundation to support youth advocacy focused on banning flavored tobacco. Through outreach and education the messages will reach more than 3,000 Colorado youth.

Economic security including strategies to address substance use

During 2020-2021, 21 grants were awarded to community organizations, for a total investment of \$3,059,583 to address economic security in the Colorado region.

Examples and outcomes of most impactful strategies

Improving Colorado's Health

The Colorado Blueprint to End Hunger was awarded \$95,000 to increase food security. The program reached 330,000 individuals by focusing on streamlining the SNAP and WIC enrollment

Building Community Wealth and Health in Metro Denver

The Center for Community Wealth Building was awarded \$95,000 to provide core and/or programmatic support and access to capacity-building, coaching, and capital to small businesses. This organization is expected to refer 100 BIPOC businesses to Pacific Community Ventures Business Advising, increasing economic opportunities in traditionally disenfranchised communities.

Sistahbiz Global Network - Strengthening Economic Security

The Foundation for Black Entrepreneurship was awarded \$95,000 to increase access to capital and strengthen financial and business literacy in the Black business community through culturally-responsive, high-touch services and business development programming. Through the Sistahbiz Global Network this program anticipates supporting 200 Black women entrepreneurs living in the Denver Metro area.

Access to care

Care and coverage: Kaiser Permanente of Colorado ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	46,749	47,796	\$65,447,640	\$58,317,793
Charitable Health Coverage	74		\$ 141,905	
Medical Financial Assistance	37,213	30,162	\$23,524,239	\$24,235,754
Total care & coverage	84,036	77,958	\$89,113,784	\$82,553,547

Other access to care strategies: During 2020-2021, 12 grants were awarded to community organizations, for a total investment of \$3,357,066 to address access to care in the Colorado region.

Examples and outcomes of most impactful other strategies

Access to Specialty Care

Hopelight Medical Center was awarded \$50,000 to Increase patient access to specialty care by using an e-consult platform and utilizing a care coordination and referral team. The program anticipates providing 1,200 patients with increased access to specialty care.

COVID-19 Vaccine Response

The Colorado Centennial Fund was awarded \$67,500 to increase COVID-19 vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. The initiative will increase vaccine access for more than 10,000 Colorado residents.

Physical environment to promote healthy eating and active living

During 2020-2021, 5 grants were awarded to community organizations, for a total investment of \$1,230,000 to address the physical environment to promote healthy eating and active living in the Colorado region.

Examples and outcomes of most impactful strategies

Produce Boxes for WIC Beneficiaries

LiveWell Colorado was awarded \$75,000 to purchase boxes of fresh, high-quality fruit and vegetables directly from local and regional growers to distribute to WIC participants in the Front Range. The program provided 570 food insecure Coloradans access to fresh fruits and vegetables.

KPCO WIC Produce Boxes

Nourish Colorado was awarded \$300,000 to purchase boxes of fresh, high-quality fruit and vegetables directly from local and regional growers to distribute to WIC participants in the Front Range. Approximately 770 WIC households will receive nutrition education and access to healthy food.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. Colorado Blueprint to End Hunger	2018
2. Colorado Climate Equity Viewer	2022
3. Colorado Health Access Survey	2013-2021
4. Mapping Inequality	1938
5. NOAA State Summaries	2019
6. US Bureau of Labor Statistics	2020-2022

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Group interview	Envida	2	Transportation, social health	Leader	08/24/2021
2	Key informant interview	Asian Pacific Development Center		Mental health, racial equity	Leader, member	08/03/2021
3	Key informant interview	Civitas	1	Substance use, healthy eating	Leader	08/24/2021
4	Key informant interview	Denver Department of Public Health	1	Public health	Leader	08/06/2021
5	Key informant interview	Tepeyac Community Health Center	1	Health care, safety net	Leader	08/23/2021
6	Key informant interview	Community Solutions	1	Housing	Leader	08/16/2021
7	Key informant interview	Harrison School District 2	1	Education, racial equity, youth	Leader	08/04/2021
8	Key informant interview	American Red Cross	1	Disaster response, social health	Leader	10/29/2021
9	Key informant interview	Hunger Free Colorado	1	Food insecurity	Leader	08/18/2021
10	Key informant interview	Resilient Futures	1	Structural racism	Leader	08/19/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Colorado Department of Public Health & Environment	The department serves Coloradans by providing public health and environmental protection services that promote healthy people in healthy places.
	Unite Colorado	A coordinated care network of health and social service providers to address people's social needs and improve health across communities.
Access to care	Safety net partners	Federally Qualified Health Centers, Community Mental Health Centers, and other providers who provide primary care, mental health, and substance use services for Coloradans with public, private, or no insurance.
	Communities that care coalitions	Local coalitions focused on substance use prevention among youth.
Housing	Housing Colorado	A statewide membership organization committed to providing advocacy, professional development and issue expertise for the affordable housing community.
	Colorado Coalition for the Homeless (CCH)	They work collaboratively toward the prevention of homelessness and the creation of lasting solutions for families, children, and individuals who are experiencing or at-risk of homelessness throughout Colorado. CCH advocates for and provides a continuum of housing and a variety of services to improve the health, well-being, and stability of those it serves.
Food insecurity	Colorado Blueprint to End Hunger	A multi-year plan to end hunger for all Coloradans. Key elements of the plan include efforts to maximize enrollment of income-eligible Coloradans in both the Supplemental Nutrition Assistance Program (SNAP) and the Woman, Infants and Children Food and Nutrition Service (WIC), which focuses on mothers, infants, and children under five years of age.
	Hunger Free Colorado	Their mission is to connect people to food resources to meet existing needs and drive policy, systems and social change to end hunger. To meet existing needs, we make it easier for people to access and afford food with dignity.
Income & employment	Colorado Center on Law and Poverty	Non-profit organization uses research, education, advocacy, and litigation to remove barriers to self-sufficiency and to help Coloradans meet their basic needs.

Identified need	Resource provider name	Summary description
Structural racism	Colorado Health Foundation	We serve Coloradans who have less power, privilege and income, and prioritize Coloradans of color. We are informed by the community and those we exist to serve. We do everything with the intent of creating health equity.
Climate & environment	Colorado Climate Center	As a recognized State Climate Office, the Center strives to collect and observe data with the purpose of monitoring the climate, placing individual events into historical perspective, disseminating climate information to the user community, and providing climate expertise as part of the decision-making process.