



El Paso County Community Health Improvement Plan

2018-2022





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Letter from the Director

On behalf of El Paso County Public Health (EPCPH), we would like to thank everyone in the community who has assisted in the creation of the Community Health Improvement Plan (CHIP). Without this support, the CHIP would not be possible. We are all part of the "Public Health System," working together to assure the community receives the essential public health services.

The CHIP is a long-term, systematic effort to address public health problems on the basis of the results of the Community Health Assessment (CHA) and the community health improvement process. Information on the CHA process is available in the [Health Indicators Report](#). This plan was created in collaboration with community partners to set priorities and coordinate resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. The CHIP defines the vision for the health of the community through a collaborative process.

In 2011, the Healthy Community Collaborative (HCC) was formed to create an action plan to improve the health of the residents of El Paso County. The HCC is a stakeholder group of more than 60 community partners, which consist of representatives from schools, hospitals, health systems, non-profit organizations, city and county government agencies, public health, medical providers, businesses, and interested citizens. EPCPH is proud to facilitate the HCC and support the CHIP process and outcomes.

HCC has chosen two focus areas: 1) mental health and substance abuse, and 2) healthy eating and active living, targeting community efforts and resources using evidence-based practices. HCC's vision is to increase healthy life expectancy for all in El Paso County by offering opportunities and removing barriers that prevent people from achieving optimal health by:

- Reversing the upward trend of obesity by addressing its root causes
- Decreasing the incidence of poor mental health and substance use and misuse

Although the CHIP is a local effort, we have an ongoing collaborative relationship with the Colorado Department of Public Health and Environment (CDPHE), the Centers for Disease Control and Prevention (CDC) and other organizations throughout the state and country to share expertise and experiences to enhance our CHIP. Awareness of state priorities and national Public Health Accreditation Board (PHAB) standards are key to the success of the CHIP. Funding opportunities, quality outcomes, and shared resources will increase the opportunity for successful, sustainable results in El Paso County.

Thank you for your interest and support of the health and well-being of this community.



Dan Martindale, MPA
Public Health Director



Kari Kilroy
President, Board of Health

Acknowledgements

EPCPH gratefully acknowledges the following individuals and agencies representing the HCC that assisted in the community health improvement planning process, providing their time and expertise for the betterment of the citizens of El Paso County.

Academy School District 20	Greccio Housing
Alliance for Kids	Harrison School District Two
American Diabetes Association	Inside/Out Youth Services
AspenPointe	Joint Initiatives
Beacon Health Options	Kaiser Permanente
Care and Share Food Bank for Southern Colorado	Kids on Bikes
Catamount Institute	Local Food Colorado Springs
Children's Hospital Colorado	Manitou Springs School District 14
Cigna	NAACP
Citizens Project	National Alliance on Mental Illness
City of Colorado Springs	OMNI Institute
City of Colorado Springs Parks, Recreation & Cultural Services	Open Bible Medical Clinic
City of Manitou Springs	Partners for Healthy Choices
Colorado College	Peak Military Care Network
Colorado Department of Education	Peak Vista Community Health Centers
Colorado Parks and Wildlife	Penrose-St. Francis Health Services
Colorado Springs Chamber & EDC	Penrose-St. Francis Mission Outreach
Colorado Springs Fire Department	Phil Long Ford Dealerships
Colorado Springs Food Rescue	Pikes Peak Library District
Colorado Springs Health Foundation	Pikes Peak Suicide Prevention Partnership
Colorado Springs School District 11	Pikes Peak United Way
Colorado State University Extension	Project Angel Heart
The Colorado Trust	Regis University
Community Health Partnership	The Resource Exchange
Community Partnership for Child Development – Giving Kids a Headstart	Rocky Mountain Field Institute (RMFI)
Council of Neighbors and Organizations	Servicios de la Raza
DaVita Medical Group	SET Family Medical Clinic
DentaQuest	Silver Key Senior Services
Early Connections Learning Centers	Springs Recovery Connection
El Paso County Community Services	Teach for America
El Paso County Cultural & Recreation Services	Terra Essentials
El Paso County Public Health	TESSA
Energy Resource Center	Trails and Open Space Coalition
Falcon School District 49	UCCS Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences
Fort Carson Preventive Medicine/Public Health	UHealth-Memorial Health System
Fort Carson Wellness Services	YMCA of the Pikes Peak Region

EPCPH also extends thanks to the Office of Planning, Partnerships and Improvement at CDPHE for their expertise and technical assistance during this process.

El Paso County Board of Health

EPCPH staff and the community appreciate the support of the El Paso County Board of Health in our work toward a healthier, more equitable community.

Kari Kilroy, Board of Health President

James Terbush, MD, MPH, Board of Health Vice President

Victoria Broerman

Robert C. Bux, MD, El Paso County Coroner

Longinos Gonzalez, El Paso County Commissioner

Peggy Littleton, El Paso County Commissioner

Doris Ralston, MPA, CHES

Richard Skorman, Colorado Springs City Council

Sam Gieck, City of Fountain City Council

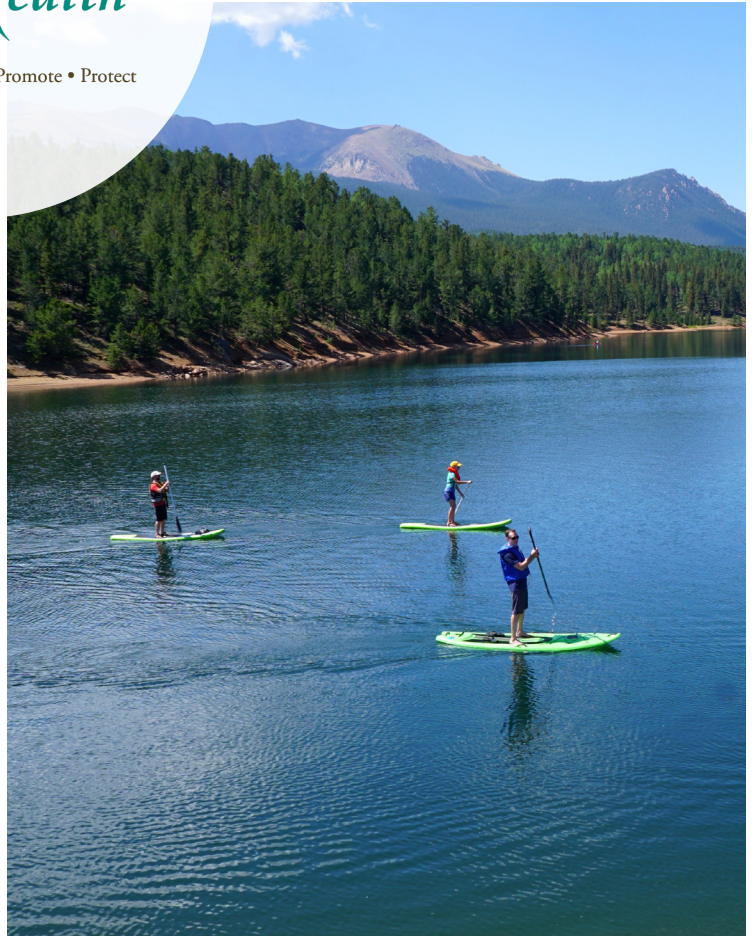
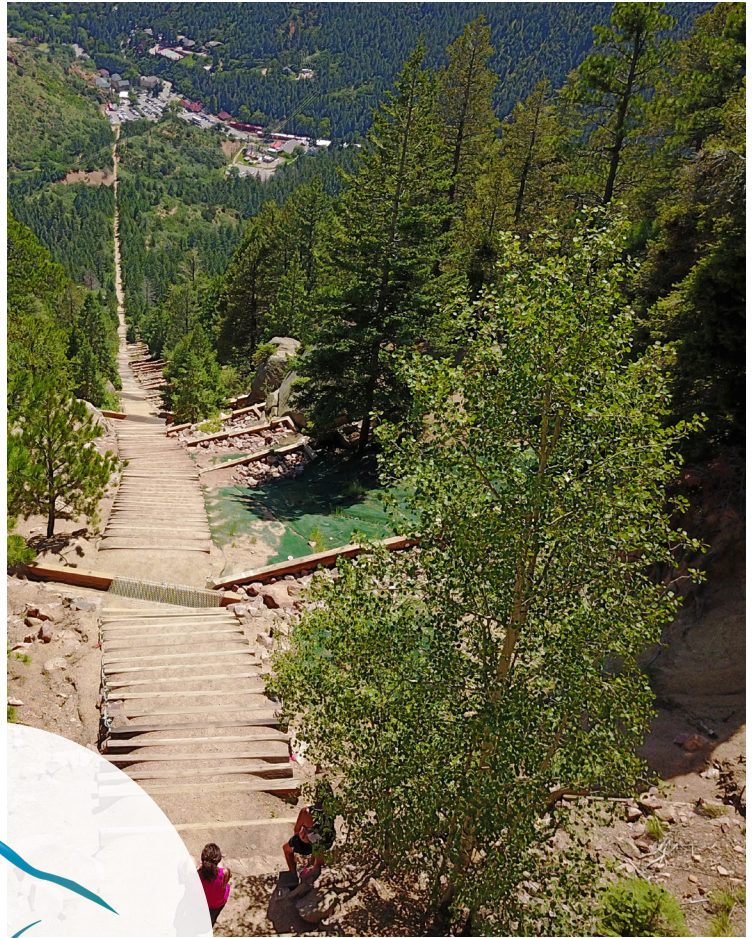
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Thank you to David Deitemeyer from the City of Colorado Springs Parks, Recreation and Cultural Services and the Deerfield Hills Community Center for providing many of the photo images featured throughout the CHIP.

A special thanks to all EPCPH staff. Your commitment to the community will continue to advance the work of the HCC.



Community Health Improvement Plan - an Overview

Why Create a Community Health Improvement Plan?

The Colorado Public Health Reauthorization Act requires identified boards, agencies, and public officials to collaboratively develop state and local public health plans that set priorities for the public health system in Colorado. The Act was signed by Governor Bill Ritter on June 4, 2008, and its primary purpose is to assure that core public health services are available to every person in Colorado with a consistent standard of quality.

An effective public health system reduces health care costs by preventing disease and injury, promoting healthy behaviors, and reducing the incidence of chronic diseases and conditions. Each community in Colorado should provide high-quality public health services regardless of its location. Under this law, each county must establish – or be part of – a local public health agency organized under a local board of health with a public health director and other staff necessary to provide public health services with a comprehensive public health plan, outlining how quality public health services will be provided.

“A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health.”

-Centers for Disease Control and Prevention

In addition to assuring core public health services, local public health agencies are required by the Public Health Reauthorization Act to complete a community health assessment (CHA) and a community health improvement plan (CHIP). The CHA and CHIP must be conducted and completed every five years with a multi-agency community group, use current local health indicator data, and align with the statewide public health improvement plan. EPCPH is also required to complete a local improvement plan to assist in setting public health priorities and increasing the efficiency and effectiveness of the public health system. As the role of the public health system evolves, innovation in partnership with local communities is vital to addressing a myriad of challenges outside of traditional health care. Communities are collaborating intentionally, across sectors and with non-traditional partners to tackle the social and environmental determinants of health to achieve health equity.

The Public Health Reauthorization Act includes several key principles of implementation:

- Assuring the provision of basic services
- State and local collaboration
- Financial feasibility
- Functional regionalization

Healthy Community Collaborative

The Healthy Community Collaborative (HCC) is a stakeholder group of community partners who came together in 2011 to create an action plan to improve the health of the residents in El Paso County. Since 2011, HCC has worked together to carry out proven strategies that address important behaviors and factors that lead to poor diet and physical inactivity. Between 2012 and 2017, the HCC implemented strategies to increase healthy food options for both adults and children in settings such as schools, worksites, and neighborhoods; increase opportunities for physical activity; and to promote other behaviors and policies that reduce risk for obesity.

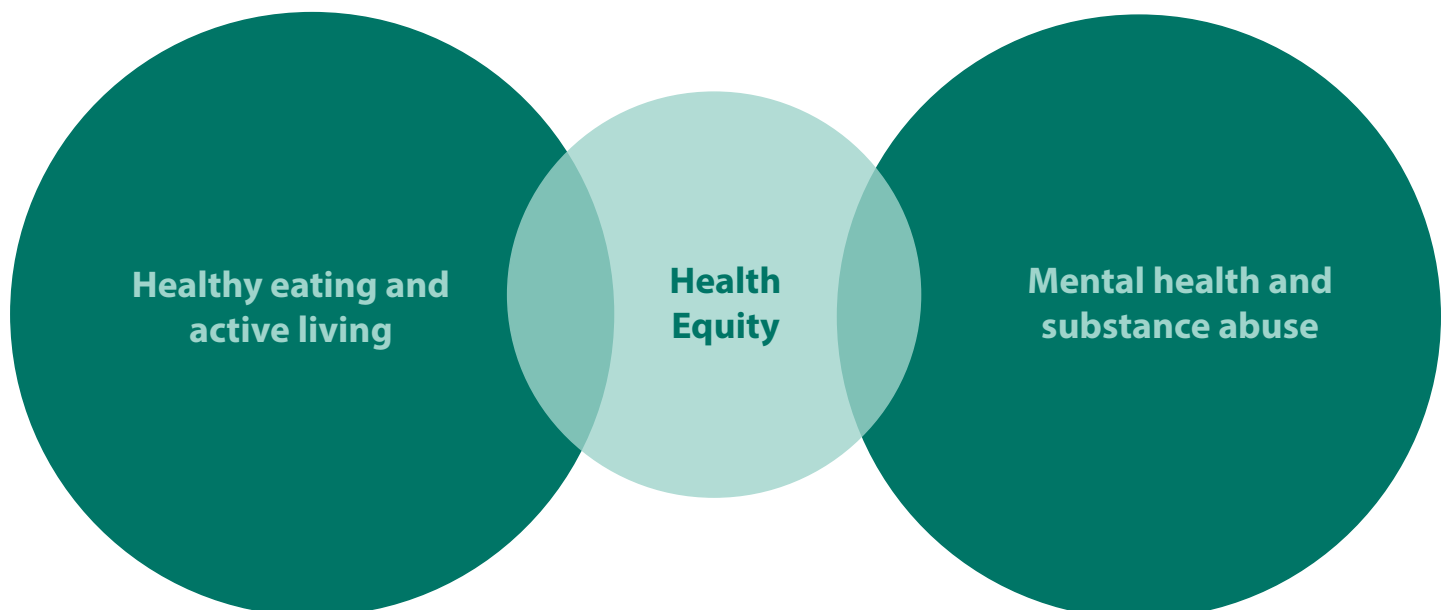
In partnership with members of the HCC, EPCPH embarked on an intensive 18-month community health assessment (CHA) effort from 2016-2017 to create a community health improvement plan (CHIP) for El Paso County.

Through the CHA process, the HCC created a vision to **increase healthy life expectancy for all in El Paso County by offering opportunities and removing barriers that prevent people from achieving optimal health**. The HCC will achieve this vision by building an integrated system of community partnerships which puts practices into place that provide people the opportunity to have better health outcomes. The HCC will create and sustain healthier communities by inspiring health and wellness. Through the assessment process, the HCC chose two focus areas: healthy eating and active living and mental health and substance abuse.

Goal Statement

The two key goals for 2018-2022 are:

- **Goal 1:** Reverse the upward trend of obesity across the lifespan by addressing its root causes
- **Goal 2:** Decrease the incidence of poor mental health and substance use and misuse



The Framework for the Community Health Improvement Plan: Health Equity

Health equity is providing every individual the opportunity to reach his or her highest health potential by optimizing the conditions in which people are born, grow, live, work, learn, and age. All people should be valued equally, and inequities are created when barriers prevent individuals and communities from accessing these opportunities. Preventative measures for addressing our individual health needs such as eating well, being physically active, and scheduling routine doctor visits are components of overall health. Our health is also influenced by access to social and economic opportunities; the resources available within our neighborhoods; the attributes of our local schools; the safety of our recreational spaces; the cleanliness of our air, water and food; and the quality of our social interactions. These determinants of health are factors in which we define why some individuals are healthier than others. This can be correlated to the physical environment and may be a stronger predictor of quality of life over the lifespan.

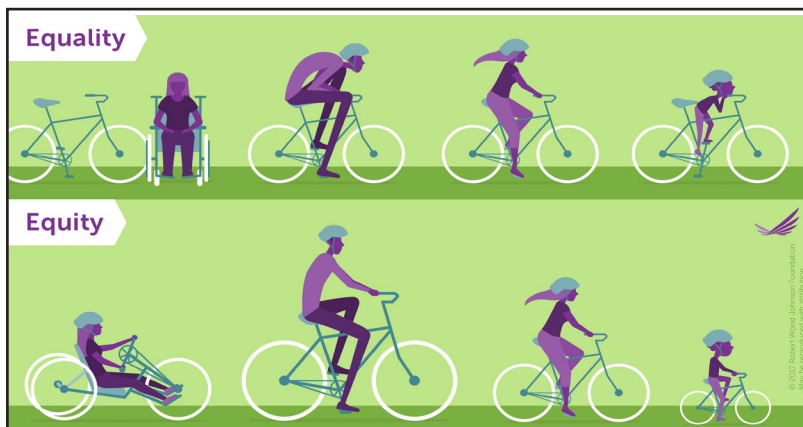
EPCPH has used equity as a guiding principle for how we work with our community partners and determine community priorities. Using a lens of equity when reviewing data, the goal was to identify the resources needed for all residents to achieve their healthiest life. While personal responsibility is a factor in positive health outcomes, the choices that we make are dependent on the choices that are available to us within our environment. Creating the conditions to make it possible for everyone to make healthy choices will build a community with better access and greater opportunity.

Developing policies focused on incorporating health concepts into decision-making are essential to addressing health outcomes and health inequities. Collaboration across sectors and engagement of key stakeholders is necessary to achieve common health goals and improve the health of all people, while concurrently advancing aligned factors, including economic growth and job development, access to transportation, affordable housing, and higher educational achievement. **Influencing policy to address health inequities is critical to decreasing the gap in life expectancy, income and education among those that are impacted by inequities.** The divide created by structural racism and discriminatory practices for ethnic minority populations can no longer be ignored and must be considered when determining solutions to health inequities.

What Makes Us Healthy¹



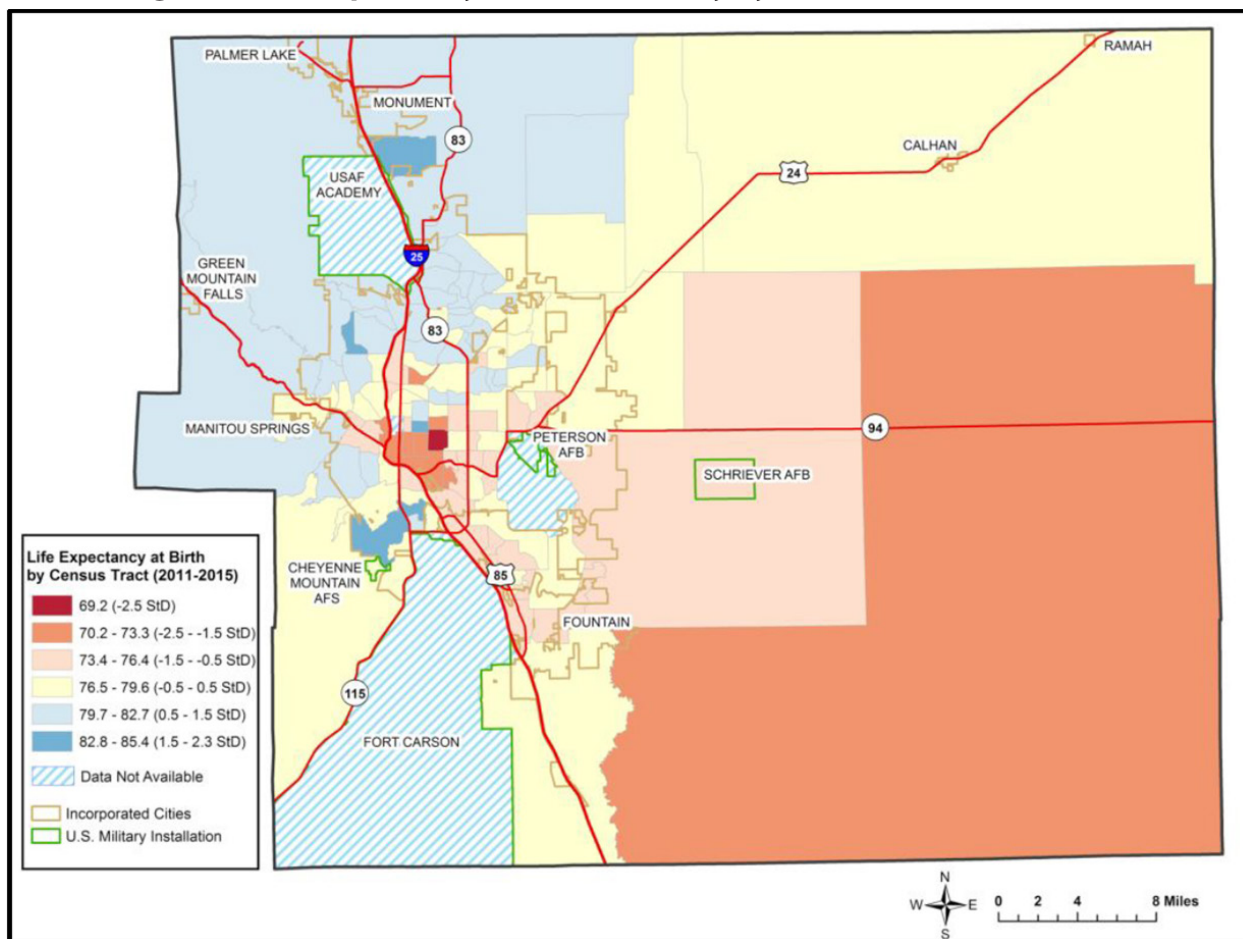
Figure 1: One Size Does Not Fit All²



To build a culture of health, we must first ensure everyone has the basics to be healthy. When it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike.

A key indicator of overall health and quality of life within a community is life expectancy. Life expectancy is impacted by factors that can be controlled, including access to quality clinical care, individual choices and behaviors, and social determinants of health, as well as those that are not controllable, such as genetics. Life expectancy in El Paso County varies by gender, with women living an average of 81.74 years while men live an average of 77.85 years.³ Figure 2 demonstrates the difference in life expectancy across El Paso County related to income, education, ethnicity, access to care, and neighborhood safety.⁴ Life expectancy is lowest within the central core of Colorado Springs, the county's largest city, with a 16.1 year gap across census tracts. The difference in life expectancy is as low as 69.2 years and as high as 85.4 years, based on neighborhood. Changing the life expectancy gap can be addressed by creating a fair and equitable system through policies and practices. This can influence the social and economic conditions that can affect individual behavior changes, creating a systemic shift in health improvement that will be sustainable.

Figure 2: Life Expectancy in El Paso County by Census Tract, 2011-2015



Community Health Improvement Planning Process

The HCC worked over an 18-month period to identify the top health priorities for El Paso County. Facilitated by EPCPH, information that was presented included the social determinants of health, health risk factors, quality of life, community assets, access to health care and morbidity and mortality rates.

The health priorities of the HCC are representative of the most pressing needs of El Paso County residents based on data presented during the community health assessment process, that align with Colorado's 10 Winnable Battles.

Both the Centers for Disease Control and Prevention (CDC) and the Colorado Department of Public Health and Environment (CDPHE) released a set of "Winnable Battles," consisting of key public health and environmental issues where substantial progress can be made to improve population health in the coming decade. In Colorado, CDPHE selected 10 Winnable Battles that impact a high percentage of the population; involve significant health disparities; impose a large economic burden or risk on quality of life or the environment; and are consistent with state and federally-mandated programs designed to improve and protect the environment and public health. Colorado's 10 Winnable Battles were also selected because evidence-based strategies with proven impact exist for these population health areas and in many localities, there is community-level readiness and support for change.

Colorado's 10 Winnable Battles

Healthier Air



Obesity

Clean Water



Oral Health

Infectious Disease Prevention



Safe Food

Injury Prevention



Tobacco

Mental Health and Substance Abuse



Unintended Pregnancy

Framing the information through a lens of equity, demographic and socioeconomic data were presented, including race/ethnicity, gender, age, income, and education. The HCC used a ranking process to determine the areas of highest need based on the level (high or low) of impact on health inequity. The Winnable Battles ranked as the highest priority and highest burden were selected for further consideration.

Working with community partners, the HCC identified the top priorities of 1) **mental health and substance abuse**, 2) **healthy eating and active living**, and 3) **tobacco use** as the highest burden and highest priority based on health inequity severity. CDPHE has identified both mental health and substance abuse, as well as healthy eating, active living and obesity prevention, as flagship priorities.

Capacity Assessment

Following the selection of the top priorities, a multi-step capacity assessment was conducted. HCC members were asked to complete an online survey regarding their organizations' engagement in the top three priorities – whether their organization was 1) currently implementing strategies, 2) planning to implement strategies, or 3) were not implementing strategies. The next step was to review a set of evidence-based practices and identify champions that could support the strategy work. After a thorough review, it was determined that tobacco use would not continue as a top priority due to a number of community partners already implementing tobacco-free campus policies within their organizations, therefore limiting the opportunity for strategy growth.

“Changing our health means ensuring conditions where everyone has the opportunity to be healthy.”

-American Public Health Association

The final step of the assessment process vetted the existing assets and capacity of the organizations within the HCC to be able to address the top priorities of mental health and substance use, and healthy eating and active living.

Mental Health and Substance Use

Assets and Capacity within the HCC

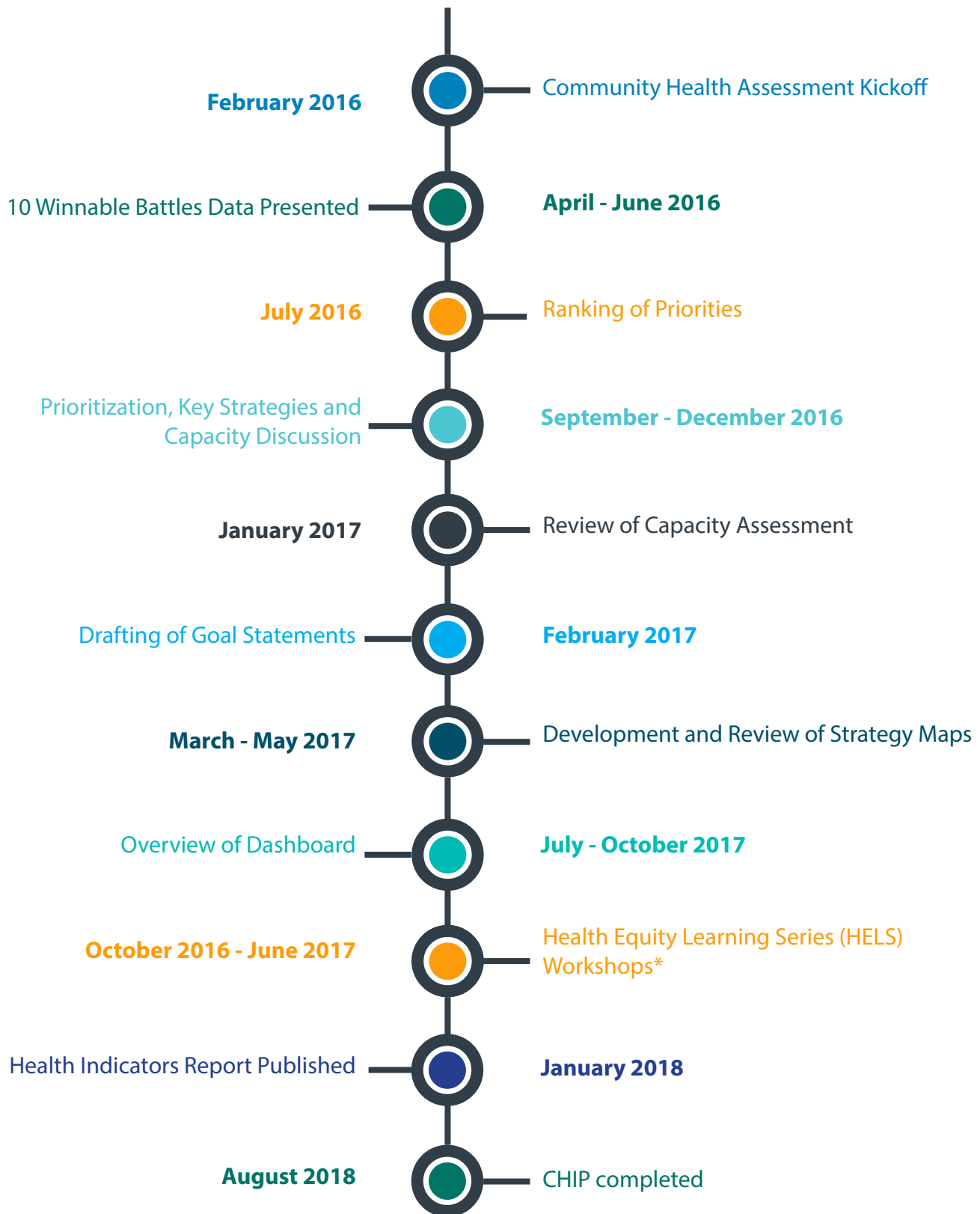
- Alignment of strategies, tactics, and funding priorities across the community
- Alignment of advocacy efforts by key leaders and community members
- Establish and coordinate community standards of care
- Intentional outreach and engagement with populations experiencing health inequities/disparities

Healthy Eating and Active Living

Assets and Capacity within the HCC

- Maintain strong coalition to support implementation of evidence-based strategies
- Alignment of advocacy efforts by key leaders and community members
- Intentional outreach and engagement with populations experiencing health inequities/disparities

Community Health Improvement Planning Timeline



*An educational program aiming to increase knowledge and awareness of health equity through presentations from experts discussing factors that impact disparities and identify solutions that advance health equity (October 2016, January 2017, April 2017, June 2017).



Key Priorities

Improving Mental Health and Substance Use in El Paso County

What is the problem?

Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. Behavioral health looks at how behaviors impact someone's health – physical and mental. The term is inclusive, including ways of promoting well-being by preventing or intervening in mental illness (depression or anxiety), but also has a purpose of preventing or intervening in substance abuse or other addictions. This is a less stigmatized term for mental health.

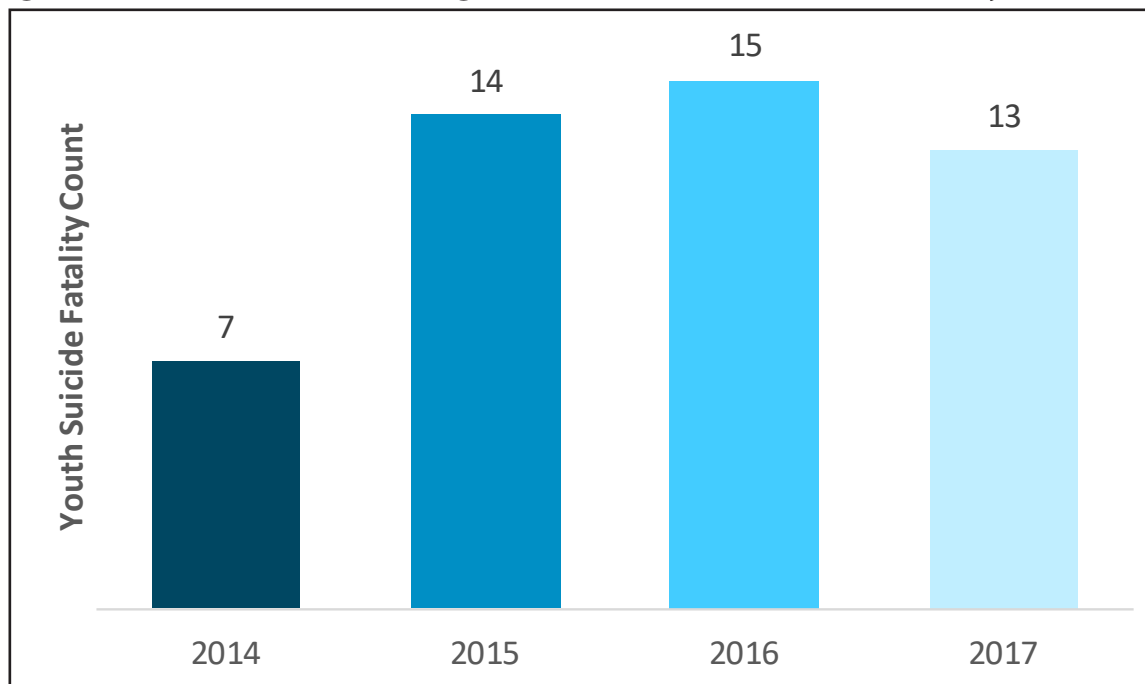
Having positive mental health assists with coping with the stresses of life, productivity, and being a meaningful contributor. Substance use is defined as overindulgence in or dependence on addictive substances such as alcohol and illicit or prescription drugs, often associated with mental health status. The use of tobacco can also be included in the categorization of addictive substances.

There are multifaceted issues that impact mental health and substance use. Knowing that an individual's mental health is tied to overall health, identifying risk factors and health disparities, reducing stigma associated with seeking help, and improving screening and early intervention are of utmost importance. Addressing social determinants such as education, adequate employment, housing, safe neighborhoods, social connectedness, and quality, integrated health care is necessary to support mental health and prevent substance use.

Suicide is the leading cause of death for youth ages 10 to 17 in Colorado. In El Paso County, suicide fatalities among youth under the age of 18 have increased in recent years (Figure 3).⁵ Based on review by the Child Fatality Review Team in 2016, over half of all child fatalities among youth under 18 in El Paso County were due to suicide.



Figure 3: Suicide Fatalities Among Youth Under 18 Years, El Paso County, 2014-2017



More females than males are hospitalized because of suicide attempts. However, more males than females die as a result of a suicide attempt. Poor mental health can be correlated with other risky behaviors such as substance use, sexual activity, and whether or not the respondent has considered suicide. Those who report depressive symptoms are 10 times more likely to consider suicide than their peers who do not feel sadness for two or more weeks per year. Finally, youth who report depressive symptoms are less likely to engage in protective behaviors such as physical activity.

What are the solutions?

Informing policy and system-level change for mental health and substance use consists of identifying the factors that address how individuals are screened and how access to substances is created. Policies could include a tobacco retailer licensing fee; enforcing a fine for selling tobacco products to underage youth; developing standard depression screening protocols for health care providers; or requiring service agencies to provide Mental Health First Aid training to all current and new staff. These potential policies provide uniformity across organizations and build local experts across the community. Through the community health assessment process, the HCC identified specific strategies to address barriers to behavioral health, including:

- Reducing stigma for behavioral health conditions
- Increasing community-based mental health education and training
- Increasing programming within school-based settings such as Sources of Strength, RULER, Pyramid Plus or parenting classes
- Expanding clinical screenings, community-based screenings, referrals to treatment, and adoption of initiatives such as Zero Suicide
- Developing standardized depression screening protocols for health care providers
- Requiring service agencies to provide Mental Health First Aid training to all current and new staff
- Expanding programming for youth, older adults and cross-generational populations
- Increasing social connectedness

Improving Healthy Eating and Active Living

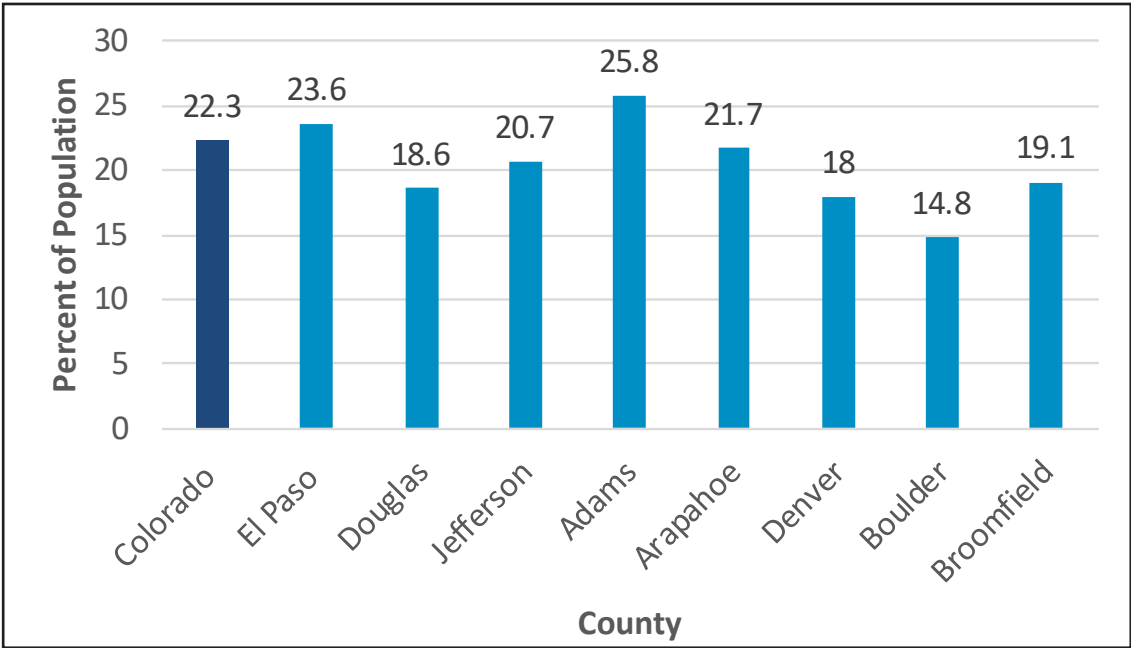
What is the problem?

Although Colorado continues to rank as one of the leanest states in the country in terms of weight indicators, it has not escaped the national obesity epidemic. This is true for El Paso County as well, where an estimated 35.6 percent of the adult population in El Paso County was overweight, and 23.6 percent, or one in five adults, was obese in 2016.⁶



In a 2016 comparison across Colorado counties in the Metro-Denver region, El Paso County ranked second behind Adams County. Two counties, El Paso (23.6 percent) and Adams (25.8 percent) had higher proportions of adult obesity than Colorado-wide (22.3 percent) (Figure 3).⁷

Figure 3: Adult Obesity Across Metro-Denver Counties, 2016



Disparities exist for people who are overweight and obese based on income, education, and race. There is a higher prevalence of obesity among Black/African-American (35.9 percent) and Hispanic (33.0 percent) adults compared to White (21.8 percent) adults (Figure 4).⁸ Adult obesity is also more prevalent in El Paso County among those whose educational attainment is less than a high school diploma (Figure 5).⁹ Additional barriers based on socioeconomic or geographic factors could also be obstacles for healthy eating. Access and availability of fresh, affordable fruits and vegetables are different based on where you live. In El Paso County in 2014, there was a direct correlation between income earned and appropriate consumption of fruit and vegetables, with lower socioeconomic groups eating less than the daily recommended servings than those at higher income levels (Figure 6).¹⁰

Figure 4: El Paso County Obesity Rate by Race and Ethnicity, 2014

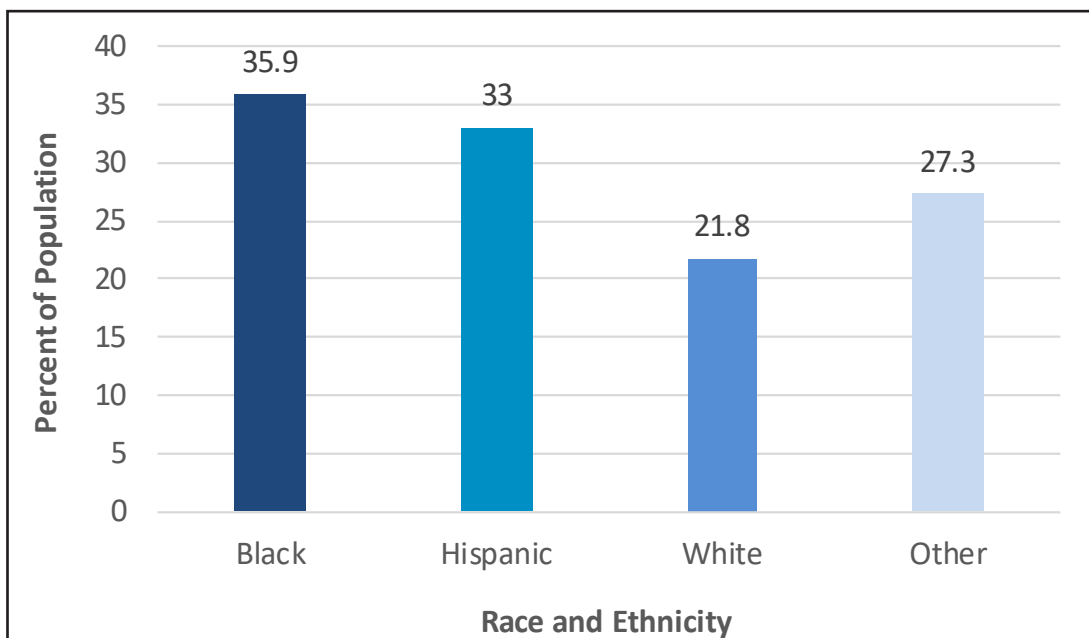


Figure 5: Adult Obesity by Education, El Paso County, 2014

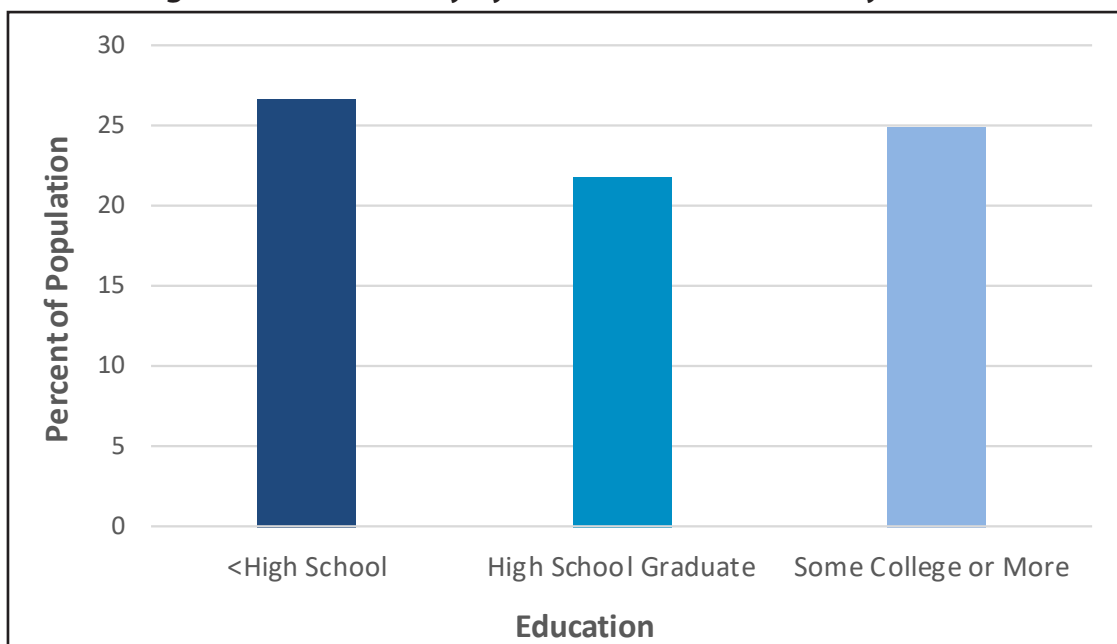


Figure 6: El Paso County Daily Fruit and Vegetables Consumption by Income, 2013-2014

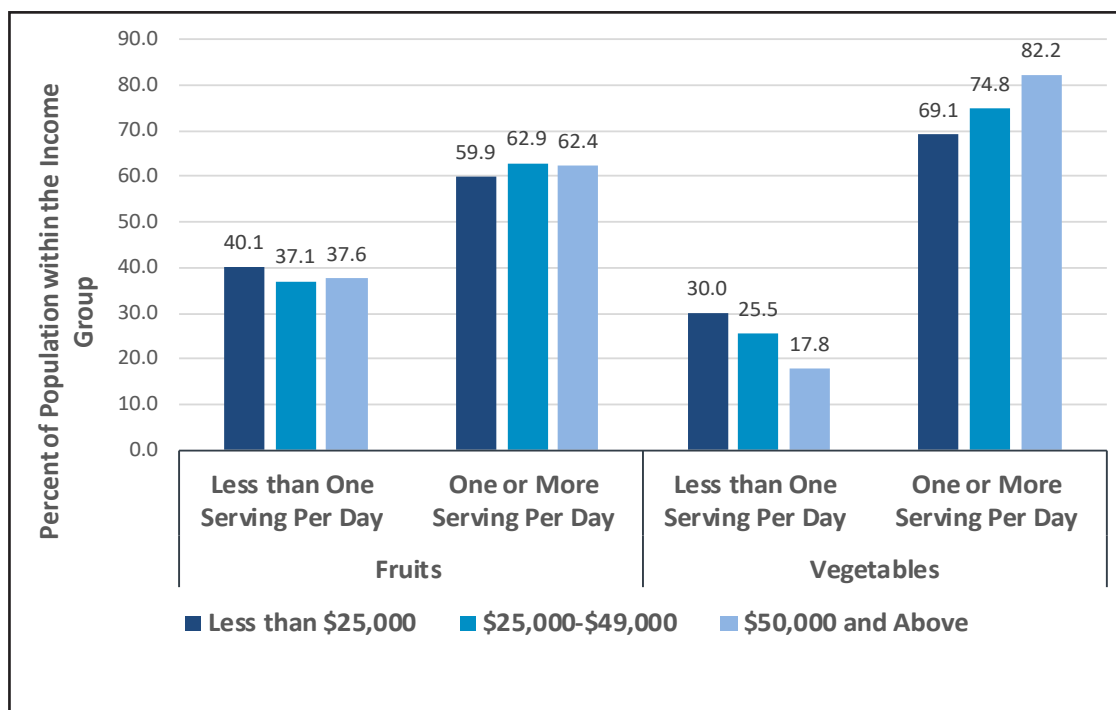
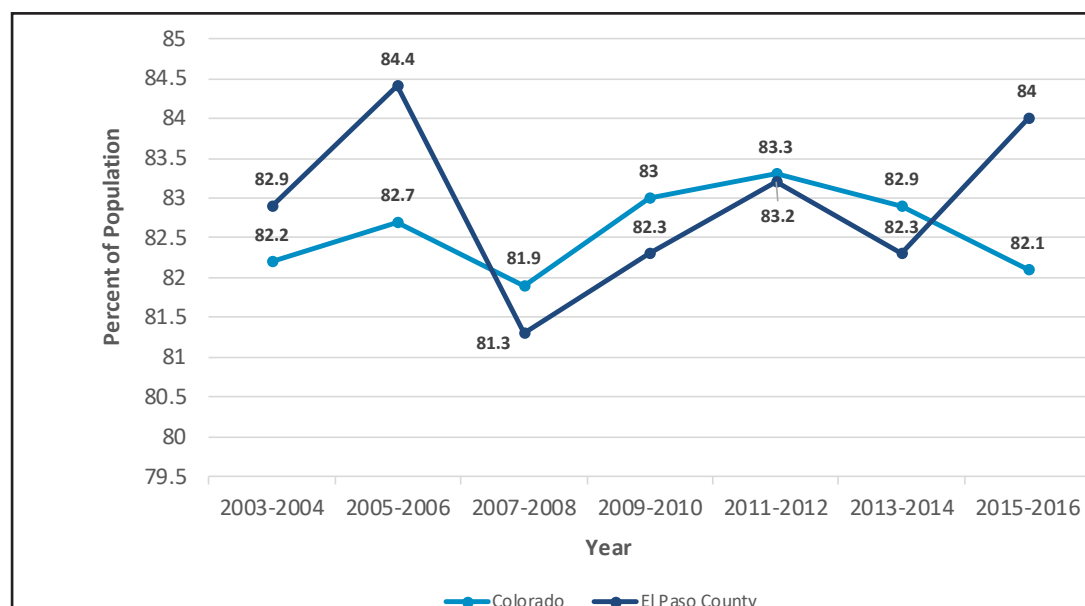


Figure 7: El Paso County and Colorado Adult Physical Activity Participation Rates, 2003-2016



Diet, physical activity, and sedentary behaviors of children and youth impact the risk of being overweight and obese as adults. In 2016, Colorado was ranked the most physically active state in the nation.¹¹ Participation rates in physical activity among adults (defined as participating in physical activity outside of work during the last 30 days) have varied little since 2003. With the exception of 2016 when participation spiked to the same rate as in 2006 (84.0 percent), El Paso County's physical activity trends have mirrored those of Colorado (Figure 7).¹² Although rates of physical activity are improving, overweight and obesity continues to be a major public health concern, as it is linked to increasing risk of chronic diseases. Societal, economic, and cultural conditions have also contributed to the rise in obesity.

What are the solutions?

Addressing efforts to stop the trend of overweight and obesity through strategies that promote healthy eating and active living has been a key priority for the 2012-2017 Community Health Improvement Plan (CHIP). An example of this is demonstrated by a resolution passed in 2014 by the City of Colorado Springs. LiveWell Colorado, a statewide organization focused on creating opportunities for health and wellness in partnership with communities and individuals who face systemic and institutional barriers to a healthy lifestyle, launched the Healthy Eating Active Living (HEAL) Cities & Towns Campaign in 2013. The HEAL Cities & Towns Campaign provides training and technical assistance to help municipal leaders adopt and implement policies to improve access to HEAL, such as increasing access to healthy food, active transportation, or supporting healthy workplaces.¹³ There are four status designations in the campaign: Eager, Active, Fit and Elite. To qualify for these various status designations, municipalities must have adopted HEAL policies after joining the campaign. Colorado Springs joined the campaign in 2014 and achieved Elite status in 2017. Manitou Springs joined the campaign in 2013 and is designated Active status. This policy, along with other strategies to advance healthy eating and active living efforts include improving the built environment and infrastructure by implementing “road diets,” approving a Cottage Food Ordinance, supporting small businesses selling locally produced food from their doorstep and transitioning to healthy food vending machines for municipal workplaces.

While these examples show progress towards policy and systemic changes related to HEAL, efforts to promote HEAL, particularly with an emphasis on health equity, need to continue in order to generate a healthier community overall. Through the community health assessment process, the HCC recognized evidence-informed strategies and practices to consider, including:

- Increasing access to safe parks, sidewalks and trails
- Reducing household food insecurity
- Increasing access to a variety of healthy food encouraged by the Dietary Guidelines
- Reducing barriers to healthy food options with incentive programs (e.g., Double Up Food Bucks for Supplemental Nutrition Assistance Program (SNAP) participants)
- Increasing the number of youth that get 150 minutes of vigorous physical activity per week
- Partnering with school districts to provide out-of-school physical activity programs
- Offering tax incentives for building a healthy grocery store in high-need neighborhoods



Measurement and Evaluation

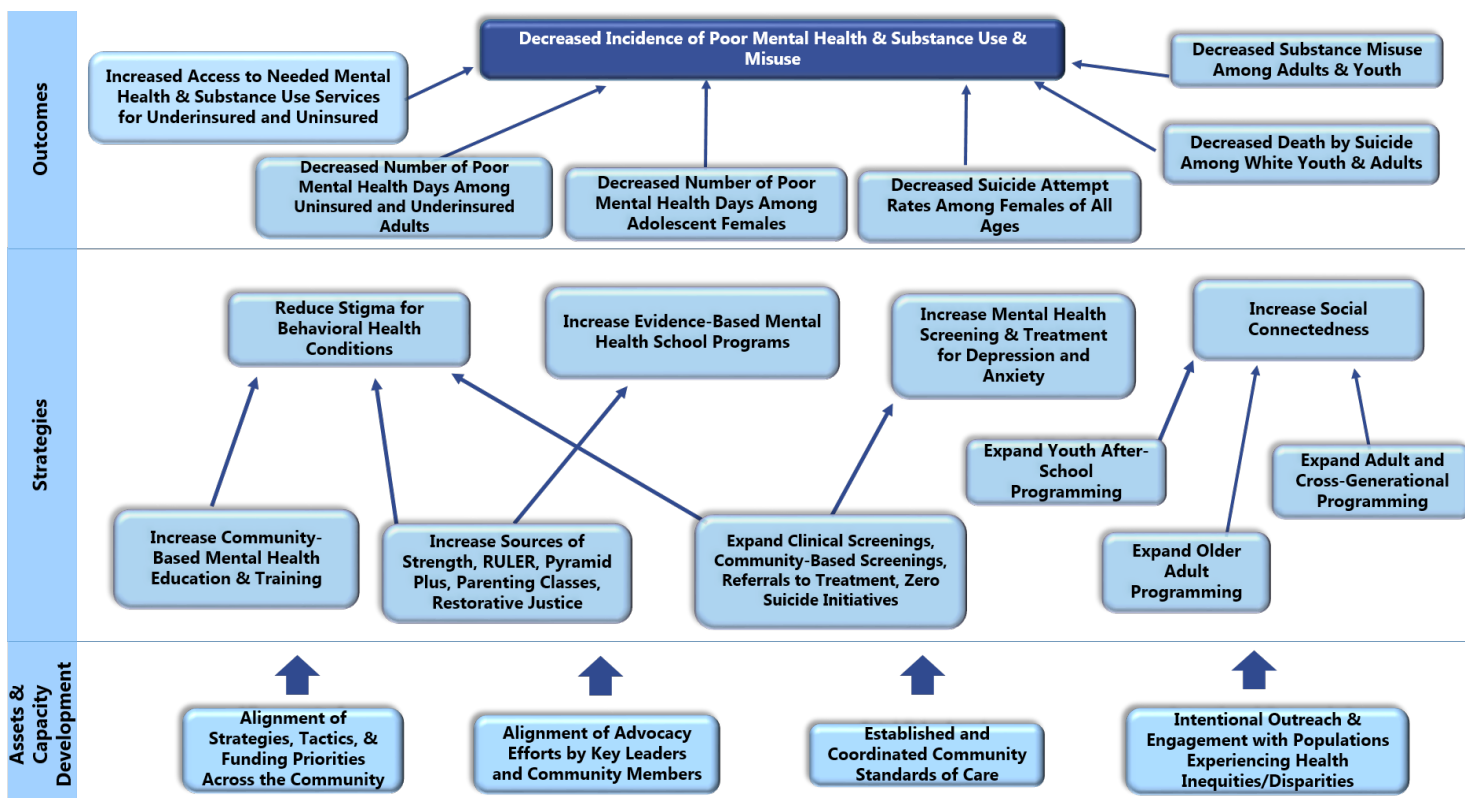
In 2017, EPCPH worked with Thriving Colorado to turn data into action for statewide collective impact for communities in Colorado. The Thriving Colorado dashboard is a statewide community health dashboard that provides an online gateway to data, information and strategies as a means to share and track the HCC's progress in the key priority areas. This allows for the adoption of one common tool to align efforts and strategies with agencies and organizations across the state. The Thriving Colorado dashboard supports the development of shared goals; alignment of efforts and strategies; sharing and leveraging resources; reducing duplication; improving communication; support for evidence-based strategies; and achieving collective impact. The dashboard consists of two components – strategy maps and scorecards.

Strategy Map

The strategy map is a visual or graphic depiction of a plan for achieving a shared goal within a community. Strategy maps are collaboratively developed for the major goal areas and align the efforts and strategies of partner organizations through a process of ongoing dialogue, assessment of needs and resources, and review of the best and most promising strategies.

Community Assets are drivers of change and are listed at the bottom of each strategy map. These are the stakeholders and resources that are in place to help reach a shared goal. The strategies identified to attain the goal are in the middle of the strategy map and measurable outcomes are at the top.

Strategy Map Snapshot



Scorecard

A scorecard is an easy way to organize and display strategic and performance information for a strategy, organization or program. A scorecard is a collection of numerous population and performance measures for a focus area, program or agency and includes strategies, objectives and measures in an 'at-a-glance' format. Scorecards can be used to monitor, track and report progress on goals and measures.

EPCPH was one of the first public health agencies to adopt the dashboard model as a mechanism for collecting and presenting data in a transparent manner to our partner organizations and community. Through the community health assessment process, the HCC identified the priority areas featured on the Thriving Colorado website, found at thrivingcolorado.com (go to Dashboard Partners and select EPCPH's logo). Data for these priority areas are updated on an annual basis through input from local, state and national data sources as well as partner agencies implementing specific strategies. The dashboard will serve as a communication tool for objectives and measures identified, showing trends, targets and current data values with color bands ranging from red to yellow to green, providing a summary of the magnitude and directional change for that particular measure. Objectives can be process or outcome based, displayed as a target in a blue square of the scorecard and used to describe the desired change of the priority area. EPCPH serves as the convener and facilitator of the HCC and will maintain and track the progress of key strategies and outcomes. Updates to the dashboard are provided at the quarterly HCC meetings.

Mental Health and Substance Abuse Dashboard

Scorecard

Goal: Decrease the Incidence of Poor Mental Health and Substance Abuse and Misuse	
	2018 Target Value
Outcome: Increased Access to Needed Mental Health & Substance Use Services for Underinsured and Uninsured	
• Percent of adult population who did not get mental health care when needed	11.2%
• Percent of population who did not get medical care in the past 12 months due to cost	8.7%
Outcome: Decreased Number of Poor Mental Health Days Among Uninsured and Underinsured Adults	
• Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	10.3%
Outcome: Decreased Number of Poor Mental Health Days Among Adolescent Females	
• Percent of female high school students feeling sad or hopeless almost every day for two or more weeks	36.0%
Outcome: Decreased Suicide Attempt Rates Among Females of All Ages	
• Number of suicide hospitalizations per 100,000 females	44.0%
Outcome: Decreased Death by Suicide Among White Youth & Adults	
• Number of deaths by suicide per 100,000	10.2%
Outcome: Decreased Substance Misuse Among Adults & Youth	
• Percent of high school students who have used a substance in the past 30 days, includes alcohol and marijuana	34.0%

Strategies for Achieving Outcomes

Strategies

Reduce Stigma for Behavioral Conditions

- Increase Community-Based Mental Health Education and Training
- Increase Sources of Strength, Recognizing, Understanding, Labeling, Expressing, and Regulating Emotion (RULER), Pyramid Plus, Parenting Classes, Restorative Justice
- Expand Clinical Screenings, Community-Based Screenings, Referrals to Treatment, Zero Suicide Initiatives

Increase Evidence-Based Mental Health School Programs

- Increase Sources of Strength, RULER, Pyramid Plus, Parenting Classes, Restorative Justice

Increase Access to Behavioral Health Screening and Treatment (depression and substance use)

- Expand Clinical Screenings, Community-Based Screenings, Referrals to Treatment, Zero Suicide Initiatives

Increase Social Connectedness

- Expand Youth After-School Programming
- Expand Older Adult Programming
- Expand Adult and Cross-Generational Programming



Healthy Eating and Active Living Dashboard

Scorecard

Goal: Reverse the Upward Trend of Population Living at an Unhealthy Body Weight	
	2018 Target Value
Outcome: Reverse the Upward Trend of Population Living at an Unhealthy Body Weight	
• Percent of adults who are at a healthy body weight	45.1%
• Percent of children who are at a healthy weight (ages 2-14)	85.4%
Outcome: Increase Fruit & Vegetable Consumption Among Low-Income Youth & Adults	
• Percent of adults eating the recommended daily amount of fruits and vegetables	15.4%
• Percent of youth, ages 1-14, eating recommended daily amounts of fruits and vegetables	20.6%
• Percent of youth, ages 15-19, eating the recommended daily amounts of fruits and vegetables	26.8%
Outcome: Increased Vigorous Physical Activity Rates for All Children & Youth	
• Percent of youth, ages 1-14, engaging in recommended daily physical activity	41.8%
• Percent of youth, ages 15-19, engaging in recommended daily physical activity	29.6%
Outcome: Increased Duration of Breastfeeding Among WIC Participants	
• Percent of WIC mothers who breastfed their infants at least nine weeks	81.9%
Outcome: Increased Number of Non-White Adults at a Healthy Body Weight	
• Percent of non-white adults who are obese	29.3%



Strategies for Achieving Outcomes

Strategies

Increase Access to Safe Parks, Sidewalks and Trails

- Increase Access to Safe Places for Physical Activity
- Increase Out of School Activities
- Increase and Support School-Based and Child Care Center Physical Activity Programs

Reduce Household Food Insecurity

- Increase Use of Public and Private Food Assistance Programs

Increase Access to a Variety of Healthy Foods Encouraged by the Dietary Guidelines

- Increase Use of Public and Private Food Assistance Programs
- Increase Community-Based and School Based Nutrition Education Programs

Increase the Number of Youth that Get 150 Minutes of Vigorous Physical Activity Per Week

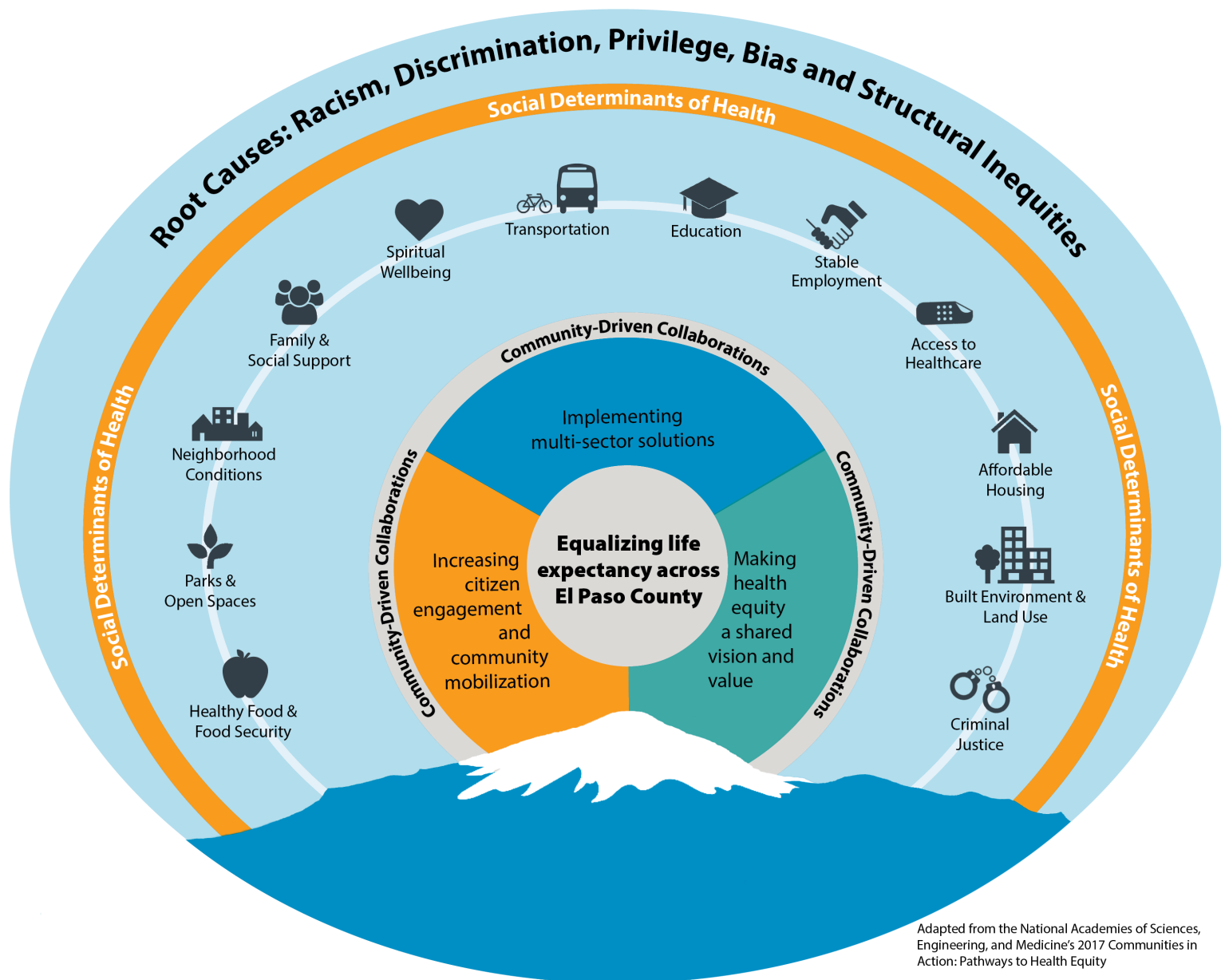
- Increase Out of School Activities
- Increase and Support School-Based and Child Care Center Physical Activity Programs



Health Equity Dashboard

Life expectancy is a key indicator of the overall health and quality of life that exists in a community. In El Paso County, there exists a 16.1 year difference in life expectancy across census tracts. Life expectancy is as low as 69.3 years in some neighborhoods and as high as 85.4 years in other neighborhoods. Equalizing life expectancy across El Paso County is a primary strategy for HCC, and the Health Equity dashboard was created and launched in July 2018 as a single tool for measuring change.

The various social determinants of health metrics that comprise the dashboard are framed as closing a gap between a difference of ethnicity, gender, income, age, insurance and disability status, or other stratification. The target value represents a 10 percent decrease in the current value when data is expressed as closing a gap between two groups, or a 10 percent change from current value where a gap isn't being closed. Each metric includes a description of the link between the metric and health outcomes, and the data source.



Scorecard

Health Equity	
	2018 Target Value
Access to Healthcare	
Decrease in difference between Hispanic children (< age 6) uninsured (4.4%) and Non-Hispanic children without insurance (1.8%)	2.3%
Decrease in difference between Hispanic uninsured (13.7%) and Non-Hispanic uninsured percentage (4.4%)	8.4%
Decrease in difference between uninsured 19-29 year olds (12.3%) and the overall percent of uninsured	4.7%
Affordable Housing	
Decrease in percent of children living in crowded housing conditions	9.9%
Decrease in percent of households paying >35% of total income in rent	36.3%
Built Environment & Land Use	
Decrease the percent of low-income people that do not live near a grocery store	7.2%
Increase the percent of land in agricultural production	35.2%
Criminal Justice	
Decrease the percent of people incarcerated with mental health or intellectual or developmental needs	37.7%
Decrease the percent of young adults ages 16-24 who are neither working nor in school	12.6%
Education	
Decrease the percent difference between male 4-year high school graduation rates (78.8%) and female 4-year high school graduation rates (83.8%)	4.5%
Decrease the percent difference between White 4-year high school graduation rates (85.0%) and Non-White 4-year high school graduation rates (75.8%)	8.3%
Family and Social Support	
Increase the number of social membership organizations (per 10,000 population)	9.6%
Healthy Food & Food Security	
Decrease the number of people eligible but not enrolled in SNAP	28,160
Decrease the number of women and children eligible but not enrolled in WIC	7,648
Stable Employment	
Decrease the percent difference between overall unemployment (7.4%) and unemployment of persons with any disability (13.8%)	5.7%
Decrease the percent difference between White unemployment (6.5%) and Non-White unemployment (11.2%)	4.2%
Transportation	
Decrease in average travel time (minutes) to work by public transportation	45.7
Decrease in percent of workers that commute 1+ hours to work daily	18.9%

*Please go to the Thriving Colorado website for information on organizational partners addressing these strategies. EPCPH's dashboard can be found at: <http://thrivingcolorado.com/partners/el-paso-county-public-health-scorecards/>.

In collaboration with organizational partners and key stakeholders, EPCPH will continuously work to ensure the implementation of the Community Health Improvement Plan and monitor its progress. To provide feedback or become involved in our efforts, please contact us at healthinfo@elpasoco.com or (719) 578-3199. By working together, we can remove the barriers that prevent people from achieving optimal health and increase life expectancy for all in El Paso County.



Glossary of Terms

Community: Groups of people who are impacted by policies and programs. A community is not necessarily limited by geographic boundaries.

Community power: The lived experience and power of residents, who know what they need in order to thrive.

Disease or Injury: Chronic disease or injury can result from inequities and health behaviors. Genetics also affect health differences

Displacement: A process by which low-income families and families of color who have lived in a neighborhood for generations are forced out of their homes because they can no longer afford the high costs of new development.

Economic Conditions: Institutions such as governments, churches, corporations, or schools use their authority to create unequal opportunities among groups of people

Environmental Conditions: Where you live affects your health. Lower income neighborhoods tend to be in poor social, economic, and physical conditions

Equality: The state of being equal, especially in status, rights and opportunities.

Equity: When everyone, regardless of who they are or where they come from, has a fair and just opportunity to live life to their fullest potential. This means removing barriers such as poverty and discrimination so all people can thrive.

Gentrification: The process of improving a neighborhood through new development such as food stores, bike lanes, and health services, which may lead to the *displacement* of long-time residents.

Health Behaviors: Smoking, poor nutrition, and lack of exercise are all behaviors that may lead to poor health. Social, economic, and environmental conditions affect health knowledge and health behaviors

Health Disparities: Differences in health outcomes among groups of people. Not the same as inequities.

Health Equity: Attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Health Inequities: Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

Health Outcomes: A change in health status of an individual, group or population which can be attributed to a planned intervention or series of interventions

Inequity: When systems and policies create less opportunity for groups of people based on factors like gender, race, physical and mental ability, sexual orientation or immigration status.

Intersectionality: Individuals may have many different social identities - gender, race, class, age, ability, religious status, sexual identity, education level, language, etc. All of these various social identities overlap and interact with each other. When an individual has multiple social identities that are more often discriminated against, the effects of inequity are greater.

Morbidity: Refers to the state of being diseased or unhealthy within a population

Mortality: Term used for the number of people who died within a population. Your social status, economic opportunities, where you live, and health behaviors all affect life expectancy

Racial Inequity: When systems and policies create less opportunity for groups of people based on their race.

Social Conditions: Social inequities occur when a person or group is treated unfairly because of race, gender, class, sexual orientation, or immigration status.

Self-sufficiency: The amount of money a family needs to earn to make ends meet without public or private assistance.

Thrive: When a person has the opportunity to make healthy choices, afford food and housing, have good jobs that can sustain a family, attend quality schools for better education, and fulfill their potential.

References

- ¹ Bipartisan Policy Center's Nutrition and Physical Activity Initiative (NPAI) [Internet]. Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future, 2012. Available from: https://bipartisanpolicy.org/wp-content/uploads/sites/default/files/5023_BPC_NutritionReport_FNL_Web.pdf
- ² Robert Wood Johnson Foundation [Internet]. Visualizing Health Equity: One Size Does Not Fit All Infographic. Available from: <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>
- ³ El Paso County Health Indicators Report, 2017 [Internet]. Available from: https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017_0.pdf
- ⁴ Measure of America of the Social Science Research Council, The Measure of America 2013-2014 [Internet]. Available from: <http://www.measureofamerica.org/wp-content/uploads/2013/06/MOA-III.pdf>
- ⁵ El Paso County Child Fatality Review Team, Suicide Fatalities Among Youth Under 18 Years 2014-2017.
- ⁶ Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS). Available from: <https://www.cohealthdata.dph.state.co.us/>
- ⁷ Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS). Available from: <https://www.cohealthdata.dph.state.co.us/>
- ⁸ Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS). Available from: <https://www.cohealthdata.dph.state.co.us/>
- ⁹ Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS). Available from: <https://www.cohealthdata.dph.state.co.us/>
- ¹⁰ Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS). Available from: <https://www.cohealthdata.dph.state.co.us/>
- ¹¹ Robert Wood Johnson Foundation [Internet]. County Health Rankings & Roadmaps: Building a Culture of Health, County by County, 2018 County Health Rankings Report: Colorado. Available from: http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2018_CO.pdf
- ¹² Colorado Department of Public Health and Environment [Internet]. Colorado Health Information Dataset (CoHID): Behavioral Risk Factor Surveillance System (BRFSS).). Available from: <https://www.cohealthdata.dph.state.co.us/> and Robert Wood Johnson Foundation [Internet]. County Health Rankings & Roadmaps: Building a Culture of Health, County by County, 2018 County Health Rankings Report: Colorado. Available from: http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2018_CO.pdf
- ¹³ LiveWell Colorado, Healthy Communities. Available from: <https://livewellcolorado.org/healthy-communities/heal-cities-towns-campaign/>

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