

REPORT

COMMUNITY HEALTH ASSESSMENT



2023

EL PASO COUNTY, COLORADO PUBLIC HEALTH

LETTER FROM THE DIRECTOR

Data is at the forefront of our work, providing a solid foundation from which to collectively assess and implement effective strategies to improve the health of our community. When actionable local data is combined with innovative community partnerships, it creates a powerful framework to be able to drive meaningful progress. These two elements—data and partnerships—are foundational in the creation of our Community Health Assessment (CHA). The goal of the CHA is to describe the overall health of El Paso County communities, using data to assess the top health needs. This vital work is accomplished through the Healthy Community Collaborative (HCC), a multi-disciplinary group—led by El Paso County Public Health (EPCPH)—made up of more than 60 representatives from diverse sectors.

To inform the development of the CHA, EPCPH and the HCC work with partners to assess data that focuses on the factors which impact community and individual health, including the conditions and places where people live, learn, work, pray and play. Following the thorough assessment and identification of priority areas, this leads into the development of the Community Health Improvement Plan (CHIP), which identifies key strategies to address the top health concerns in the CHA.

Across these two comprehensive plans, I want to emphasize that they are not EPCPH's plans; they are the community's plans. Our vision is for all El Paso County residents to live in thriving communities where every person has the opportunity to achieve optimal health, and we cannot achieve this alone. Input from our partners is key in informing the areas which are important for our community to prioritize.



Public Health aims to improve health holistically—including both mental and physical health—at the population level, with the goal of yielding the most significant collective impact. The data in this report tells the story of the health of our communities, and it helps pave the path for how we can continue to improve community health. In addition to the leading health issues, which you will learn more about throughout this report, I also want to acknowledge the importance of physical activity and healthy, nutritious food, which are key building blocks of our health.

Data is only as useful as it is accessible and easily understandable. To that end, for the first time, we are pairing innovative data visualizations with several of the leading health issues of the CHA. The goal of the public health data dashboards is to enhance transparency and increase access to timely, relevant and credible information.

Our ultimate goal, working together, is to create healthy, strong, thriving, resilient communities. As we look to the data and the story it tells, I am also excited about the progress it will bring for all El Paso County communities.

Thank you for being part of our journey toward a healthier El Paso County.

Sincerely,



TABLE OF CONTENTS



1

Introduction

Letter From The Director.....	1
Executive Summary.....	4
Methodology.....	7
County Descriptors.....	9

13

Determinants of Health

Economic Stability.....	13
Built Environment.....	25
Environmental Quality.....	28
Public Safety.....	31
Social Connections.....	33

36

Leading Health Issues

Barriers to Accessing Health Care.....	36
Suicide.....	46
Drug Overdose.....	53
Housing Stability.....	61

68

Population Outcomes

Mortality and Leading Causes of Death.....	68
Life Expectancy.....	74

79

Conclusion

Glossary of Terms.....	81
Appendices.....	83

EXECUTIVE SUMMARY



Purpose

The cornerstone of the Community Health Assessment (CHA) is collaboration across diverse sectors, fostering a shared vision and collective responsibility to improve community health. A CHA has several phases including assessment, planning, investment, implementation, and evaluation.

The goal of the CHA is to describe the overall health of El Paso County communities, using local data to assess the top health needs. This is accomplished through the work of the Healthy Community Collaborative (HCC), a multi-disciplinary group—led by El Paso County Public Health (EPCPH)—made up of more than 60 representatives from local schools, hospitals, nonprofit and for-profit organizations, economic development, and interested citizens.

Combining local data and trends with input from partners, the CHA leads into the development of the Community Health Improvement Plan (CHIP), a community-driven plan which identifies key strategies to address the health concerns identified in the CHA. The CHA and CHIP are completed every five years, as statutorily required by the Colorado Public Health Act. Since its inception in 2011, the HCC has been a vital forum for assessing health concerns, identifying community-based solutions, and measuring progress.

EXECUTIVE SUMMARY

Acknowledging the fundamental role played by the HCC and the HCC Steering Committee, their guidance has been pivotal in supporting this process. For those seeking further information on the HCC, including details on its membership and opportunities for involvement, visit [El Paso County Public Health's website](#).

The data in the CHA is structured around the Colorado Department of Public Health and Environment's Health Equity Model, an encompassing framework which focuses on the determinants of health and the environmental, educational, social, and economic conditions impacting overall well-being throughout an individual's lifetime. This model offers a robust foundation to improve community health.

At its core, a CHA serves to identify disparities among groups of people with different backgrounds living in diverse communities, as well as the underlying factors contributing to these gaps, fostering a concerted drive toward health equity. The data within this CHA has been meticulously compiled, verified, and analyzed by the EPCPH's Data and Analytics (PHDA) Program. PHDA, working in tandem with EPCPH's co-medical director, diligently sourced and scrutinized community-level health data from reliable county, state, and national sources.

Community health focus areas

A key part of the process included a review of national, state and local data sources, where EPCPH and the HCC identified and analyzed nearly 60 different health indicators. After completing a thorough assessment of the data—in addition to looking at community needs—the HCC selected four key areas to focus on for the next five-year cycle of the CHIP. There are two overarching determinants of health—drug overdose and housing—in addition to two specific health outcomes which the group has prioritized: suicide and barriers to accessing health care.



**BARRIERS TO
ACCESSING
HEALTH CARE**



**DRUG
OVERDOSE**



**HOUSING
STABILITY**



SUICIDE

EXECUTIVE SUMMARY



BARRIERS TO ACCESSING HEALTH CARE

The ability to get timely, high-quality health care services is a key factor in the context of health. Access to care refers to the ability of individuals to be able to receive and have access to medical, mental health, and preventive health services and treatment. Having access to health services increases the likelihood of timely diagnoses, including appropriate treatment and follow up which can help prevent the progression of diseases or chronic health conditions.



DRUG OVERDOSE

In looking at health outcomes, drug overdose is one of the leading causes of injury-related and preventable deaths in the United States. In Colorado in 2021, 68.4 percent of drug overdose deaths had at least one opportunity for intervention including prevention, treatment, and response efforts. In looking at 2022 data for El Paso County, an overwhelming 90 percent of overdose deaths were unintentional.



HOUSING STABILITY

The impact of housing on health is an important factor to consider in the context of both individual and community health. Housing stability, quality, safety and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods.



SUICIDE

Nationally, the number of deaths by suicide for all ages increased 2.6 percent from 2021 to 2022, according to the latest provisional estimates for suicide deaths by the Centers for Disease Control and Prevention (CDC). In 2022, suicide was the eighth leading cause of death in Colorado and El Paso County. There were 189 deaths to suicide in El Paso County in 2022; in comparing the age-adjusted suicide rate of 24.8 deaths per 100,000 people in El Paso County, the overall suicide rate is 18 percent higher than the state of Colorado (21.1 suicide deaths per 100,000).

METHODOLOGY

Prioritization of health issues

The goal of the Community Health Assessment (CHA) is to provide an accurate depiction of the overall health status of El Paso County communities and identify the most pressing health needs. This objective is achieved through a collaborative process involving stakeholders from multi-disciplinary sectors, who convene monthly to contribute their expertise and perspectives. The Healthy Community Collaborative (HCC), established by El Paso County Public Health (EPCPH) in 2011, serves as a vital platform for this collaboration. Consisting of over 60 representatives from city and county government agencies, hospitals, community health systems, nonprofit organizations, and school districts, the HCC provides distinct input and comprehensive insight into community health issues. Their participation and perspectives are instrumental in guiding the prioritization of health issues identified in the 2023 CHA, facilitating a more informed and community-driven approach to public health planning and decision-making.

The CHA guides the development of the Community Health Improvement Plan (CHIP), a community-driven county health improvement plan which identifies key strategies to address the health concerns identified in the CHA. Members of the HCC actively contribute to the CHIP development and implementation of key strategies within the community. The CHA and CHIP are completed every five years, as statutorily required by the Colorado Public Health Act.



EPCPH utilizes its strength in partnerships to collaborate closely with the HCC to drive the data analysis process. To support this, EPCPH's Data and Analytics (PHDA) program prepared comprehensive data sets related to community health outcomes, behaviors, and risk factors. Demographic and socioeconomic were examined, including race/ethnicity, gender, age, income, and education. The HCC is important in this collaborative process as these community representatives provide valuable insights to ensure a broad perspective on El Paso County's leading public health issues.

Utilizing a data-driven approach, EPCPH and the HCC used a ranking process to determine the public health issues of highest need based on the level (high or low) or impact on health outcomes.

METHODOLOGY

This process was paired with a capacity assessment to evaluate the range of resources available to address the identified health issues.

By leveraging our data and analytics team's expertise and working closely with the HCC, we ensure that our assessments are grounded in evidence-based practices and facilitate informed decision-making for prioritizing public health interventions.

Data sources

This report utilizes data indicators from established population-based health, social, behavioral, and economic data sources compiled by El Paso County Public Health's Data Analytics program in collaboration with Dr. Bernadette Albanese, the EPCPH co-medical Director, which was then presented to the HCC.

The data in this report represent secondary data sources, which are data collected by another organization or institution such as the U.S. Census Bureau, CDPHE Vital Statistics Program, CDPHE population surveys or surveillance data. The data sources used in this report are standardized and include quantitative data (information defined as a quantity, for example, the percentage of El Paso County residents who live below the federal poverty level) and qualitative data (information defined as characteristics, attributes and perceptions). For a list of specific data sources, see Appendix A.

Data limitations

To capture the most complete picture of the health status of El Paso County residents, EPCPH utilized currently available data through 2022.

TOP PRIORITIES IDENTIFIED

SUICIDE



DRUG OVERDOSE



HOUSING STABILITY



BARRIERS TO ACCESSING HEALTH CARE

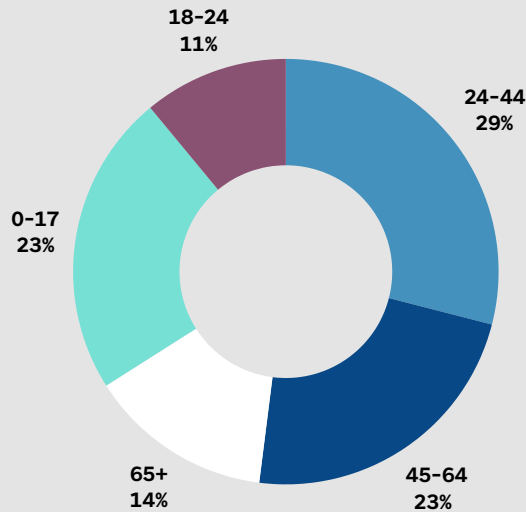


There are several limitations regarding data reported for the CHA. Data availability from various secondary sources is periodic depending on the type and manner of data collection. This may result in a time lag (often a year or more) for which the most recent data becomes available and can impact the interpretation of trends. Due to the unavailability of direct metrics for certain health indicators, alternative data metrics are utilized. For example, EPCPH relies on data from comprehensive population health surveys. The reliability of this data is contingent upon factors like sample size and the representation of survey respondents. In cases where there is limited participation from specific geographic areas or demographic groups, data availability may be affected. For instance, the lack of comprehensive data from the Healthy Kids Colorado Survey at the county level necessitates the use of alternative survey measures using statewide data. This shows the importance of utilizing proxies to address gaps in data availability and supports comprehensive analysis.

COUNTY DESCRIPTORS

The demographic characteristics of the population are important to understand the health risks and challenges, strengths, and opportunities of the El Paso County. Characteristics such as age, gender, and genetics are closely linked to health outcomes. Socioeconomic factors such as education, economic status, and household composition are likewise associated with health risk and protective factors and outcomes. The following section displays key demographics for El Paso County.

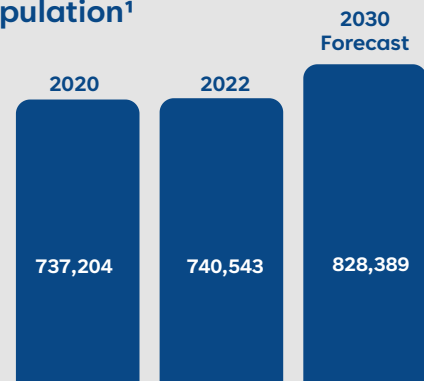
Age groups, % of population, 2022³



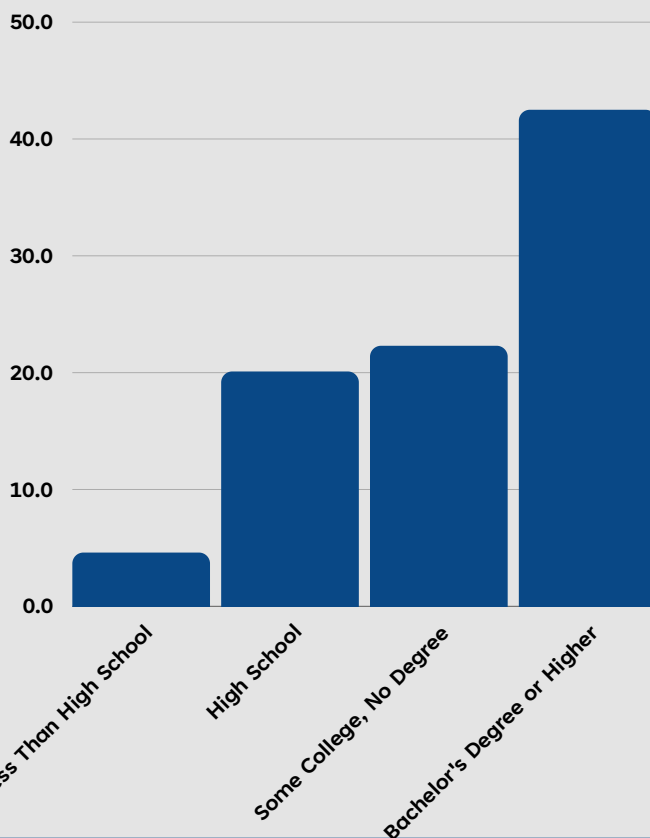
El Paso County, CO



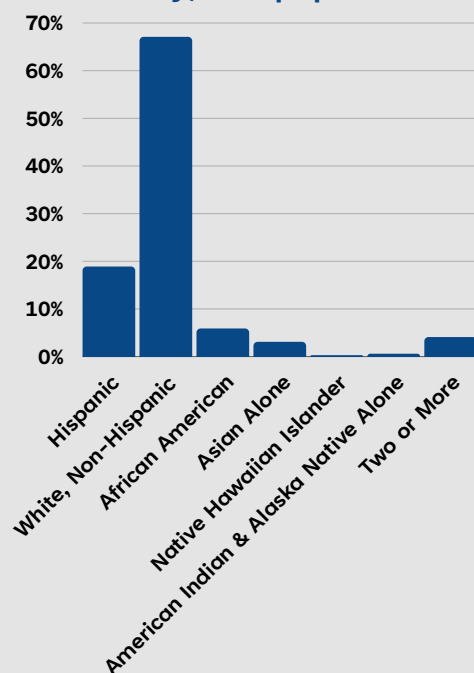
Population¹



Educational attainment (persons ages 25 and Over)⁹, 2022



Race/Ethnicity, % of population 2022²



COUNTY DESCRIPTORS

Top 5 Leading causes of death, 2020 – 2022⁵

Cause of death	Number	Rate per 100,000
Total number of deaths	17,644	
Malignant Neoplasms (all cancers)	3,004	135.9
Heart Disease	2,959	133.9
COVID-19	1,619	73.3
Unintentional injuries (accidents)	1,360	61.5
Chronic lower respiratory tract diseases	914	41.4

Health indicators, 2022⁴

Annual number of live births 9,077

Annual number of deaths 5,775

Infant mortality rate per 1,000 live births 4.7%

Languages spoken at home (persons ages 5 and over), 2022

English only⁷ 89.4%

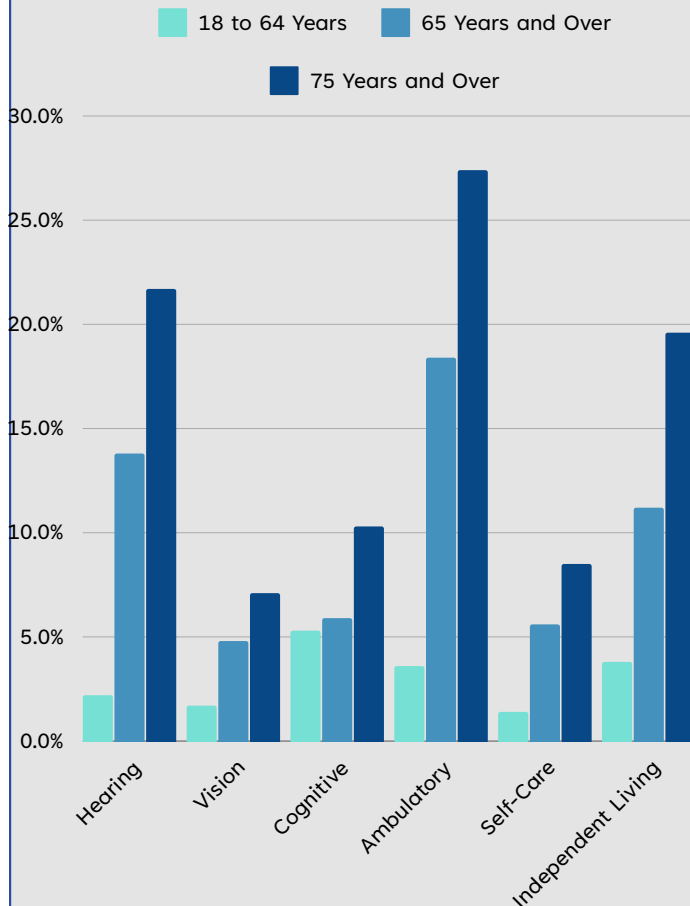
Language other than English⁸ 10.6%

Language other than English and speak English less than very well⁸ 3.1%

Spanish⁹ 7.2%

Spanish and speak English very well⁹ 2.0%

Disability among persons 18+, 2022⁶



Households, 2022

Total number of households ¹³ 293,070

Households with no internet access ¹⁴ 3.5%

Households with one or more people under 18 years ¹⁴ 29.7%

Households with one or more people 65 years and over ¹⁴ 25.7%

COUNTY DESCRIPTORS

Household income, living in poverty, unemployment, 2022

Median household income ¹⁰ **\$82,389**

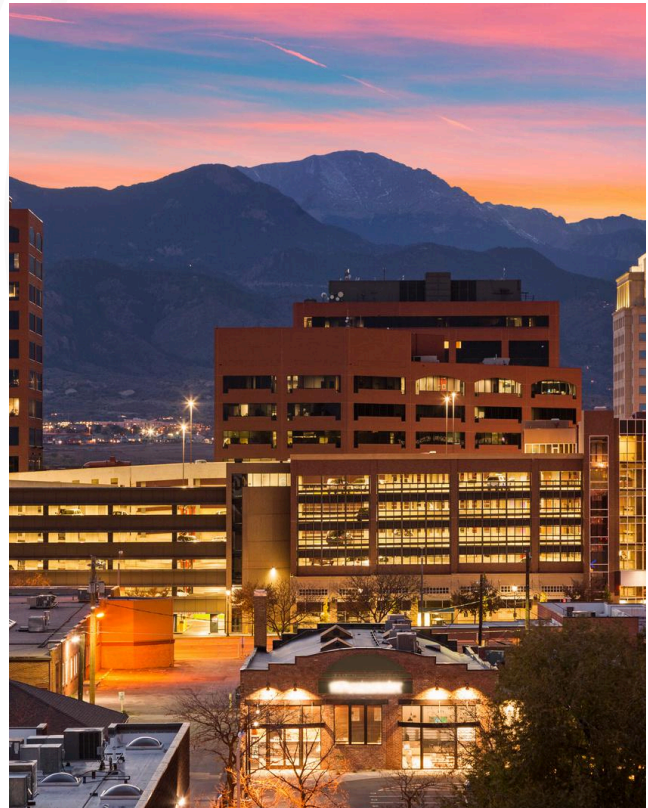
Individuals living at or below poverty level in past 12 months ¹¹ **8.3%**

Children (<18) living at or below poverty level in past 12 months ¹² **10.0%**

Unemployment rate among persons ages 16 years and older ¹² **4.1%**

Other characteristics, 2022 ¹⁷

Percentage of population foreign-born **6.5%**



Housing costs, 2022 ¹⁵

Median home value **\$464,300**

Median monthly owner costs **\$1,931**

Median gross rent (1 Bedroom) **\$1,239**

Median gross rent **\$1,579**

% of Housing units paying rent where gross rent is more than 35% of household income **45.4%**

Always/Usually/Sometimes Worried About Affording Rent/Mortgage ¹⁶ **27%**

Among Persons Ages 18 to 24- 53%
 Among White, Non-Hispanic- 23%
 Among Persons Ages 25 to 34- 38%
 Among Black, Non-Hispanic- 21%
 Among Persons Ages 35 to 44- 27%
 Among Hispanic, Any Race- 39%
 Among Persons Ages 45 to 54- 27%
 Among Persons Ages 55 to 64- 20%
 Among Persons Ages 65 and Over- 11%

COUNTY DESCRIPTORS

Sources:

1. Colorado State Demography Office. Population Estimates, El Paso County. Available from: <https://demography.dola.colorado.gov/>
2. Colorado State Demography Office. Population Race/Ethnicity Origin Spreadsheets, El Paso County. Available from: <https://demography.dola.colorado.gov/assets/html/population.html>
3. Colorado State Demography Office. Population Age Spreadsheets, El Paso County. Available from: <https://demography.dola.colorado.gov/assets/html/population.html>
4. Colorado Department of Public Health and Environment. Vital Statistics, El Paso County Births and Deaths 2022. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>
5. Colorado Department of Public Health and Environment. Vital Statistics Program. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>
6. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Disability Characteristics, Table S1810. Available from: <https://data.census.gov/table/ACSST1Y2022.S1810?q=s1810&g=050XX00US08041>
7. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Languages Spoken at Home, Table S1601. Available from: <https://data.census.gov/table/ACSST1Y2022.S1601?q=language+spoken+at+home&g=050XX00US08041>
8. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Selected Social Characteristics, Table DP02. Available from: <https://data.census.gov/table/ACSDP1Y2022.DP02?q=DP02&g=050XX00US08041>
9. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Educational Attainment, Table S1501. Available from: <https://data.census.gov/table/ACSST1Y2022.S1501?q=s1501&g=050XX00US08041>
10. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Income in the Past 12 Months, Table S1901. Available from: <https://data.census.gov/table/ACSST1Y2022.S1901?q=s1901&g=050XX00US08041>
11. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Poverty Status in the Past 12 Months, Table S1701. Available from: <https://data.census.gov/table/ACSST1Y2022.S1701?q=Poverty&g=050XX00US08041>
12. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Employment Status, Table S2301. Available from: <https://data.census.gov/table/ACSST1Y2022.S2301?q=s2301&g=050XX00US08041>
13. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Households and Families, Table S1101. Available from: <https://data.census.gov/table/ACSST1Y2022.S1101?q=s1101&g=050XX00US08041>
14. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Presence and Types of Internet Subscription in Household, Table B28002. Available from: <https://data.census.gov/table?q=B28002&g=050XX00US08041>
15. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Selected Housing Characteristics, Table DP04. Available from: <https://data.census.gov/table/ACSDP1Y2022.DP04?q=DP04&g=050XX00US08041>
16. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/behavioral-risk-factor-surveillance-system>
17. United States Census Bureau. American Community Survey 1-Year 2022 Estimates. Selected Social Characteristics, Table DP01. Available from: <https://data.census.gov/table?q=dp02&g=050XX00US08041>

DETERMINANTS OF HEALTH

Determinants of health include the conditions in which people are born, live, work, learn, play, and worship, which influence an individual's overall health and quality of life, from birth and childhood through adulthood and aging. Health equity is defined as the state in which everyone has the opportunity to attain an optimum level of health.¹

Community health assessments increasingly recognize the critical role of addressing determinants of health to improve population health and achieve health equity.

Assuring health equity requires eliminating preventable health disparities, which are the detrimental effects of differences in health behaviors or health conditions experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.²

Determinants of health are commonly described as:

- Economic stability, employment, and income.
- Education access and quality.
- Housing, neighborhood, and built environment.
- Health care access and quality of care.
- Social and community support systems, and shared norms, values, and language barriers found across different cultures.



DETERMINANTS OF HEALTH

At the community level, the totality of individual health drives population health outcomes, such as leading causes of death and life expectancy.

By addressing factors such as income, education, affordable housing, and health care access, public health interventions aim to create environments that support healthier choices and behaviors, reduce health disparities, and create the conditions for all El Paso County residents to live in thriving communities where every person has the opportunity to achieve optimal health.

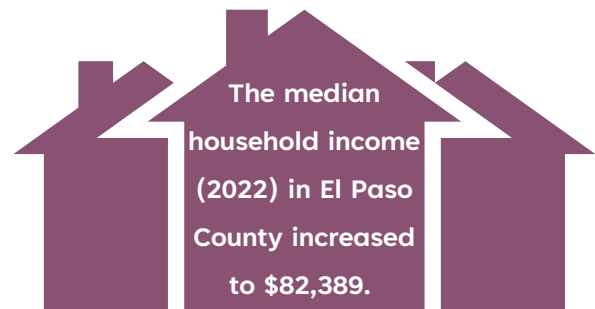
Economic stability

Socioeconomic status refers to an individual's or a family's social and economic position within society. It's a comprehensive measure that considers various factors including income, education, and employment. Socioeconomic status provides insight into an individual's or family's access to resources, opportunities, and overall well-being within society.



For example, individuals with higher income and education levels tend to have better access to health care, engage in healthier behaviors, and experience lower rates of chronic diseases.³

Conversely, those facing poverty, inadequate housing, lack of access to nutritious food, and limited educational opportunities are at higher risk for poor health outcomes.⁴



Income

Income refers to the financial resources an individual or household earns or receives, which are typically measured on an annual basis. It serves as an indicator of a person's economic well-being and prosperity. Income reflects the financial capacity of an individual or household to meet their basic needs and access essential resources. Typically, high income levels provide individuals and families with greater financial stability, allowing them to afford better housing, nutritious food, health care services, and educational opportunities.⁵ This, in turn, can lead to improved health outcomes, higher educational attainment, and enhanced overall well-being.

Income is influenced by the conditions of the community in which a person lives, due to variations in economic opportunities, cost of living, access to education and health care, and social support networks.

DETERMINANTS OF HEALTH

Residents in areas with better job prospects, higher-paying industries, and strong professional connections tend to have higher incomes.

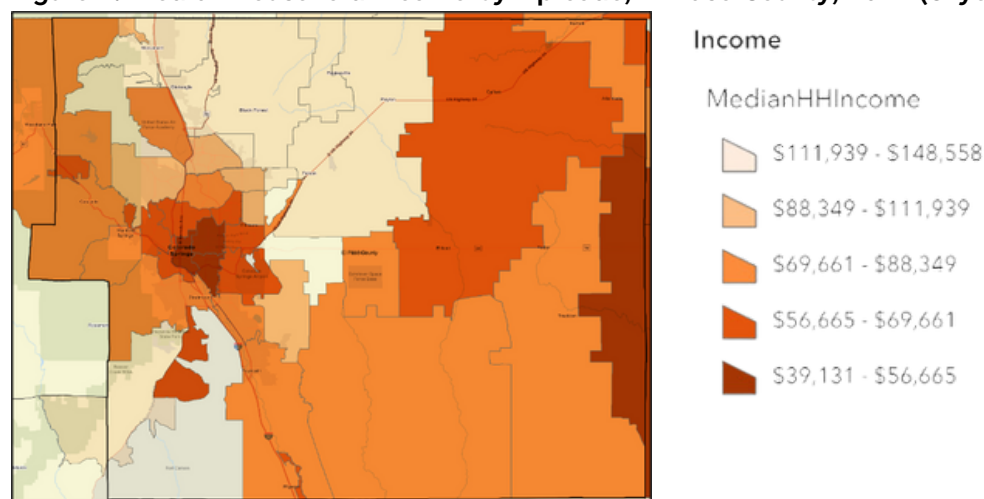
Residents of poorer communities often lack the necessary resources, opportunities, and capabilities to find and maintain jobs with decent pay, so they are less likely to work than people living in higher income communities.⁶

How are we doing in El Paso County?

The median household income—which includes income of all persons 15 years and older living in a household—for El Paso County residents in 2021 was \$79,427.

By 2022, the median household income for El Paso County residents increased 3.7 percent to \$82,389, which is still lower than the state of Colorado's median household income at \$89,302.⁷ Figure 1 and Table 1 show the geographic distribution of the median household income in El Paso County by zip code for 2022. Central and Eastern Colorado Springs are identified as having lower income during this time period. The highest median household incomes can be found in zip codes 80927, 80132, 80106, 80924, and 80921, while the lowest median household incomes can be found in zip codes 80833, 80910, 80903, 80909, and 80916.⁸

Figure 1. Median household income by zip code, El Paso County, 2022 (5-year estimate)



DETERMINANTS OF HEALTH

Table 1. Median household income by zip code, El Paso County, 2022 (5-year estimate)

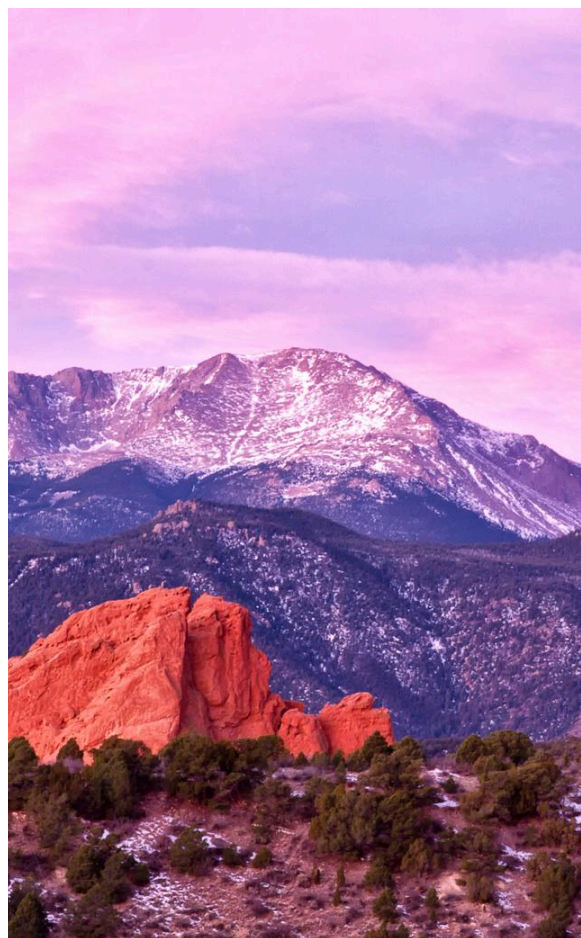
Zip code	Median income	Zip code	Median income	Zip code	Median income	Zip code	Median income	Zip code	Median income
80833	\$39,131	80904	\$65,339	80809	\$76,875	80925	\$103,032	80132	\$147,908
80910	\$51,900	80907	\$66,247	80840	\$79,250	80133	\$103,704	80927	\$148,558
80903	\$55,184	80819	\$66,328	80817	\$80,425	80920	\$109,098	80913	N/A
80909	\$56,665	80915	\$67,676	80918	\$82,564	80919	\$111,939	80914	N/A
80916	\$59,018	80917	\$69,661	80951	\$82,828	80831	\$122,479	80929	N/A
80835	\$61,563	80864	\$72,917	80906	\$83,724	80926	\$124,792	80938	N/A
80902	\$62,835	80928	\$73,365	80829	\$85,176	80908	\$130,275	80939	N/A
80905	\$62,925	80930	\$74,844	80863	\$88,349	80921	\$137,801		
81008	\$63,803	80911	\$75,184	80923	\$96,965	80924	\$138,534		
80808	\$65,253	80832	\$75,417	80922	\$102,807	80106	\$145,798		

Household income impacted by race and ethnicity

Households identifying as Asian and White race had higher median household incomes in 2022, compared with households identifying as Black or African American, American Indian and Alaska Native, or Hispanic or Latino origin (of any race), as shown in Table 2.⁹

Table 2: Median household income by race and ethnicity, El Paso County, 2022

Race and ethnicity	Median income
Black or African American	\$63,306
American Indian and Alaska Native	\$54,596
Hispanic or Latino origin (of any race)	\$68,837
White alone, not Hispanic or Latino	\$87,597
Asian	\$96,343



DETERMINANTS OF HEALTH

Federal Poverty Level

Income is often framed as a percentage of the Federal Poverty Level (FPL), an indicator defined annually by the U.S. Department of Health and Human Services (HHS). People living in poverty may not be able to afford basic needs such as nutritious food, health care, and housing. Federal poverty levels are used to determine eligibility for certain social programs and benefits, including savings on Marketplace health insurance, and Medicaid and Children Health Insurance Plan (CHIP) coverage.

In 2023, a single-person household is considered “living in poverty” if their income is at 100 percent of the FPL, an amount equivalent to \$14,580. The poverty guideline for a family of three is \$24,860 and is \$30,000 for a family of four.¹⁰ The FPL increases as family or household size increases. Table 3 shows the federal poverty guidelines for 2022 through 2024.

Figure 2: Percent of families living below 100% Federal Poverty Level (FPL) by zip code, El Paso County, 2022 (5-year estimate)

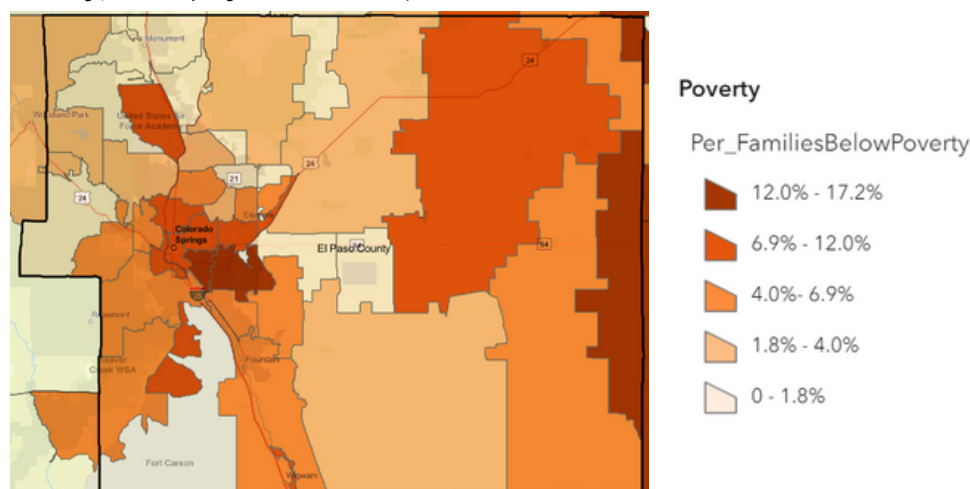


Table 3: Poverty guidelines for the 48 contiguous states and the District of Columbia, 2022 – 2024

Year	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	\$ for each additional persons (9+)
2022	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630	\$4,720
2023	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560	\$5,140
2024	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720	\$5,380

How are we doing in El Paso County?

In 2022, approximately two out of 10 (8.3 percent) of El Paso County residents were living in poverty (household income in the past 12 months was below 100 percent of the FPL).

Demographic, educational, and economic factors influence those living below the federal poverty level. Table 4 shows the proportion of people living in poverty within select demographic groups.¹¹

DETERMINANTS OF HEALTH

Table 4: People living in poverty, El Paso County, 2022

Population group		Percent living in poverty
Age	Under 18	10.0
	18 to 64	8.0
	65 and older	6.5
Gender	Male	7.2
	Female	9.4
Race/Ethnicity	American Indian or Alaska Native alone	32.2
	Black or African American alone	14.2
	Hispanic or Latin origin, any race	13.1
	White alone	6.9
	Asian alone	6.6
Civilian labor force (16 years or older)	Unemployed	27.0
	Employed	4.4
Educational attainment (25 years and older)	Less than high school graduate	23.1
	High school graduate or higher	11.7
	Bachelor's degree or higher	3.5

Figure 2 and Table 5 show the geographic distribution of those living in poverty in El Paso County. The highest poverty rates are among people residing in zip codes 80835, 80910, 80916, 80833, and 81008, with the lowest poverty rates can be found in zip codes 80133, 80929, 80927, 80924, and 80809.⁸

Table 5: Percent of families living below 100% Federal Poverty Level (FPL) by zip code, El Paso County, 2022 (5-year estimate)

Zip code	Below 100% FPL	Zip code	Below 100% FPL	Zip code	Below 100% FPL	Zip code	Below 100% FPL	Zip code	Below 100% FPL
80133	0.0	80928	2.3	80938	4.5	80951	8.1	80833	13.9
80929	0.0	80831	2.4	80922	4.6	80905	8.2	80916	14.8
80927	1.0	80908	2.7	80829	4.7	80903	9.3	80910	16.4
80924	1.1	80919	2.9	80926	4.9	80907	10.0	80835	17.2
80809	1.3	80920	3.2	80817	5.2	80840	10.2	80913	N/A
80930	1.3	80863	3.3	80906	5.2	80902	10.4	80914	N/A
80106	1.5	80917	3.8	80832	5.3	80808	10.6	80939	N/A
80921	1.5	80819	4.0	80925	5.6	80915	10.6		
80132	1.8	80904	4.4	80911	6.3	80909	11.1		
80923	1.8	80918	4.4	80864	6.9	81008	12.0		

DETERMINANTS OF HEALTH

Employment

Employment affects an individual's income, access to health care, social connections, and working conditions, all of which have a significant impact on physical, mental, and social well-being. Individuals with steady work opportunities are less likely to live in poverty and more likely to be healthy. Experiencing disabilities, injuries, or other health conditions may restrict a person's employment options. Earning a steady income allows people to afford things needed to achieve optimal health, such as nutritious food, safe housing, and adequate health care coverage. However, earning a steady income does not guarantee the ability to afford these necessities. Employment programs, career counseling, and high-quality child care opportunities can help more people find and keep jobs. In addition, policies to help individuals and families pay for food, housing, health care, and education can reduce poverty and improve health and well-being.¹³

How are we doing in El Paso County?

Jobs in educational services, health care, and social assistance (consisting of individual and family services, community food and housing, and emergency and other relief services) dominate the El Paso County employment landscape with nearly one-quarter (23.7 percent) of employed persons over age 16 years (excludes active military) working in that industry during 2022, as shown in Figure 3. The industries which encompass professional, scientific, management, administrative, and waste management services follow as the second largest industry with 14.6 percent; and the retail trade industry following close behind at 11.2 percent.¹⁴

Figure 3: Type of industry among civilian employed persons ages 16 years and older, El Paso County, 2022



DETERMINANTS OF HEALTH

In 2022, the average unemployment rate for people 16 years and older in El Paso County was 4.1 percent, which was higher than the rate of 3.5 percent for Colorado.¹⁵ Similar to income and poverty trends, unemployment rates vary across El Paso County zip codes, ranging from zero percent to 23.7 percent.

Higher rates of unemployment can be found among the following zip codes: 80809, 80926, 80829, 80916, and 80910, as shown in Figure 4 and Table 6.¹⁶

Figure 4: Unemployment rates among persons ages 20 to 64 years by zip code, El Paso County, 2022 (5-year estimate)

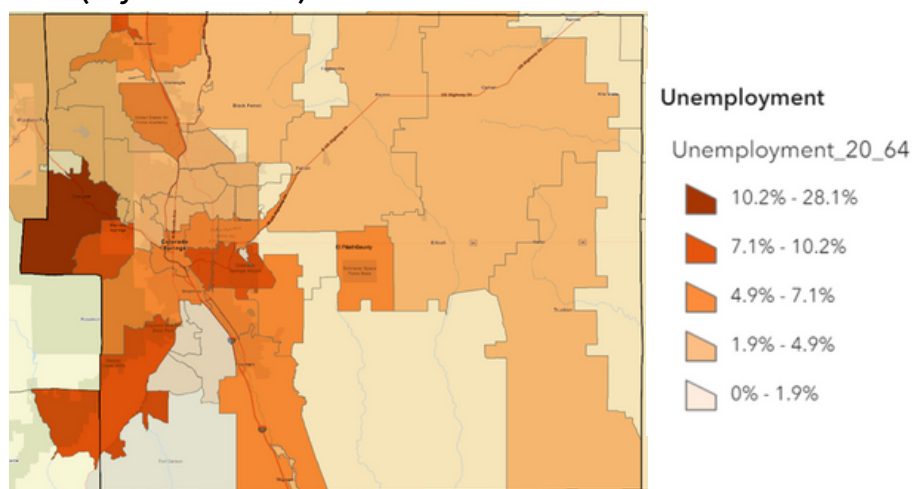


Table 6: Unemployment rates among persons ages 20 to 64 years by zip code, El Paso County, 2022 (5-year estimate)

Zip code	Unemployment rate	Zip code	Unemployment rate	Zip code	Unemployment rate	Zip code	Unemployment rate	Zip code	Unemployment rate
80832	0	80106	1.7	80922	3.9	80132	5.3	80133	7.8
80833	0	80927	1.7	80904	4.1	80930	5.4	80910	7.8
80913	0	80902	1.9	80908	4.2	80817	5.7	80916	8.5
80914	0	80808	2.9	80920	4.2	80903	6	80829	9.7
80929	0	80831	3.5	80907	4.7	80909	6.1	80926	10.2
80938	0	80921	3.6	80923	4.7	80905	6.4	80809	28.1
80819	0.3	80863	3.7	80918	4.8	80915	6.4	80939	N/A
80928	0.7	80864	3.7	80917	4.9	80840	6.5		
80835	0.9	80919	3.8	80906	5.1	80911	6.8		
80924	1.6	81008	3.8	80925	5.2	80951	7.1		

DETERMINANTS OF HEALTH

Education

Education plays a critical role in shaping an individual's health and well-being and is a key determinant which influences health outcomes.

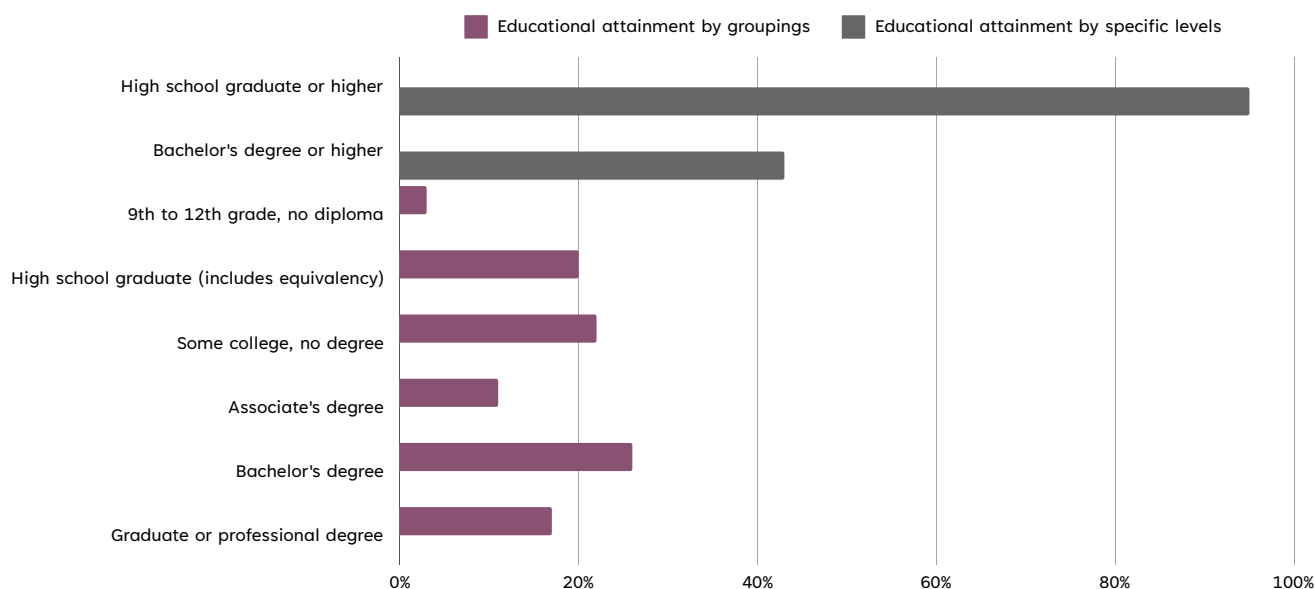
Lower educational levels are associated with poorer health outcomes. Individuals with less education may face difficulties in securing stable employment, accessing health care, and making informed health decisions, which may lead to adopting unhealthy behaviors due to a lack of access to resources. Higher education can lead to improved health and well-being, as well as reduced risk for premature death. College graduates, for example, have better self-reported health than high school graduates, and individuals with more education are less likely to report conditions such as heart disease, high blood pressure, diabetes, anxiety, and depression.

Furthermore, individuals with more education are more likely to exercise, drink less alcohol, and seek preventive health care when needed.¹⁷

Youth living in poverty, youth with unmet special needs, and youth who face social discrimination are more likely to struggle in school and less likely to graduate from high school or attend college. As a result, they are less likely to attain the levels of education needed to secure higher income jobs and are more likely to experience long-term health problems.¹⁸



Figure 5: Educational attainment among people ages 25 and over, El Paso County, 2022



DETERMINANTS OF HEALTH

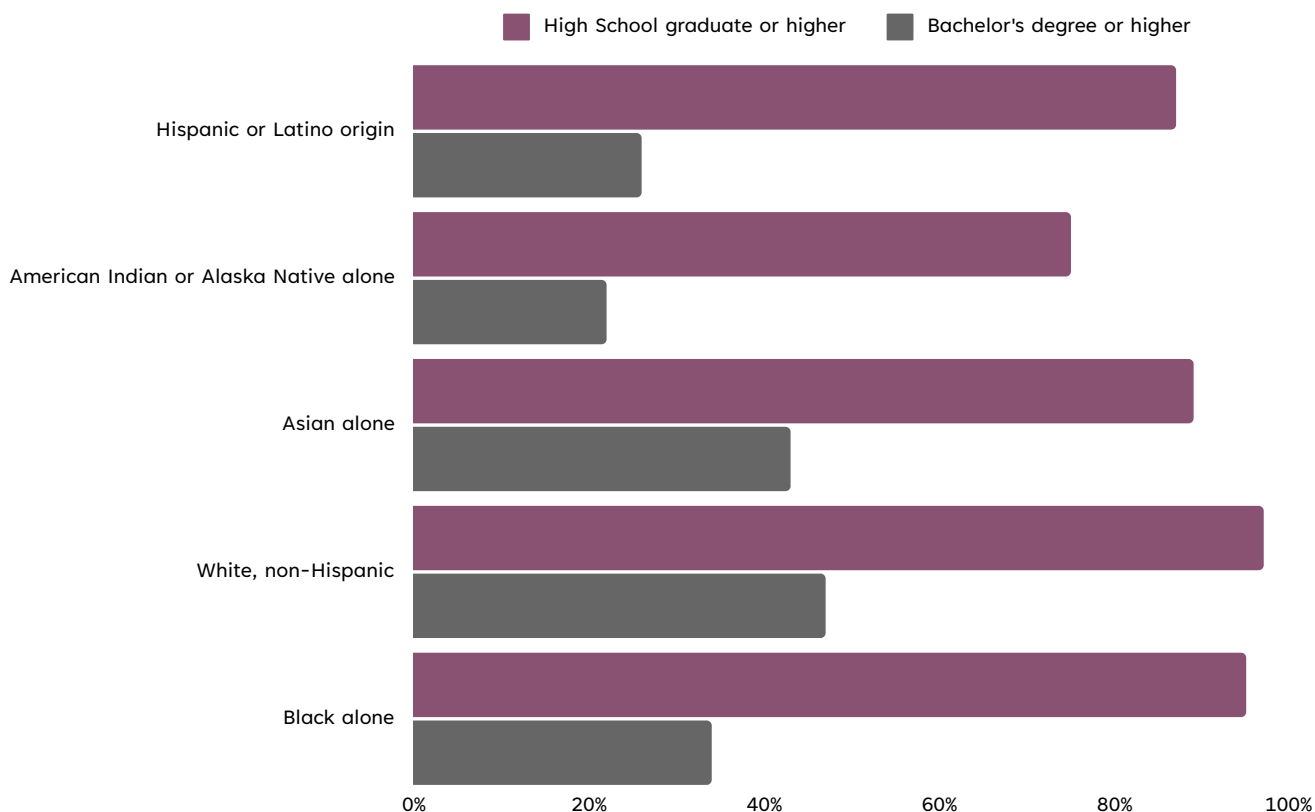
How are we doing in El Paso County?

El Paso County's data demonstrates disparities in educational attainment. Figure 5 shows the educational attainment of El Paso County residents ages 25 and older. Much of El Paso County has an educational attainment between high school graduate and a bachelor's degree or higher. When combining levels of attainment and using high school education as a cut-off point, nearly one-quarter (24 percent) of the population has received no education beyond high school.¹⁹

In El Paso County, individuals identifying as American Indian or Native Alaskan alone were less likely (75 percent) to attain a high school diploma or higher degree. Those identifying as White, non-Hispanic (47 percent) or Asian (43 percent) had the highest rates of obtaining a bachelor's degree or higher, as shown in Figure 6.¹⁹



Figure 6: Educational attainment by race and ethnicity, El Paso County, 2022



DETERMINANTS OF HEALTH

Figure 7 and Table 7 show the geographic distribution of El Paso County residents with an educational attainment of only high school graduation (or equivalent).

The highest percentages of residents with only high school graduation (or equivalent) can be found in the following zip codes: 80929, 80914, 80864, 80913, and 80808.²⁰

Figure 7: Educational attainment (high school only) by zip code, El Paso County, 2022 (5-year estimate)

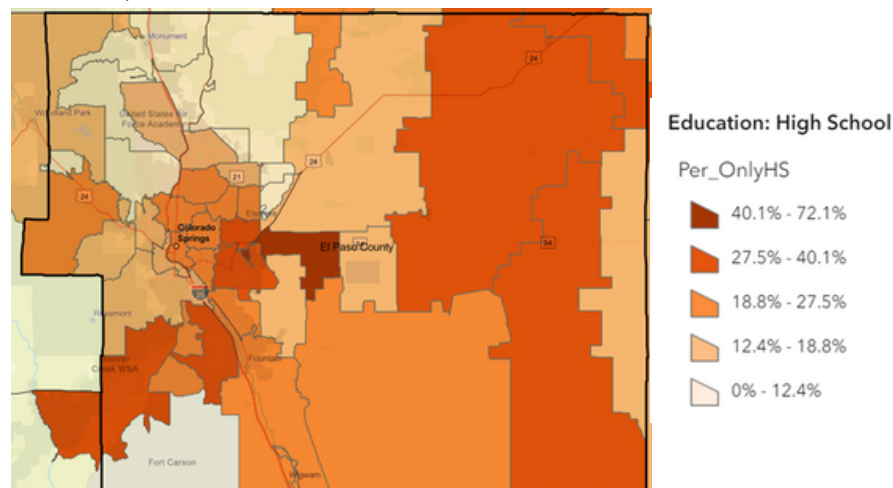


Table 7: Educational attainment (high school only) by Zip Code, El Paso County, 2022 (5-year estimate)

Zip code	High School only	Zip code	High School only	Zip code	High School only	Zip code	High School only	Zip code	High School only
80938	0.0	80923	14.1	80905	18.7	80809	23.7	80832	33.9
80924	8.8	80930	16.0	80863	18.8	81008	24.3	80808	37.9
80921	8.9	80829	16.1	80917	20.8	80835	24.9	80913	38.3
80819	9.9	80831	16.4	80918	21.0	80902	26.1	80864	40.1
80927	10.3	80951	16.7	80922	21.0	80910	26.8	80914	69.0
80919	11.1	80833	16.9	80106	21.1	80911	27.1	80929	72.1
80908	12.3	80925	16.9	80903	21.9	80928	27.5	80939	N/A
80132	12.4	80906	17.4	80907	22.0	80916	31.7		
80840	13.1	80133	18.0	80909	22.6	80926	31.8		
80920	13.9	80904	18.6	80817	23.6	80915	32.4		

DETERMINANTS OF HEALTH

Figure 8 and Table 8 show the geographic distribution of El Paso County residents with a bachelor's degree or higher. The lowest percentages of residents with a bachelor's degree or higher can be found in southern and western areas of the county (zip codes 80929, 80864, 80913, 80914, and 80916).

Conversely, the highest percentages of residents with a bachelor's degree or higher can be found in the following zip codes: 80924, 80938, 80921, 80919, and 80132.²⁰

Figure 8: Educational attainment (bachelor's degree and higher) by zip code, El Paso County, 2022 (5-year estimate)

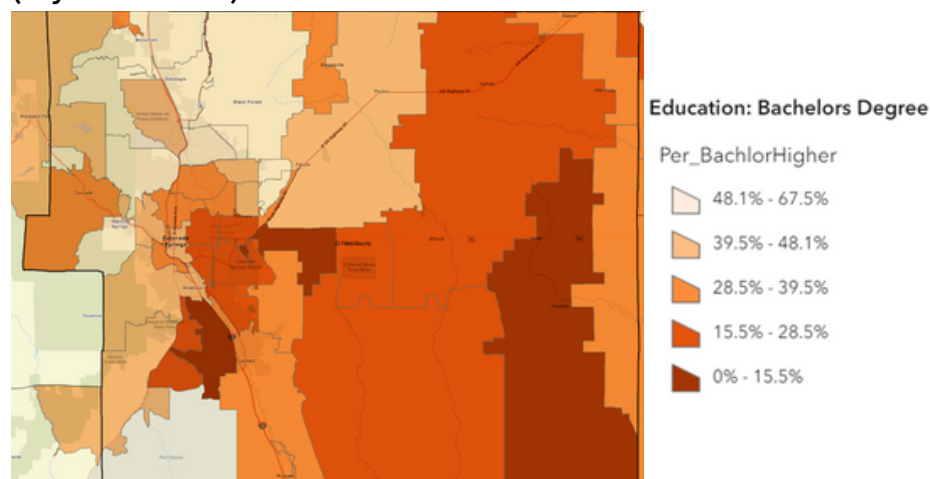


Table 8: Educational attainment (bachelor's degree or higher) by zip code, El Paso County, 2018 - 2022

Zip code	Bachelor's or higher	Zip code	Bachelor's or higher	Zip code	Bachelor's or higher	Zip code	Bachelor's or higher	Zip code	Bachelor's or higher
80929	0.0	80915	25.9	80133	37.1	80840	42.9	80908	55.9
80864	10.1	80930	26.4	80907	37.2	80926	43.0	80132	59.2
80913	12.7	80928	27.5	80905	38.6	80904	44.0	80919	60.4
80914	15.5	80909	28.5	80925	38.6	80863	44.1	80921	64.1
80916	19.0	80817	30.6	80809	39.0	80923	46.3	80938	65.1
80808	20.8	80832	31.2	80106	39.4	80906	48.1	80924	67.5
80910	21.7	81008	32.6	80951	39.5	80927	52.8	80939	N/A
80911	22.7	80917	33.8	80831	40.4	80920	54.3		
80902	23.2	80833	35.5	80903	40.5	80829	54.8		
80835	23.8	80918	36.5	80922	41.1	80819	55.7		

DETERMINANTS OF HEALTH

Built environment

Built environment includes the physical makeup of where we live, learn, work, and play—our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. It influences the health of communities and individual behaviors such as physical activity and healthy eating.²¹ The establishment of homes, schools, businesses, and community assets like parks, open spaces, sidewalks, and transportation options all influence health behaviors. Individuals and families living in neighborhoods with less environmental infrastructure face greater health and safety risks and are more likely to experience poorer health outcomes.²² Those who belong to a racial or ethnic minority group and those who have lower incomes are more likely to live in areas which can contribute to worse health outcomes. Programs and policies that address the built environment can reduce health and safety risks and encourage health.²³

Limited food access

A person faces limited food access, also referred to as food insecurity, when they lack regular access to enough safe and nutritious food for normal growth and development to achieve an active and healthy life. Households experiencing limited access to nutritious food are uncertain of having or are unable to acquire, at some time during the year, enough food to meet the needs of all their household members because they had insufficient money or other resources for food.²⁴ Access to nutritious food is often influenced by several factors, including affordability, availability, food environment, and media/advertising.²⁵

The food environment is comprised of grocery stores, school meals, convenience stores, full-service restaurants, fast food restaurants, farmer's markets, community gardens, urban farms, and other places where food can be obtained.

The limitations in food access are not merely about hunger but encompass the unavailability of nutritious food or a lack of resources to obtain nutritious food whether at a community level, such as the lack of grocery stores, or at the individual level. The abundance of food, location, stock, connection to transportation, and ability to accept Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) benefits at these venues all affect nutritious food access.²⁶

The SNAP program helps low-income households to receive a monthly benefit to purchase food for good health. The WIC program is specifically designed for individuals who are pregnant, breastfeeding, postpartum, or who have a child under the age of five. WIC does not provide a dollar amount to buy food items but does provide a WIC card recipients can use to purchase food based on nutritional value and USDA standards. Both programs increase access to nutritious food and WIC provides nutrition guidance and education.

DETERMINANTS OF HEALTH

How are we doing in El Paso County?

The limitations in accessing healthy food can be characterized by inconsistent access to nutritious food, impacting an individual's health and well-being. With the national average of access to healthy food at 11.2 percent, Colorado ranked below the United States average at 8.9 percent between 2020 through 2022.²⁷ In 2021, 9.6 percent (69,510) residents in El Paso County, to include all adults and children regardless of race or ethnicity, experienced limited access to healthy food. In the same year, 32 percent of residents in El Paso County who were above the SNAP threshold of 200 percent poverty level and 68 percent of residents who were below the SNAP threshold and participating in other nutrition programs both experienced limitations for accessing healthy food.²⁸

Regardless of whether a person lives in poverty or resides in a household experiencing limitations to accessing healthy foods, the reality is that many people need food assistance. Unlike assistance provided by food banks and similar organizations, availability of government support typically varies based on household income and poverty level. While the county's food environment comprises various outlets, including grocery stores and restaurants, disparities exist in terms of affordability, availability, and transportation connections. Programs like SNAP and WIC aim to improve access for low-income households, yet the equitable availability of healthy food remains a concern. Addressing these disparities is essential to promoting overall health and reducing the risk of chronic diseases associated with inadequate nutrition.

Physical activity

Regular physical activity can help reduce the risk of at least 20 chronic diseases and conditions, and provide effective treatment for many of these conditions. Building active and walkable communities can help support local economies, result in less air pollution, and create more cohesive communities.²⁹

To help residents achieve optimal health, communities should provide access to facilities or programs where individuals and families can safely and easily be more active. Free or low-cost recreational opportunities such as parks, walking trails, or bike paths can help individuals and families to be more physically active and to develop communities into better places to live.³⁰

How are we doing in El Paso County?

In 2022, 16.3 percent of El Paso County adults reported not having any leisure time physical activity during the past month, such as running, calisthenics, golfing, gardening, or walking for exercise.³¹

According to the national County Health Rankings and Roadmaps for 2022, El Paso County is in alignment with many Front Range counties in supporting resident access to exercise opportunities.³²

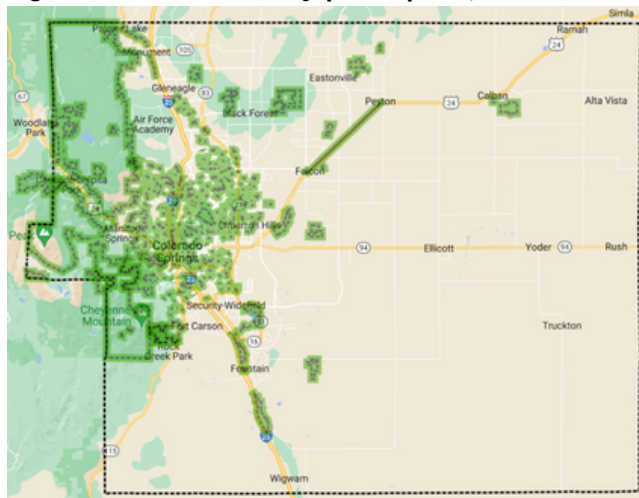
DETERMINANTS OF HEALTH

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.

Individuals are considered to have adequate access to exercise opportunities if they:

- Reside in a census block that is within a half mile of a park; or
- Reside in a census block that is within one mile of a recreational facility in an urban area; or
- Reside in a census block that is within three miles of a recreational facility in a rural area.

Figure 9: El Paso County park space, 2022



In Colorado, 88 percent of people lived close to a park or recreation facility. Across counties in the state, this percentage ranged from six percent to 100 percent. El Paso County ranked 16 out of all Colorado counties at 89 percent.³²

Figure 9 from the El Paso County Assessor illustrates the amount of park space for recreation throughout El Paso County, indicated by the areas highlighted in bright green. Park space includes cities, county, and state parks, as well as Pike National Forest. Much of the park space in the county can be found in the western areas of the county with less park space in the northern and eastern, more rural areas of the county.³³

When considering adolescent physical activity, Table 9 shows the recreation behaviors for high school students in El Paso County and Colorado during 2019. Approximately four out of 10 El Paso County high school students reported having attended physical education classes on one or more days in an average week.³⁴

Table 9: High school student physical activity behaviors, El Paso County and Colorado, 2019*

Healthy Kids Colorado Metric 2019	El Paso County	Colorado
Percentage of students who attended physical education (PE) classes on one or more days in an average week	41.9	41.4
Percentage of students who could walk or ride a bike, scooter, or skateboard to school if they wanted to	47.1	48.8
Percentage of students who played on one or more sports teams during the past year	54.0	59.0
Percentage of students who walk or ride a bike to school on one or more days in an average week	14.5	16.2
Percentage of students who were physically active for a total of at least 60 mins/day on five or more days in the past week	46.4	48.0

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating schools and districts; the latest data is from 2019.

DETERMINANTS OF HEALTH

Overweight and obesity

Weight that is higher than what is considered healthy for a given height is described as overweight or obese. Body Mass Index (BMI) is a health screening tool used for identifying persons who are overweight or obese. Obesity is defined as an adult having a BMI equal or greater than 30; overweight is defined as having a BMI between 25 to 29.9.³⁵ Nationally during 2022, all states reported an average adult obesity prevalence of 20 percent or more (meaning more than one in five adults with obesity) in their population. Obesity is connected to serious health problems, including type 2 diabetes, heart disease, stroke, and some forms of cancer. Obesity-related stigma and discrimination can also lead to health consequences. Nationally, obesity is more commonly reported among Hispanic adults and non-Hispanic American Indian, Alaska Native, or Black adults.³⁶

How are we doing in El Paso County?

Trends related to adult weight status were fairly consistent from 2020 to 2022 (Table 10). In 2022, over one-third (34.9 percent) of El Paso County residents report having a normal weight. An additional 38.0 percent of residents indicate being overweight, and 25.8 percent were obese. Compared to Colorado data, a higher percentage of adults in El Paso County were obese during the three-year time period.³⁷

Environmental quality

Environmental conditions, such as air and water quality, have an impact on health. Environmental conditions often vary across geographic areas and thus disproportionately impact certain populations. While many conditions of the environment are naturally occurring, the quality and impacts of the environment are often affected by a multitude of societal factors to include historical and economic factors. Certain populations may be more susceptible to poorer environmental conditions and associated health disparities, including communities of color, those with low incomes, those who are unhoused, older adults, pregnant women, and children.³⁸

Water quality for drinking, bathing, and cleaning can be affected by built environment and social factors like the size and location of a water source and local resources to support the water system. Air quality is also an important condition for health, but it too can be impacted by pollution from particles like dust or smoke and air pollutants like carbon monoxide. Poor air quality can increase risk of health problems like lung cancer and heart disease, and naturally occurring air particles like pollen can lead to allergies and respiratory issues that can impact individuals' health. Urban areas tend to have more pollution sources that contribute to poor air quality compared to rural areas.³⁸

Table 10: Adult weight status by year, El Paso County and Colorado, 2020 – 2022

Percent of Adults	2020		2021		2022	
	El Paso County	Colorado	El Paso County	Colorado	El Paso County	Colorado
Healthy weight	36.6	38.3	34.0	37.1	34.9	37.4
Overweight	33.4	35.0	34.3	35.5	38.0	35.6
Obese	27.9	24.2	28.4	25.1	25.8	25.0

DETERMINANTS OF HEALTH

How are we doing in El Paso County?

The U.S. Air Quality Index (AQI) is the Environmental Protection Agency's index for reporting daily air quality, covering five major pollutants that are regulated by the Clean Air Act: ozone, particle pollution (also called particulate matter), carbon monoxide, nitrogen dioxide, and sulfur dioxide. The AQI is also used as the basis for air quality forecasts and current air quality reporting.³⁹

The AQI uses six color-coded categories to describe air quality and to identify which groups of people may be more affected and steps they can take to reduce their exposure to air pollution (Table 11).⁴⁰



Table 11: AQI basics for ozone and particle pollution

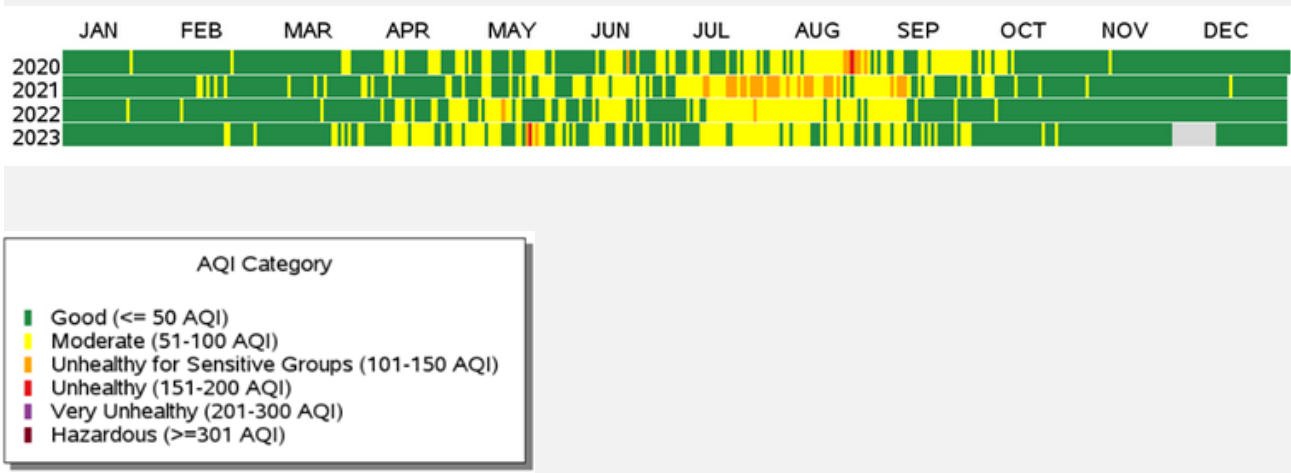
Level of concern	Daily AQI color	Values of index	Description of air quality
Good	Green	0 to 50	Air quality is satisfactory, and air pollution poses little or no risk.
Moderate	Yellow	51 to 100	Air quality is acceptable. However, there may be a risk for some people, particularly those who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	Orange	101 to 150	Members of sensitive groups may experience health effects. The general public is less likely to be affected.
Unhealthy	Red	151 to 200	Some members of the general public may experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	Purple	201 to 300	Health alert: The risk of health effects is increased for everyone.
Hazardous	Brown	301 and higher	Health warning of emergency conditions: everyone is more likely to be affected.

DETERMINANTS OF HEALTH

El Paso County has four air quality monitors located across the county. Figure 10 shows the number of Good, Moderate, and Unhealthy for Sensitive Groups air quality days in the County from 2020 to 2023. Each plot “tile” represents one day of the year and is color-coded based on the highest daily AQI value among all monitors in El Paso County. Over the four-year span, El Paso County experienced mostly Good (986 days) or Moderate (422 days) air quality days with very infrequent Unhealthy for Sensitive Groups (38 days) or Unhealthy (2 days) air quality days.⁴¹



Figure 10: Daily AQI values by month and year, El Paso County, 2020 - 2023



DETERMINANTS OF HEALTH

Public safety

Assuring public safety, which encompasses the protection of the general public and their physical welfare, is essential for enhancing individual and community health. Public safety involves measures to safeguard public spaces, like local parks, and address issues such as broken equipment or unsafe drinking water. Crime and violence, whether experienced directly or indirectly through witnessing or hearing about incidents, play a significant role in shaping the well-being of individuals and communities.

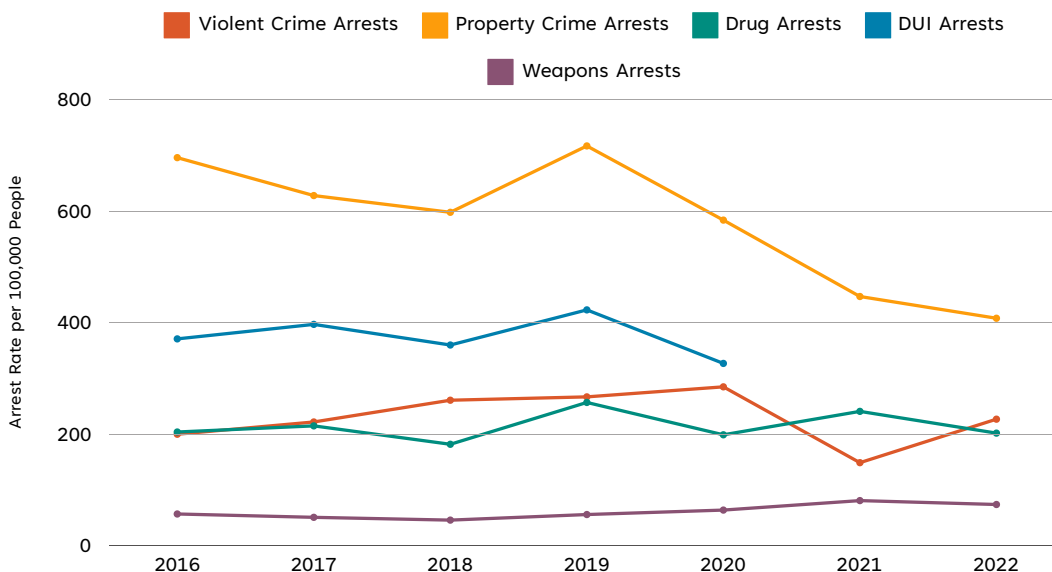
Exposure to crime and violence, encompassing incidents such as assaults, robberies, and other threatening activities, can have various short- and long-term health effects on individuals. For instance, firearm-related violent crime in neighborhoods has been associated with a decrease in park utilization and physical activity. People who harbor heightened concerns about neighborhood safety may perceive their physical

and mental health to be poorer. Specific examples of detrimental health effects from exposure to violence and crime—including asthma, hypertension, cancer, stroke, and mental disorders—can be influenced by community exposure to violence and crime. Building resiliency, reducing vulnerability, fostering healthy relationships, and creating safe environments are crucial strategies to address the impacts of such exposure. Safe environments can help address the impacts of exposure to crime and violence.⁴²

How are we doing in El Paso County?

Figures 11 and 12 show the rate of adult and juvenile arrests by type in El Paso County between 2016 and 2022. Among both adults and juveniles, arrests related to property crime (to include arson, motor vehicle theft, burglary, and larceny/theft) are the most common and arrests for weapon offenses are the least common.⁴³

Figure 11: Adult arrest rate by type and year, El Paso County, 2016 – 2022



DETERMINANTS OF HEALTH

Figure 12: Juvenile arrest rate by type and year, El Paso County, 2016 – 2022

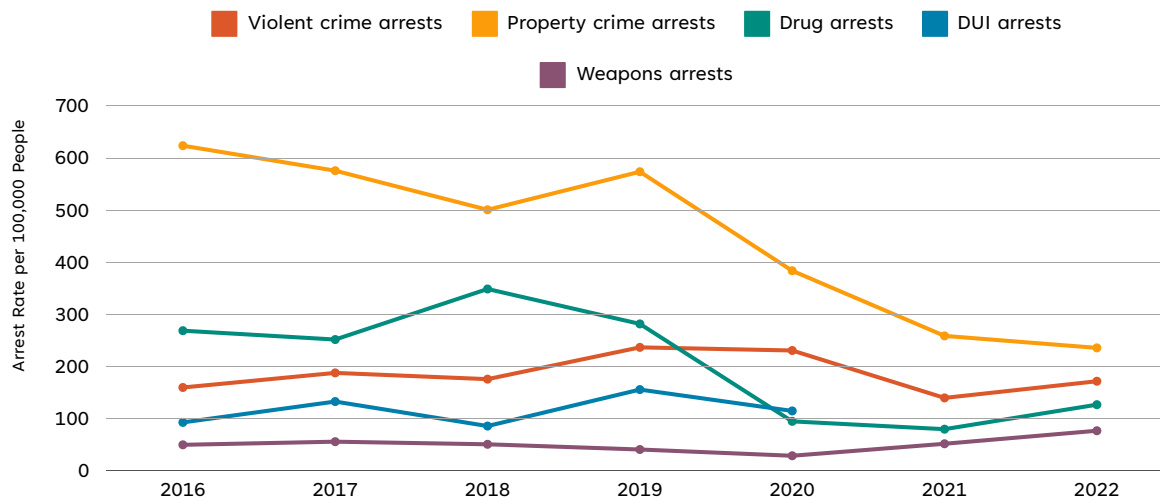


Table 12: High school student motor vehicle safety behaviors, El Paso County and Colorado, 2019*

Measure among students who drove a car or vehicle in the past 30 days	El Paso County	Colorado
Percentage of students who texted or e-mailed while driving one or more times in the past 30 days	32.8	37.2
Percentage of students who rarely or never wore a seat belt riding with someone else	6.0	5.5
Percentage of students who had been drinking while driving one or more times in the past 30 days	5.2	5.9
Percentage of students who were riding with someone drinking alcohol one or more times in the past 30 days	15.0	16.0

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating schools and districts; the latest data is from 2019.

Tables 12 and 13 show safety-related behaviors among high school students in El Paso County and Colorado in 2019. Nearly one-third of high school students in El Paso County reported texting or emailing while driving one or more times in the past 30 days, which is slightly less than the percentage of students across Colorado (36.5 percent). A low percentage of students reported rarely or never wearing a seat belt while riding with someone else, or drinking while driving one or more times in the past 30 days. However, roughly one in six students reported

riding with someone who had been drinking alcohol one or more times in the past 30 days.³⁴ While most students reported generally feeling safe at school, nearly one in 10 students reported not going to school because they felt they would be unsafe one or more times in the past 30 days. Approximately 14.2 percent of female students who dated or went out with someone during the past year had been physically hurt on purpose by someone they were dating or going out with one or more times, compared to 7.9 percent of male students.³⁴

DETERMINANTS OF HEALTH

Table 13: High school student safety behaviors, El Paso County and Colorado, 2019*

Measure	El Paso County	Colorado
Percentage of students who didn't go to school because they felt they would be unsafe one or more times in the past 30 days	11.7	10.1
Percentage of students who generally feel safe at school	84.5	86.2
Percentage of students who were in a physical fight within the last year	23.1	19.9
Among male students who dated or went out with someone during the past year, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times	7.9	8.0
Among female students who dated or went out with someone during the past year, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times	14.2	10.8

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating schools and districts; the latest data is from 2019.

Social connections

A person's health and well-being can be impacted by relationships and interactions with people in their lives such as family, friends, those they work with, and those who reside in their community. Many individuals face challenges and threats they cannot fully control, like unsafe neighborhoods, discrimination, or difficulty being able to pay for the things they need, resulting in negative effects on their health and safety throughout their life. Positive relationships and social connections can help mitigate these negative effects. Programs that assist people in getting the social and community support they need are vital to improve health and well-being.⁴⁴

Data related to social factors is more complex to gather, is often not collected in population health surveys, and is less readily available. As a result, this report does not include indicators related to social factors. However, this topic has been identified as an area for the Healthy Community Collaborative to build greater capacity for gathering and evaluating data to better understand factors impacting the health of El Paso County communities. Some social and economic factors included in County Health Rankings, such as income inequality, social associations, disconnected youth, gender pay gap, living wage, child care cost burden, and child care availability may be a few areas where we can take action in building this capacity.

DETERMINANTS OF HEALTH

Sources:

1. Centers for Disease Control and Prevention. Health Equity. What is Health Equity? Available from: <https://www.cdc.gov/healthequity/whatis/index.html>
2. Lee H, Kim D, Lee Sfood & Fawcett J. The concepts of health inequality, disparities and equity in the era of population health. *Applied Nursing Research*. 2020;56:151367. doi:10.1016/j.apnr.2020.151367
3. Tulane University School of Public Health and Tropical Medicine. Education as a Social Determinant of Health. Available from: <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>
4. Centers for Disease Control and Prevention. National Center for Health Statistics. Health, United States, 2020–2021: Annual Perspective. Available from: <https://stacks.cdc.gov/view/cdc/122044>
5. Health Affairs. Health Affairs Policy Brief. Health, Income, & Poverty: Where We Are & What Could Help. Available from: <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/>
6. U.S. Bureau of Labor Statistics. Monthly Labor Review. Employment Barriers Within Low- and Moderate-Income Communities. Available from: <https://www.bls.gov/opub/mlr/2020/beyond-bls/employment-barriers-within-low-and-moderate-income-communities.htm>
7. United States Census Bureau. American Community Survey 2022 1-Year Estimates. Income in the Past 12 Months, Table S1901. Available from: https://data.census.gov/table/ACSST1Y2022.S1901?q=income&g=040XX00US08_050XX00US08041
8. United States Census Bureau. American Community Survey 2022 5-Year Estimates by ZCTA5 Zip Codes. Selected Economic Characteristics, Table DP03. Available from: [https://data.census.gov/table?q=dp03&g=050XX00US08041,08041\\$8600000](https://data.census.gov/table?q=dp03&g=050XX00US08041,08041$8600000)
9. United States Census Bureau. American Community Survey 2022 1-Year estimates. Income in the Past 12 Months, Table S1903. Available from: <https://data.census.gov/table/ACSST1Y2022.S1903?q=median%20household%20income%20race&g=050XX00US08041>
10. U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. Available from: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
11. United States Census Bureau. American Community Survey 2022 1-Year Estimates. Poverty Status in the Past 12 Months, Table S1701. Available from: <https://data.census.gov/table/ACSST1Y2022.S1701?q=S1701&g=050XX00US08041>
12. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health. Economic Stability. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>
13. Walden University. Academic Guides. Social Determinants of Health. Economic Stability. Available from: <https://academicguides.waldenu.edu/Library/sdoh>
14. United States Census Bureau. American Community Survey 2022 1-Year Estimates. Selected Economic Characteristics, Table DP03. Available from: [https://data.census.gov/table/ACSDP1Y2022.DP03?q=dp03&g=050XX00US08041,08041\\$8600000](https://data.census.gov/table/ACSDP1Y2022.DP03?q=dp03&g=050XX00US08041,08041$8600000)
15. United States Census Bureau. American Community Survey 2022 1-Year Estimates. Employment Status, Table S2301. Available from: <https://data.census.gov/table?q=S2301&g=050XX00US08041>
16. United States Census Bureau. American Community Survey 2022 5-Year Estimates by ZCTA5 Zip Codes. Employment Status, Table S2301. Available from: [https://data.census.gov/table?q=S2301&g=050XX00US08041,08041\\$8600000](https://data.census.gov/table?q=S2301&g=050XX00US08041,08041$8600000)
17. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries. Enrollment in Higher Education. Available from: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education>
18. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health. Education Access and Quality. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

DETERMINANTS OF HEALTH

Sources:

19. United States Census Bureau. American Community Survey 2022 1-Year Estimates. Educational Attainment, Table S1501. Available from: <https://data.census.gov/table/ACSST1Y2022.S1501?g=050XX00US08041>
20. United States Census Bureau. American Community Survey 2022 5-Year Estimates by ZCTA5 Zip Codes. Selected Social Characteristics, Table DP02. Available from: [https://data.census.gov/table/ACSDP5Y2022.DP02? q=DP02&g=050XX00US08041,08041\\$8600000](https://data.census.gov/table/ACSDP5Y2022.DP02? q=DP02&g=050XX00US08041,08041$8600000)
21. Centers for Disease Control and Prevention. Physical Activity Resources Library. The Built Environment Assessment Tool Manual. Available from: <https://www.cdc.gov/physicalactivity/resources/built-environment-assessment/index.htm>
22. Dovjak M & Kuvec A. Creating Healthy and Sustainable Buildings: An Assessment of Health Risk Factors. Cham (CH): Springer; 2019. National Library of Medicine. Chapter 2, Health Outcomes Related to Built Environments. 2019 May 29. doi: 10.1007/978-3-030-19412-3_2
23. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>
24. U.S. Department of Agriculture Economic Research Service. Interactive Charts and Highlights. Food Insecurity (2020–2022). Available from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-s/interactive-charts-and-highlights/#States>
25. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System. VISION Dashboard. Nutrition. Available from: https://teeo-cdphe.shinyapps.io/CDPHE_VISION/
26. El Paso County Public Health. Food System Assessment Final Report and Recommendations (2020–2021). Available from: <https://www.elpasocountyhealth.org/services/health-indicators>
27. U.S. Department of Agriculture Economic Research Service. Food Insecurity in the U.S. Key Statistics & Graphics. Food Security Status of U.S. Households in 2022. Available from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>
28. Feeding America. Food Insecurity among Overall (all ages) Population In El Paso County, 2021. Available from: <https://map.feedingamerica.org/county/2021/overall/colorado/county/el-paso>
29. Centers for Disease Control and Prevention. Physical Activity. About Active People, Healthy Nation. Available from: <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/about-active-people-healthy-nation.html>
30. U.S. Department of Health and Human Services. Healthy People 2030. Physical Activity. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity#cit1>
31. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System. VISION Dashboard. Physical Activity. Available from: https://teeo-cdphe.shinyapps.io/CDPHE_VISION/
32. County Health Rankings and Roadmaps. Colorado, Data by County. Access to Exercise Opportunities. Colorado. Available from: <https://www.countyhealthrankings.org/explore-health-rankings/colorado?year=2022&measure=Access+to+Exercise+Opportunities&tab=1>
33. El Paso County. Office of the El Paso County Assessor. Area Overview. Available from: <https://community.spatialtest.com/co/elpaso/#/Area-Overview/map/38.815245,-104.503324,10>
34. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey and Smart Source Information. Available from: <https://cdphe.colorado.gov/hkcs>
35. Centers for Disease Control and Prevention. Overweight & Obesity. Defining Adult Overweight & Obesity. Available from: <https://www.cdc.gov/obesity/basics/adult-defining.html>
36. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Adult Obesity Prevalence Maps. Available from: <https://www.cdc.gov/obesity/data/prevalence-maps.html>
37. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System, 2020 to 2022. VISION Dashboard. Weight Status. Available from: https://teeo-cdphe.shinyapps.io/CDPHE_VISION/

DETERMINANTS OF HEALTH

Sources:

38. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries. Environmental Conditions. Available from: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/environmental-conditions>
39. AirNow. Using the Air Quality Index. Available from: <https://www.airnow.gov/aqi/aqi-basics/using-air-quality-index/>
40. AirNow. Air Quality Index (AQI) Basics. Available from: <https://www.airnow.gov/aqi/aqi-basics/>
41. United States Environmental Protection Agency. Outdoor Air Quality Data. Air Data – Multiyear Tile Plot. Available from: <https://www.epa.gov/outdoor-air-quality-data/air-data-multiyear-tile-plot>
42. U.S. Department of Health and Human Services. Healthy People 2030. Crime and Violence. Available from: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>
43. Colorado Department of Public Safety. Division of Criminal Justice. Crime Statistics. Available from: <https://dcj.colorado.gov/dcj-offices/ors/dashb-cp-crate>
44. U.S. Department of Health and Human Services. Healthy People 2030. Social and Community Context. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

KEY INSIGHTS

- ▶ **Healthy People 2030** identified Health Care Access and Quality of Care as one of its key social determinants of health, with the goal to increase access to comprehensive, high-quality health care services.
- ▶ **Insurance Challenges:** Despite strides in health care coverage, among uninsured people in El Paso County, 90.1 percent cite cost as the most common reason for not having insurance.
- ▶ **Employment & Coverage:** About 60.7 percent of uninsured non-elderly workers nationwide worked for an employer that did not offer health benefits.
- ▶ **Income Disparity & Access:** Lower household incomes correlate with higher rates of uninsurance, emphasizing the impact of income levels on health care access and coverage.
- ▶ **Behavioral Health:** Individuals facing barriers to access health care are less likely to receive timely care for their behavioral health needs.
- ▶ **Mental Health Access:** Accessing mental health services is challenging for both insured and uninsured individuals, with financial constraints and provider shortages contributing to high rates of untreated conditions.
- ▶ **Cultural & Systemic Barriers:** Barriers such as cultural stigma, language difficulties, and limited provider availability intersect with socioeconomic status, hindering access to care for marginalized communities.

Why access to care is a public health priority for El Paso County

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.¹

Access to health care relates to the availability, affordability, and accessibility of health services, which includes preventive care, testing, treatment, mental health, oral health, and emergency services. These factors significantly impact disease prevention, early diagnosis, and appropriate treatment. Accessibility is also driven by employment status, income, type of health insurance coverage, health care provider availability, transportation, language barriers, discrimination and social stigma.

Assuring health care services are expedient and accessible for all El Paso County residents reduces health disparities, saves on health care costs, improves health outcomes, and enhances overall well-being and productivity, leading to a healthier and more resilient community.



How are we doing in El Paso County?

In 2021, 17.2 percent of El Paso County residents could not get a medical appointment as soon as was needed, a figure similarly found across Colorado (18.6 percent).²

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

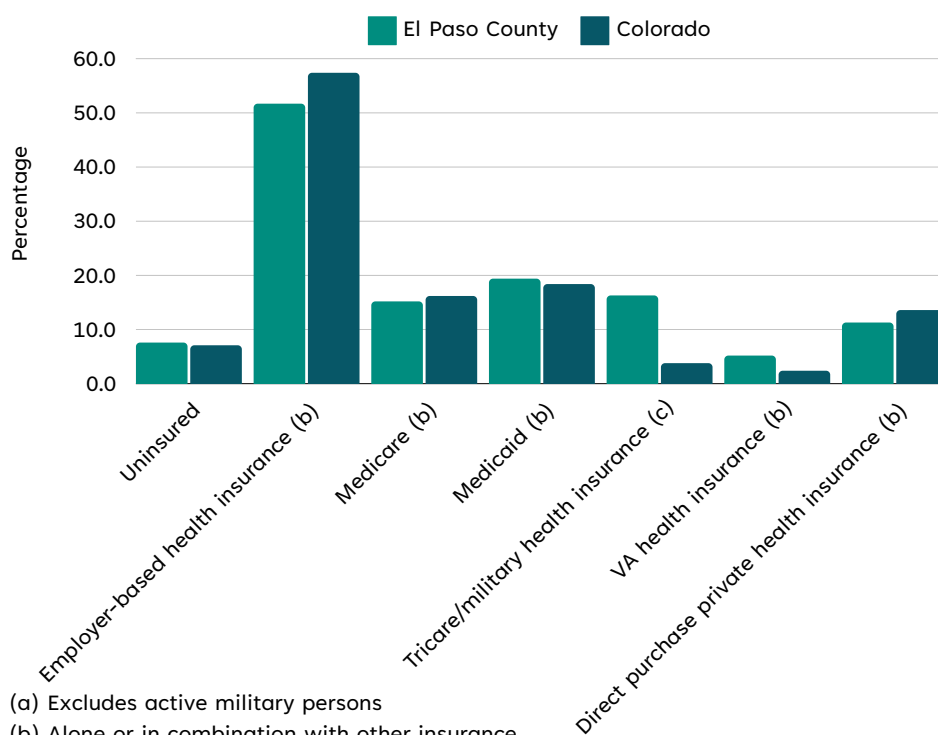
When someone is unable to secure a timely health care appointment, they may visit more costly urgent care centers or emergency departments, or some may delay seeking care. Delaying medical care can negatively impact health and increase the cost of care. People who cannot get the care they need may experience preventable complications, hospitalizations, emotional stress, and higher costs.³

Adequate health insurance coverage is associated with statistically significant and clinically relevant improvements for low-income adults, including access to care, use of preventive services, and self-reported health.⁴ In 2022, 7.6 percent of El Paso County residents were uninsured, which is slightly above the statewide uninsured rate in Colorado at 7.1 percent. Table 1 shows the type of health insurance coverage among El Paso County and Colorado residents.

Attaining good access to care means having:⁴

- Health insurance that facilitates entry into the health care system;
- Timely access to needed care;
- A usual source of care with whom the patient can develop a relationship;
- The ability to receive care when there is a perceived need for care.

Table 1. Health insurance coverage, El Paso County and Colorado, 2022 ^{5,6}



LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Reasons for no health insurance

Among uninsured residents of El Paso County, 90.1 percent did not have health insurance due to high cost, according to the 2021 Colorado Health Access Survey, which was higher than the Colorado average of 81.5 percent.²

Nationally during 2022, 64.2 percent of uninsured nonelderly (0-64 years) adults said they were uninsured because coverage is not affordable, making it the most common reason cited for being uninsured.⁷ This data illustrates the cost of purchasing health insurance is a serious concern and potentially contributes to people either forgoing obtaining coverage or having inadequate coverage to meet their health care needs.

In Colorado and El Paso County, more than half of people with health insurance use plans offered by their employer. However, being employed does not ensure access to coverage through your job. In 2022, 60.7 percent of uninsured non-elderly workers across the United States worked for an employer that did not offer health benefits.⁷

Workers in El Paso County report similar barriers. In 2021, 24.3 percent of uninsured individuals in El Paso County and 24.4 percent in Colorado reported their working family member's employer did not offer health insurance coverage or the family member was not eligible for coverage.

Another reason cited for having no health insurance was because the person in the family who had health insurance lost their job or changed employers (47.6 percent in El Paso County and 42.7 percent in Colorado).²

Other factors impacting health insurance coverage

Household income

Income disparity can impact the accessibility of health insurance. Lower household income correlates with a higher likelihood of lacking health insurance coverage as shown in Table 2. In 2022, 13.8 percent of El Paso County households with annual incomes less than \$25,000 annually were uninsured. Although households with higher income had lower rates of being uninsured, there remains a percentage of El Paso County residents who are uninsured regardless of income level. This underscores the multifaceted barriers to access to health care, as even moderately higher-income households struggle with no health insurance coverage.

Table 2: Uninsured households by annual household income, El Paso County, 2022⁸

Annual household income	Percentage of households that are uninsured
Less than \$25,000	13.8 percent
\$25,000 to \$49,999	9.4 percent
\$50,000 to \$74,999	11.3 percent
\$75,000 or more	5.4 percent

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Health insurance doesn't guarantee access to care

While health insurance is crucial for access to care, having coverage does not always eliminate the barriers to care. Ongoing financial constraints may lead people to omit essential medical care because of cost, as indicated below:

- In the past 12 months (2021, El Paso County), due to costs:²
 - 12.9 percent of residents did not get care from a general doctor or specialist care;
 - 15.2 percent did not get needed dental care;
 - 13.4 percent did not fill a prescription for medicine;
 - 10.2 percent report having problems paying or inability to pay any medical bills.

Other logistical barriers, including difficulties in securing appointments or inability to take time off work for medical visits, also hinder access to care. The issue extends beyond mere insurance coverage, highlighting the need for a holistic approach to assure comprehensive health care access for all residents.

- In the previous 12 months (2021, El Paso County):²
 - 17.2 percent had difficulty in getting an appointment at a doctor's office or clinic when one was needed;

- 13.9 percent were unable to make an appointment because they could not take time off from work;
- 6.1 percent were unable to make an appointment because they were told by a doctor's office or clinic that they were not accepting new patients.

Access to mental health services

Accessing mental health services can be challenging regardless of health insurance status. Many people encounter obstacles in obtaining mental health services due to a combination of provider availability, financial barriers, insurance complexities, the stigma of mental health and its cultural barriers, geographic accessibility, and insurance status.

Many residents of El Paso County report having poor mental health (Table 3), particularly among people who are uninsured, indicating a significant need for adequate access to mental health care.

Barriers to accessing mental health services

In 2021, 25 percent of adult Coloradans over the age of 18 reported having any mental illness in the past year.¹⁰ According to Mental Health America, Colorado ranked 21st nationally out of 50 states and the District of Columbia in providing access to mental health care throughout the state.¹¹

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Table 3: Health insurance and mental health status, El Paso County, 2019 and 2021 combined⁹

Mental health status	All residents	Privately insured	Publicly insured	Uninsured
Reported 8 or more days of poor mental health in the past 30 days	19.5 percent	16.3 percent	21.9 percent	38.6 percent
Reported not getting needed mental health care in the past 12 months	12.9 percent	11.8 percent	12.8 percent	27.0 percent

The ranking measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and the mental health workforce availability. A high access ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment. Of note, the top four ranked states were Vermont, Massachusetts, Maine, and Wisconsin.

Financial constraints

During 2021, 10.2 percent of El Paso County residents said they have problems paying medical bills, which can result in lowered spending on other needs, incurring debt, or even experiencing bankruptcy.² Financial constraints often serve as a reason individuals avoid seeking necessary care, particularly for mental health services. For El Paso County residents who needed mental health care regardless of insurance status, cost concerns were a barrier to seeking care for 47.5 percent overall, and specifically for 59 percent of adults ages 19 to 64 years, 57.3 percent of males, and 52 percent of females.^{2,9}

Uninsured individuals face considerable financial hurdles (Table 4). Due to concerns with affordability, uninsured individuals may delay or forgo seeking mental health care until their condition worsens or may receive inconsistent mental health care. Mental health care expenses pose substantial out-of-pocket costs, including therapy, medication, and psychiatric visits.

Financial barriers are intertwined with social determinants of health such as employment, poverty levels, and educational attainment. Low-income individuals or those lacking stable employment often face challenges in affording health insurance or out-of-pocket expenses for healthcare. This situation can perpetuate disparities in access to care and subsequently impact health outcomes.

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Table 4: Trends in uninsured status based on socioeconomic factors, El Paso County, 2022⁸

Population characteristic		Percent uninsured (number of uninsured people)
Educational attainment	Civilian population 26 years and over (exclude active military)	7.8 percent (35,708)
	Less than high school graduate	24.9 percent (5,346)
	High school graduate (includes equivalency)	12.7 percent (11,605)
	Some college or associate's degree	7.7 percent (11,421)
	Bachelor's degree or higher	3.8 percent (7,336)
Employment status & work experience	Civilian population 19 to 64 years (exclude active military)	10.5 percent (44,222)
	In labor force, Employed	9.3 percent (30,391)
	In labor force, Unemployed	18.9 percent (2,454)
	Worked full-time, year-round in the past 12 months	8.6 percent (20,791)
	Worked less than full-time, year-round in the past 12 months	11.9 percent (12,685)
	Did not work	14.7 percent (10,746)
Household income	Under \$25,000	13.8 percent (7,904)
	\$25,000 to \$49,999	9.4 percent (7,681)
	\$50,000 to \$74,999	11.3 percent (12,841)
	\$75,000 to \$99,999	9.1 percent (9,403)
	\$100,000 and over	4.3 percent (14,613)
Poverty level in past 12 months	Below 100 percent of the poverty threshold	15.4 percent (9,086)
	Below 138 percent of the poverty threshold	14.1 percent (13,140)
	138 to 399 percent of the poverty threshold	9.7 percent (27,809)
	At or above 400 percent of the poverty threshold	3.8 percent (12,110)

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Health insurance coverage

Just over 50 percent of El Paso County residents reported not receiving mental health services they felt they needed because they did not think health insurance would cover it.⁹ The federal parity law requires insurance companies to treat mental and behavioral health and substance use disorder coverage equal to (or better than) medical and surgical coverage, meaning insurers must treat the financial requirements equally. However, the parity law does not require insurers to universally provide mental health benefits—rather, the law states that if mental health benefits are offered, they can't have more restrictive requirements than those that apply to physical health benefits.¹²

Navigating these complexities can be challenging for persons with limited social resources or those unfamiliar with private or public health insurance options, adding to their struggle in accessing adequate mental health care. To address this obstacle, patient care coordination may be implemented to assist individuals and families. Care coordination is an approach that providers have used for decades to reduce fragmentation in health and represents an important strategy for increasing continuity of health care and social services for patients with complex needs.¹³ Without insurance, individuals are more likely to delay seeking help, leading to untreated or undertreated mental health conditions that can escalate over time.¹¹

Table 5: Difficulties in obtaining mental health appointments, El Paso County, 2019 and 2021 combined

Population characteristic	Percent of those needing mental health care who had difficulty getting an appointment
Has private insurance	48.2 percent
Has public insurance	32.7 percent
Living in poverty	65.2 percent
Not living in poverty	37.7 percent
White, non-Hispanic race	35.7 percent
Hispanic/LatinX	41.8 percent

- For people 5 years of age and older

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Appointment availability

Appointment availability remains a critical barrier to mental health care in El Paso County as 42.4 percent of residents did not get needed mental health services because they had a hard time getting a mental health appointment (Table 5).⁹

This barrier to mental health care was commonly cited among people with different insurance status, income level, or race/ethnicity. It also emphasizes how delays in appointment scheduling can substantially hinder individuals, regardless of their insurance coverage or financial standing, from receiving essential mental health services.

Cultural competency and the impact of stigma on accessing care

Cultural competency aims to break down barriers that inhibit individuals receiving the care they need. It also improves understanding between patients and their providers. Providing culturally and linguistically appropriate services better addresses the individual preferences and needs of each patient while helping to improve health outcomes and decrease health disparities.¹⁴ In order to properly address health needs, it is recommended for health care providers to consider an individual's diversity of lifestyle, experience, perspective and language in order to facilitate joint decision making and support patient-centered care. Patient-centered care has the potential to enhance equity in health care delivery, and cultural sensitivity may likewise enhance patient-centered care.¹⁵

However, a lack of cultural competency when accessing care may deter an individual from seeking the care they need. Coloradans who spoke a language other than English at home were about twice as likely as English speakers (6.6 percent, compared with 3.2 percent respectively) to feel like they were treated with less respect or received services that were not as good as what other people get when engaging with the health care system.¹⁶

Language barriers intersect with cultural diversity and socioeconomic status. Communities with diverse linguistic backgrounds may face difficulties in accessing health care due to inadequate language support or limited availability of interpreters.¹⁷ According to the 2021 Colorado Health Access Survey, Coloradans whose first language was not English were less likely to visit a general doctor or a specialist than those whose primary language was English. Spanish speakers were less likely to visit a general doctor, a specialist, or have a mental health care visit compared to English speakers. Those who spoke a language other than English or Spanish were less likely to use specialist care compared with English speakers (31.5 percent, compared with 44.9 percent, respectively) and general doctor care (65.8 percent compared with 77.8 percent, respectively) but had similar rates of use of mental health care.¹⁶

LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Barriers in effective communication due to linguistic diversity and a lack of cultural competency within the delivery of health care may lead to misdiagnoses and underreporting of medical and mental health conditions, particularly among persons who are non-White, non-Hispanic background.

Stigma is a powerful social process that is characterized by labeling, stereotyping, and separation leading to discrimination.¹⁸ Stigma can be identified in individuals or population groups related to both health (e.g., disease-specific) and non-health (e.g., poverty, gender identity, sexual orientation) differences, whether real or perceived.¹⁹ Stigma deters help-seeking behaviors by discouraging individuals from seeking assistance in the first place, reflecting cultural beliefs and community attitudes toward seeking care.

As a result, stigma is a barrier to care for people seeking services for disease prevention, treatment of acute or chronic conditions, or support to maintain a healthy quality of life. While experiences vary across racial and ethnic groups, some beliefs about mental health, for example, may become more pronounced, bringing about continued barriers to care. Understanding cultural differences in the delivery of care is pivotal for establishing trust and rapport with patients which could foster patient-centered care among a diverse population.

Understanding cultural differences in the delivery of care is pivotal for establishing trust and rapport with patients which could foster patient-centered care among a diverse population.



LEADING HEALTH ISSUES

BARRIERS TO ACCESSING HEALTH CARE

Sources:

1. U.S. Department of Health and Human Services. Healthy People 2030. Access to Health Services. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
2. Colorado Health Institute. Colorado Health Access Survey 2021. Available from: <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>
3. U.S. Department of Health and Human Services. Healthy People 2030. Access Health Care Access and Quality. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04>
4. 2021 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US). (2021). Access to Healthcare and Disparities in Access. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK578537/>
5. United States Census Bureau [Internet]. American Community Survey 1-year 2022 Estimates. El Paso County, Colorado. Private Health Insurance Coverage by Type and Selected Characteristics, Table S2703. Available from: <https://data.census.gov/table/ACSST1Y2022.S2703?q=health%20insurance&g=050XX00US08041>
6. United States Census Bureau [Internet]. American Community Survey 1-year 2022 Estimates. El Paso County, Colorado. Public Health Insurance Coverage by Type and Selected Characteristics, Table S2704. Available from: <https://data.census.gov/table/ACSST1Y2022.S2704?q=health%20insurance&g=050XX00US08041>
7. Drake P, Tolbert J. Key facts about the uninsured population - issue brief - 8488-09. Kaiser Family Foundation. (2023). Available from: <https://www.kff.org/report-section/key-facts-about-the-uninsured-population-issue-brief/>
8. United States Census Bureau [Internet]. American Community Survey. (2022). Characteristics of Health Insurance Coverage in the United States, Table S2701. Available from: <https://data.census.gov/table/ACSST1Y2022.S2701?q=health%20insurance&g=050XX00US08041>
9. Colorado Health Institute. Colorado Health Access Survey 2019 and 2021 combined. Available from: <https://www.coloradohealthinstitute.org/programs/colorado-health-access-survey>
10. Substance Abuse and Mental Health Services Administrations. National Survey on Drug Use and Health. (2021). Center for Behavioral Health Statistics and Quality. Available from: https://www.samhsa.gov/data/sites/default/files/reports/rpt39465/2021NSDUHPercents_ExcelTabsCSVs110322/2021NSDUHsaePercentsTabs110322.pdf
11. Mental Health American [Internet]. State of Mental Health in America. (2022). Available from: <https://www.mhanational.org/research-reports/2022-state-mental-health-america-report>
12. American Psychological Association [Internet]. Does your health insurance cover mental health services? (2014). Available from: <https://www.apa.org/topics/managed-care-insurance/parity-guide>
13. Albertson EM, Chuang E, et.al. N. Systematic review of care coordination interventions linking health and social services for high-utilizing patient populations. (2022). Population Health Management. 25(1):73-85. doi:10.1089/pop.2021.0057
14. Tulane University School of Public health and Tropical Medicine. How to Improve Cultural Competence in Health Care. (2021). Available from: <https://publichealth.tulane.edu/blog/cultural-competence-in-health-care/#:~:text=Cultural%20competence%20aims%20to%20break%20down%20barriers%20that,community%20expand%20its%20ability%20to%20address%20patient%20needs.>
15. M.C. Beach, S. Saha, and L.A. Cooper. The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality. (2006). The Commonwealth Fund. Available from: <https://www.commonwealthfund.org/publications/fund-reports/2006/oct/role-and-relationship-cultural-competence-and-patient>
16. Colorado Health Institute. Language and Culturally Responsive Care in Colorado. (2022). Available from: <https://www.coloradohealthinstitute.org/sites/default/files/2023-04/CHAS%20Brief%20Language%20and%20Culturally%20Responsive%20Care.pdf>
17. Al Shamsi, H., Almutairi, A. G., et.al. Implications of Language Barriers for Healthcare: A Systematic Review. (2020). Oman medical journal, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201401/>
18. Link, B. G., & Phelan, J. C. Conceptualizing Stigma. (2021). Annual Review of Sociology, 27, 363–385. <http://www.jstor.org/stable/2678626>
19. Nyblade, L., Stockton, M. A., et.al. Stigma in health facilities: why it matters and how we can change it. (2019). BMC medicine, 17(1), 25. <https://doi.org/10.1186/s12916-019-1256-2>

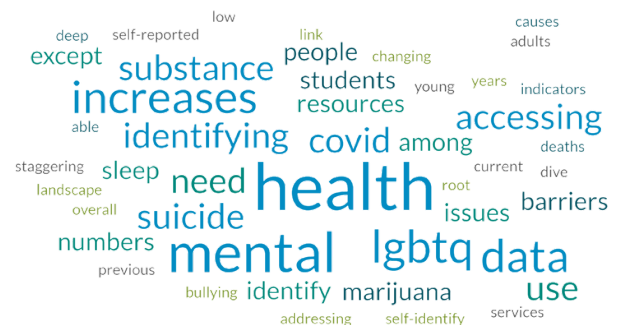
SUICIDE

- ▶ Members of the Healthy Community Collaborative identified suicide as a persistent and serious public health issue impacting El Paso County communities.
- ▶ In 2022, suicide was the eighth leading cause of death across all ages and gender in Colorado and El Paso County.
- ▶ Among individuals 18 years and older who died by suicide during 2021 and 2022 in El Paso County, firearms were the most commonly used manner to inflict fatal injury (63 percent of total).
- ▶ Normalizing mental health conversations and reducing mental health stigma are two priority prevention strategies being implemented in El Paso County.

Nationally, the number of deaths by suicide by all ages increased 2.6 percent from 2021 to 2022, according to the latest provisional estimates for suicide deaths by the Centers for Disease Prevention and Control (CDC). In 2022,¹ suicide was the eighth leading cause of death across all ages in Colorado as well as in El Paso County. There were 189 deaths to suicide, which accounts for an age-adjusted* suicide rate of 24.8 deaths per 100,000 people in El Paso County—18 percent higher than the suicide rate for the state of Colorado (21.1 suicide deaths per 100,000).³ Suicide deaths in El Paso County represented 15 percent of all suicides (1,287) in Colorado in 2022.

During 2021, 186 El Paso County residents died by suicide. The Colorado Department of Public Health and Environment reviewed 176 of these deaths and identified several important risk factors related to individual behaviors or life circumstances.⁴

- **Had suicidal thoughts or plan**—nearly six out of 10 individuals had a history of suicidal ideation and 29 percent had recently disclosed suicidal intent.
- **Treatment for mental health problem**— 43 percent had ever been treated for a mental health problem and 37 percent were currently depressed.
- **Job-related issues and/or financial strain**— nearly two out of 10 individuals had experienced a job-related problem, and about one in 10 had a financial problem.



* “Age-adjusted” means controlling for the effects of differences in age on health conditions. It allows for comparisons across populations to better understand when a health condition disparately affects certain age groups in a population.

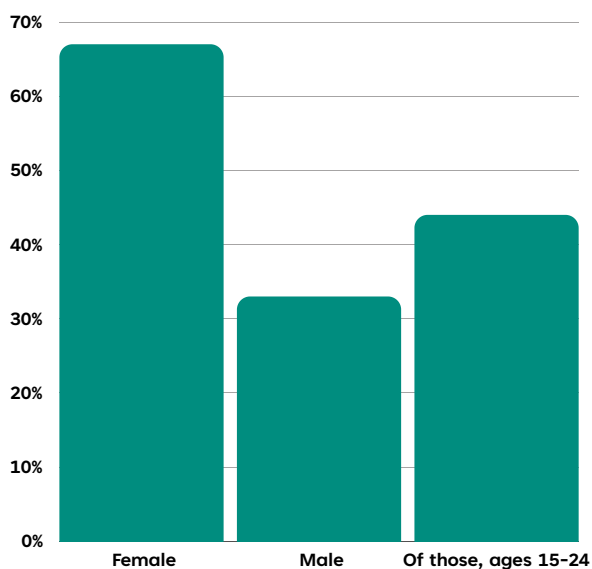
LEADING HEALTH ISSUES

SUICIDE

- **Substance misuse**—about one-third of those individuals had a problem with alcohol and 24 percent had a problem with a substance other than alcohol.
- **Personal and family relationship struggles**—many individuals were experiencing issues within personal relationships, with 44 percent experiencing an intimate partner problem and 14 percent of people experiencing a family relationship problem.

The number of people who received emergency care for intentional self-harm injuries is higher than the number of individuals lost to suicide each year. In 2022 alone, there were 1,310 emergency department injury-related visits mentioning intentional self-harm in El Paso County.⁵

Emergency department visits for intentional self-harm (2022)



*The 2019 Healthy Kids Colorado Survey for El Paso County is the most recent survey year in which the participation rates for El Paso County were high enough to produce statistically valid results.

** Data specific to sexual orientation for the Healthy Kids Colorado Survey is grouped into the following categories: Heterosexual, Bisexual, Gay or Lesbian, Asexual, Not Sure, and Other.

Data from a health survey among El Paso County residents (for 2019, 2021, and 2022 combined) showed eight percent of residents reported seriously thinking about dying by suicide in the past year, with that figure being higher among people ages 18 to 24 years (20 percent) and people ages 25 to 34 years (18 percent).

Youth suicide in El Paso County

For the years 2020 through 2022, suicide was the leading cause of death among youth ages 11 to 17 and the second leading cause of death among young adults ages 18 to 24.² According to the 2019 Healthy Kids Colorado Survey for El Paso County*, 20.6 percent of high school students seriously considered attempting suicide during the past year; 16 percent made a plan about how they would attempt suicide during the past 12 months; and 9.7 percent attempted suicide one or more times during the past 12 months. High school students in El Paso County who identify as bisexual, gay or lesbian** indicated much higher rates of contemplation, planning, and suicide attempt compared to students who identify as heterosexual (straight).²

While one death by suicide is one too many, El Paso County seeks to make progress as a community regarding youth suicide. In each year for 2021 and 2022, four people ages 11 to 17 died by suicide, as compared to 16 people in that age group in 2020.⁶

LEADING HEALTH ISSUES

SUICIDE

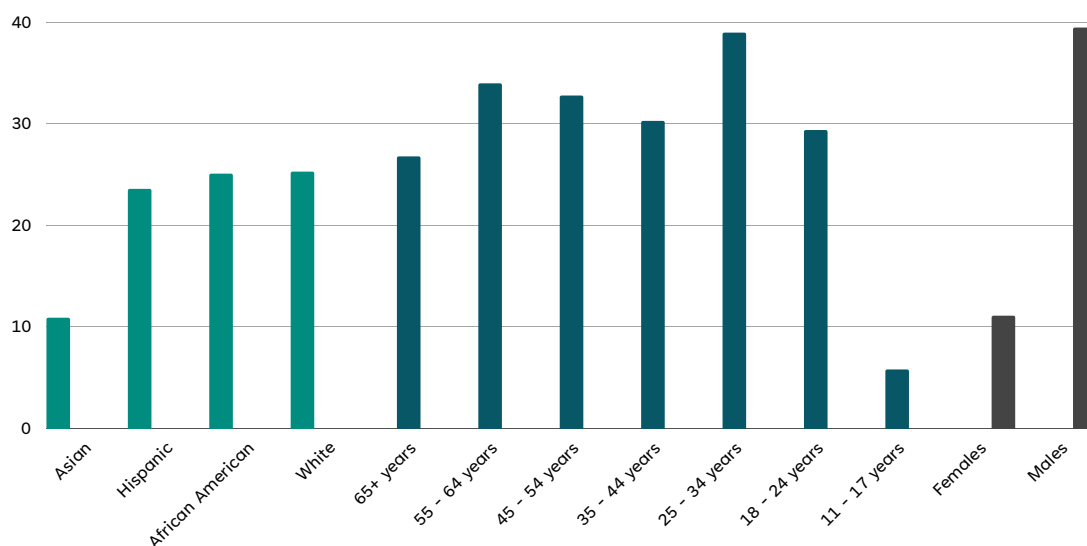
Youth suicide is an issue which deeply impacts El Paso County communities, leading to several cross-sector community partners joining together through the El Paso County Youth Suicide Prevention (YSP) Workgroup. Convened by EPCPH since 2015, the YSP Workgroup engages more than 80 community partners and residents to take collective action in support of youth mental health, well-being, and suicide prevention. The YSP works with numerous multi-disciplinary partners to engage with youth including school districts, parents, behavioral health providers, faith community leaders, hospitals, law enforcement, El Paso County agencies, the Child Fatality Review Team co-lead by EPCPH and the El Paso County Coroner's Office, along with other organizations. The collaboration is focused on increasing social connectedness and developing resources for families and community members and providing education.

For youth to feel supported, it is important for community members, families, caregivers, friends, and trusted adults—such as coaches, teachers, and youth leaders—to destigmatize mental health and promote help-seeking behaviors. One can demonstrate support by understanding there are many factors which contribute to suicidal behaviors and attempts. Asking direct, open-ended questions about mental health and closely listening to their responses demonstrates care and helps to validate their emotions. Examples of open-ended questions to help guide a supportive conversation:

- Do you ever feel sad or lonely? What do you do to feel better?
- Do you ever feel stressed? What do you do to feel less stressed?
- Do you or your friends ever talk about hurting yourselves or wanting to die?

Although these questions may be difficult to ask, they allow important conversations to take place and can potentially help save lives.

Suicide rates per 100,000 population, El Paso County, 2021 - 2022



LEADING HEALTH ISSUES

SUICIDE



Suicide deaths among males are three and a half times higher than females.

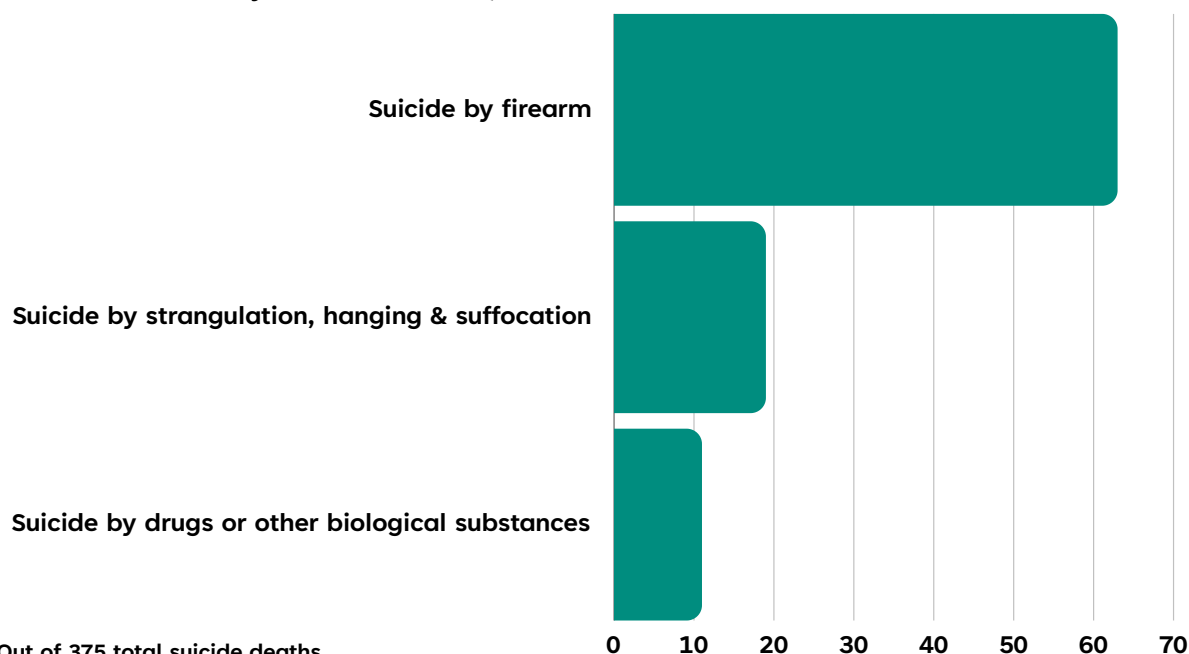
While preventing youth suicide has been a long-standing priority for El Paso County, it's important to note suicide affects people of all ages, and some groups are more impacted than others. During 2021 to 2022, there were 367 total suicide deaths. The starkest contrast among population descriptors is that suicide deaths were three and a half times higher among males compared to females. The number of suicide deaths was highest among individuals ages 25 to 34 years old (94 deaths), followed by those 35 to 44 years and 55 to 64 years (58 deaths each). When adjusted for population size, suicide rates were highest among White, non-Hispanic and Black, non-Hispanic people, followed closely by Hispanic people; rates were lowest among Asian, non-Hispanic people.

Manner of suicide in El Paso County during 2021 to 2022

Suicide is a serious and complex public health problem. Examining the manner used to complete suicide can help address this issue and allows for data-informed suicide prevention strategies and for proactive decisions to be made on how to support those experiencing suicidal ideation.

Among individuals ages 10 years to 75 years and over who died by suicide during 2021 and 2022 in El Paso County, 63 percent used a firearm to inflict the fatal injury.⁷

Percent of suicides by manner of death, 2021 - 2022 combined *



*Out of 375 total suicide deaths

LEADING HEALTH ISSUES

SUICIDE

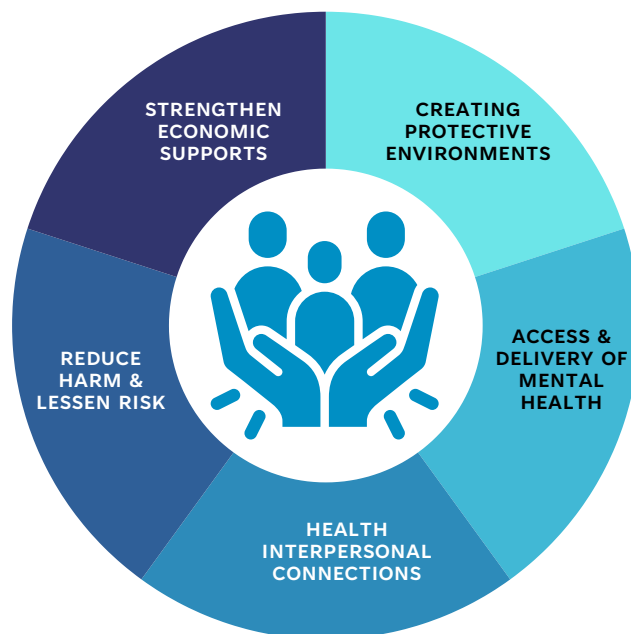
Suicide deaths involving a firearm were significantly higher in adult males. Of the 235 suicide deaths by firearm:

- 203 were inflicted by males, compared to 32 were by females,
- 190 suicide deaths involving a firearm were completed by non-Hispanic persons, compared to 38 completed by Hispanic persons.⁴ Note: seven persons are of unknown ethnicity.

Data from a 2021–2022 health survey among El Paso County residents indicated 46 percent of residents reported keeping firearms in or around their home. Firearms kept in the home, including loaded and unlocked firearms, were more commonly reported among males and White, non-Hispanic persons.

Preventing suicide in El Paso County

Suicide prevention measures must focus on reducing risk factors, which can include influences from familial and personal relationships, history of depression and other mental health issues, financial problems, substance use, experiencing violence or bullying, and lack of access to health care. Suicide prevention measures seek to build interpersonal relationships and positive community interactions, such as feeling connected to others; increased availability of physical and behavioral health care; creating resources and opportunities focused on economic stability; and creating and distributing information about how to decrease suicide risk.



In addition, El Paso County communities can focus on normalizing mental health conversations and reducing stigmas which can lead to delays in mental health treatment, building positive environments for one another, getting trained in Mental Health First Aid, and knowing how to access professional resources for those struggling with a mental health crisis to professional care. Strategies to help prevent suicide include:

- **Strengthening economic support**—to improve financial security in households and stabilize housing.
- **Creating protective environments**—by reducing access to highly lethal manners (like firearms) among those at-risk for suicide, which can put time and space between a person in acute suicidal crisis. An example is incorporating safe storage options for firearms.

LEADING HEALTH ISSUES

SUICIDE

- **Efforts to improve access and delivery of mental health services**—through the enhancement of mental health services by expanding provider availability, enabling timely remote access, and assuring comprehensive insurance coverage.
- **Promoting healthy interpersonal connections**—by teaching coping skills, and training community members to identify and respond to crises among those at risk for suicide through shared activities, education programs, and gatekeeper training.
- **Reduce harm and lessen future risk**—by providing immediate assistance and support to individuals in crisis to assure their safety and minimize the harm they may inflict on themselves. Through community education, survivor outreach and support programs which promote healing and prevent additional emotional distress, underlying factors contributing to suicidal thoughts and behaviors may be addressed to lessen the long-term risk of suicide.⁸

If you or someone you know is experiencing a crisis:



Colorado Crisis Services Hotline: Get connected to a crisis counselor or trained professional 24/7 who will assess risk and determine if a mobile response is necessary. Call 1-844-493-8255 or text “TALK” to 38255.



Diversus Health: Diversus offers a 24/7 walk-in crisis center for all ages, regardless of ability to pay, for crisis services and counseling, as well as around the clock care for mental wellbeing.

115 S. Parkside Drive, Colorado Springs, CO 80910. 719-635-7000.



National Suicide Hotline: Call and/or text 988 to speak to a trained crisis worker.

LEADING HEALTH ISSUES

SUICIDE

Sources:

1. Centers for Disease Control and Prevention. Provisional Suicide Deaths in the United States, 2022. Available from: <https://www.cdc.gov/media/releases/2023/s0810-US-Suicide-Deaths-2022.html>
2. Colorado Department of Public Health and Environment, Vital Statistics Program. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>
3. Colorado Department of Public Health and Environment. Colorado Health Information Dataset, Death Statistics. Available from: <https://cdphe.colorado.gov/colorado-death-statistics>
4. Colorado Department of Public Health and Environment. Colorado Suicide Statistics. Available from: <https://cdphe.colorado.gov/colorado-suicide-statistics>
5. Colorado Department of Public Health and Environment. Injuries Indicator Dashboard, Emergency Department Visits Mentioning Intentional Self-Harm Injuries at Acute Care Hospitals in Colorado, 2022-2022. Available from: https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/InjuryIndicatorsDashboard/LandingPage?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
6. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey Dashboard. Available from: <https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard>
7. Colorado Department of Public Health and Environment. Vital Statistics Program, Suicide in Colorado Counts 2021-2022. Available from: <https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COVDRSSuicideDashboardAllYearsExcludesRace/Story1?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y>
8. Centers for Disease Control and Prevention. Suicide Prevention Resource for Action. Available from: <https://www.cdc.gov/suicide/resources/prevention.html>

DRUG OVERDOSE

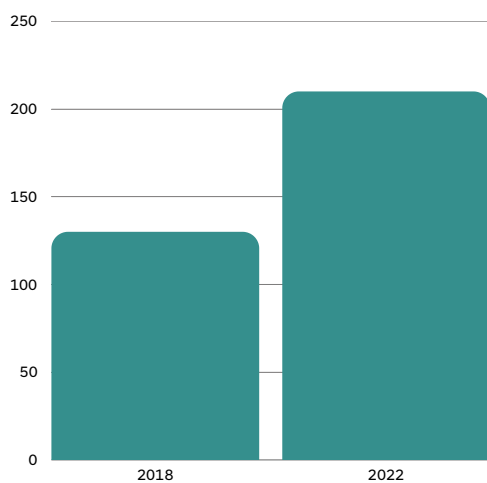
- ▶ Of the 98,268 preventable drug overdose deaths in the United States in 2021, 68 percent were caused by fentanyl use.
- ▶ In Colorado, overdose deaths involving fentanyl rose from 49 deaths in 2016 to 920 deaths in 2022.
- ▶ In 2022, there were 128 overdose deaths involving any opioid in El Paso County with 92 percent of those individuals who died prior to being transported to the hospital.
- ▶ Naloxone, also known as Narcan, makes it possible for anyone to provide a life-saving treatment for a person suffering the effects of an opioid overdose.

53

LEADING HEALTH ISSUES

DRUG OVERDOSE

Overdose deaths in El Paso County, 2018 - 2022 *



*2022 data shows a 1.6-fold higher than 2018.

Drug overdose crisis

Drug overdose occurs when a toxic amount of a substance (or combination of substances), either prescription or illicit, overwhelms the body and affects a person's ability to breathe. Insufficient oxygen can cause damage to vital organs, including the brain and heart. The severity of an overdose can range from mild toxicity to life-threatening situations, depending on the substance and dosage. Overdoses can result from prescription drugs, including opioids like oxycodone and hydrocodone, sedatives, and stimulants, as well as illicit substances like cocaine, methamphetamine, heroin, or fentanyl shown in Table 1.² Fentanyl is particularly problematic given the strength of its effect.

The rise of fentanyl

Within the intricacies of the drug overdose crisis, the rise in fentanyl misuse stands out as the most significant contributor to the increase in drug overdose deaths in El Paso County since 2019.

Table 1: Trends in drug overdose death counts by year, El Paso County

Drug overdose death involving:	2018	2019	2020	2021	2022
Any opioid	72	75	109	137	128
Prescription Opioid	32	47	74	114	119
Fentanyl	9	22	44	92	96
Cocaine	17	20	29	33	26
Methamphetamine or other psychostimulant	57	57	81	91	91
Heroin	46	32	40	30	18

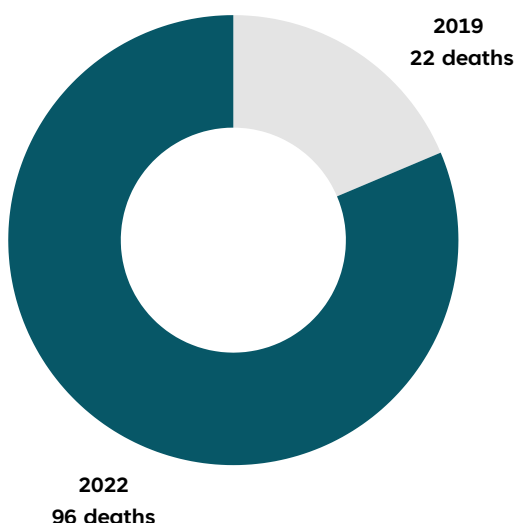
* Overdose death could involve the specified drug in combination with any other drug.

Legal prescription fentanyl is often used for severe pain management particularly in hospital settings. However, illegally made fentanyl is being distributed in our county, either mixed into other illegal drugs or as pills made to look like prescription medication. Fentanyl is different from other opioid drugs because it is up to 100 times more powerful than morphine. Due to its strength, even small doses can become deadly. Fentanyl's deadly presence is not confined to El Paso County alone but is emblematic of a broader national challenge. Other illicit drugs can be mixed with or laced with fentanyl, but it might be impossible for a person to tell by sight, taste, or smell.³

LEADING HEALTH ISSUES

DRUG OVERDOSE

Overdose deaths involving fentanyl in El Paso County (2019 vs. 2022)



According to the Centers for Disease Control and Prevention (CDC), over 150 people die every day in the U.S. from drug overdoses involving synthetic opioids like fentanyl. The National Safety Council reported 98,268 accidental drug overdose deaths in the United States in 2021, with 67,325 (69 percent) drug overdose deaths involved fentanyl.

State of Colorado

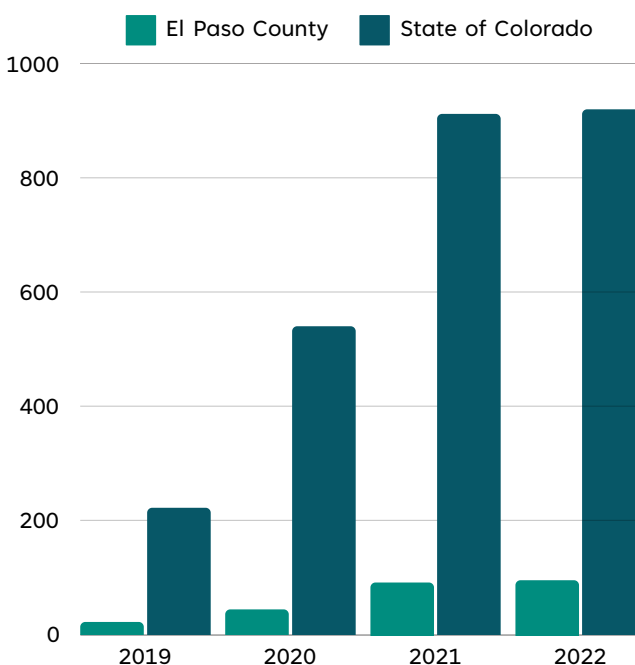
In the state of Colorado, overdose deaths involving fentanyl doubled year over year during 2018 to 2021, with the increase in overdose deaths from 102 to 912. In 2022, Colorado drug overdose deaths involving fentanyl increased again to 920 deaths (Figure 1). Other characteristics of drug overdose deaths included:⁵

- 513 (56 percent) of fentanyl-related deaths were White non-Hispanic people; 282 (31 percent) were Hispanic, any race.

- While deaths were reported across all age groups including children and the elderly, those most impacted were 25 to 34 years (296 deaths) and 35 to 44 years (248 deaths), accounting for 59 percent of the total.
- Deaths among males far exceeded those among females (660 versus 260).
- 44 (four percent) of those deaths were among veterans.

In Colorado during 2022, among accidental drug overdose deaths, 68 percent (1,081/1,595) of deaths involved at least one opioid and 42 percent (671/1,595) involved at least one stimulant. Illicitly manufactured fentanyl was the most commonly involved opioid in overdose deaths. While the most common stimulant involved in overdose deaths was methamphetamine.

Figure 1: Overdose deaths involving fentanyl, El Paso County and Colorado, 2019 - 2022⁵



*2019-2022 in El Paso County 4.4 fold increase and 2019-2022 in Colorado 4.1 fold increase

LEADING HEALTH ISSUES

DRUG OVERDOSE

El Paso County

Overdose deaths involving fentanyl for El Paso County residents totaled 96 for 2022, up from 92 overdose deaths in 2021 and an increase from 22 overdose deaths three years prior in 2019.⁵

Among the 96 overdose deaths involving fentanyl reported in 2022, 70 (73 percent) were male and 9 (9 percent) were veterans, 65 (68 percent) were White non-Hispanic people and 17 (18 percent) were Hispanic, any race. The ages most impacted were 25-44 years, (64 percent) which accounted for 61 deaths.

In El Paso County during 2022, 90 percent (189 out of 210) of overdose deaths in El Paso County were unintentional, not deaths by suicide.⁶

Among accidental drug overdose deaths, 65 percent of deaths involved at least one opioid and 48 percent involved at least one stimulant. For Colorado in the same year, among accidental overdose deaths, 68 percent of deaths involved at least one opioid and 42 percent of deaths involved at least one stimulant. In 2021-2022, El Paso County was the third ranked county with the lowest fentanyl involved overdose deaths (Table 2).

Table 2: Comparison of fentanyl involved overdose death rates (per 100,000 persons), by county 2021 - 2022

County	2021	2022
Larimer	11.3	10.1
Weld	15.0	12.9
El Paso	12.5	13.0
Pueblo	4.7	17.7
Arapahoe	15.4	18.4
Adams	28.9	25.0
Denver	30.9	27.5

Mental health and substance use

Mental health and substance use are closely linked. Mental health conditions, such as depression, anxiety, or a history of trauma can heighten the risk of harmful drug use and overdose when vulnerable individuals use substances as a coping mechanism, self-medication, or to alleviate emotional distress. People who choose to experiment with illicit drugs may lack knowledge or misinformation about the potency, strength, or potential interactions of drugs. Increased tolerance due to prolonged drug use (by prescription or otherwise) could cause a person to consume larger quantities of the drug to achieve the same effect, inadvertently surpassing safe limits.

LEADING HEALTH ISSUES

DRUG OVERDOSE

Since 2019, the CDC has partnered with states, including Colorado, to conduct systematic reviews of unintentional (accidental) drug overdose deaths.⁷ During 2021, 68 percent of drug overdose deaths in Colorado had at least one potential opportunity for intervention. Based on the findings of the circumstances surrounding unintentional drug overdose deaths:

- 25 percent had a mental health diagnosis and four percent were in current treatment for substance use disorder
- 13 percent had a history of a prior overdose
- Nine percent were witnessed in the fatal drug use

What can a mental health crisis look like?

An individual experiencing a mental health crisis may withdraw from family and friends, have dramatic shifts in moods, exhibit unpredictable behavior resulting in law enforcement encounters, increase their substance use, struggle to fulfill obligations or maintain self-care, or experience paranoia and hallucinations that result in an emotional breakdown or suicidal thoughts or attempts. An individual experiencing a substance use-related crisis may have similar experiences, culminating in acute intoxication, withdrawal symptoms, encounters with law enforcement, or overdose. Because the behaviors are similar, it may be difficult to distinguish between a mental health crisis and a substance use-related crisis.⁸



Behavioral health services for substance use

Accessible mental health and peer support services are influential in promoting long-term recovery and reducing the devastating impact of drug overdose in our community. Mental health services contribute to preventing overdose-related suicides, fostering community support, and involving families and social networks in the recovery process. Overdose prevention services manage underlying mental health issues, offering coordinated care, reducing relapse risk, and equipping individuals with healthy coping skills. Integrated treatment models and dual diagnosis programs can also provide comprehensive care, improving resilience and reducing self-medication through drugs. For example, peer support services through crisis care take part in preventing overdose-related suicides, fostering community support, and involving families and social networks in the recovery process to reduce relapse. The three essential elements comprising crisis care include crisis phone lines, mobile crisis teams, and crisis receiving and stabilization facilities.⁸

LEADING HEALTH ISSUES

DRUG OVERDOSE

Drug overdose crisis response

Crisis response to drug overdose is vital for saving lives and providing opportunities for individuals to access addiction treatment and support services. Timely intervention for drug overdoses can minimize long-term damage to a person's body and brain. Potential opportunities for intervention to prevent an overdose death include a linkage to care or life-saving action at the time of the overdose. Referencing 2021 accidental drug overdose deaths in Colorado, 51 percent had a potential bystander which is defined as a person age 11 years or older who was physically nearby either during or shortly preceding a drug overdose and potentially had an opportunity to intervene or respond to the overdose.³ A bystander present can assist in preventing a drug overdose death by taking immediate action, which includes calling 9-1-1, administering naloxone if available, and performing rescue breathing if necessary. A bystander's prompt response and the provision of these potentially life-saving measures can help reverse the overdose and significantly increase the chances of survival.

Naloxone's (Narcan) life-saving impact

Naloxone, referred to by the brand name Narcan, is a life-saving medication that can reverse an overdose from opioids—including fentanyl, heroin, and prescription opioid medications. When given in time during an overdose, naloxone reverses and blocks the effects of opioids. In 2022, there were 128 deaths involving any opioid in El Paso County.

Among El Paso County drug overdose related deaths investigation by the El Paso County Coroner, 92 percent died prior to being transported to the hospital.⁹ Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. However, naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder.

Path forward

In 2020-2021, settlements were reached nationwide with Johnson & Johnson and the nation's three largest drug distribution companies to resolve claims by state and local governments that these companies contributed to the opioid epidemic.¹⁰ As a result, Colorado is receiving approximately 400 million dollars over the next 18 years to fight the opioid epidemic. In addition, legislation passed through Senate Bill 15-053 allows the Colorado Department of Public Health and Environment (CDPHE) to provide naloxone to eligible entities to help expand naloxone access to those who need it most.

More information on the nationwide settlements can be found on [El Paso County's Region 16 Opioid Abatement Council website](#).

Additional information on Colorado's naloxone bulk purchase fund opportunity can be found on the [Colorado Department of Public Health and Environment's website](#).

LEADING HEALTH ISSUES

DRUG OVERDOSE

Sources:

1. Substance Abuse and Mental Health Services Administration. Mental Health and Substance Use Co-Occurring Disorders. Available from: <https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders>
2. Colorado Department of Public Health and Environment. Colorado Health Information Dataset (CoHID), Mortality Statistics, Counts, 2000-2022. Available from: <https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDDeathsDashboardAllYearsExcludesRace/DeathDashboardAllYearsexcludesrace?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y>
3. Centers for Disease Control and Prevention. SUDORS Dashboard: Fatal Overdose Data. Available from: <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html>
4. Centers for Disease Control and Prevention. NCHS, National Vital Statistics System. Provisional Drug Overdose Death Counts. Available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
5. Colorado Department of Public Health and Environment. Vital Statistics Program, Colorado Death Statistics. Available from: <https://cdphe.colorado.gov/colorado-death-statistics>
6. Colorado Department of Public Health and Environment. Vital Statistics Program, Colorado Drug Overdose Data Dashboard. Available from: https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/ODDeathFrequencies?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Aorigin=viz_share_link
7. Centers for Disease Control and Prevention. CDC's State Unintentional Drug Overdose Reporting System (SUDORS). Available from: <https://www.cdc.gov/drugoverdose/fatal/sudors.html>
8. Substance Abuse and Mental Health Services Administration. 2022 SAMHSA Advisory: Peer Support Services in Crisis Care. Available from: <https://store.samhsa.gov/sites/default/files/pep22-06-04-001.pdf>
9. El Paso County. El Paso County Coroner's Office. 2022 Annual Report. Available from: <https://epc-assets.elpasoco.com/wp-content/uploads/sites/6/2022-Annual-Coronerss-Report.pdf>
10. El Paso County. Quarterly Data Brief, Spotlight on Fentanyl. Available from: https://www.elpasocountyhealth.org/sites/default/files/resources/articles-publications/Aug2023_EPC%20Quarterly%20Data%20Brief_0.pdf

LEADING HEALTH ISSUES

HOUSING STABILITY

KEY INSIGHTS

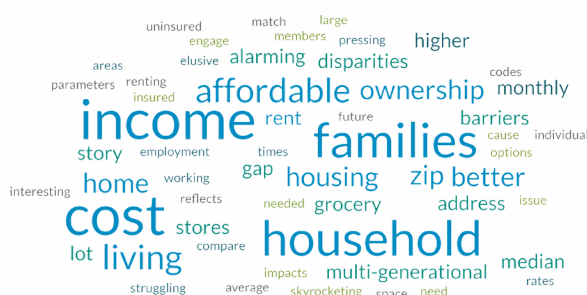
- ▶ **Housing Quality Affects Health:** In El Paso County, 53 percent of renter households and 23 percent of homeowner households faced housing problems such as incomplete kitchen or plumbing facilities, overcrowding, or severe cost burden, which may impact mental health, stress levels, and increase the risk of infectious diseases.
- ▶ **Housing Cost Burden among Renters and Owners:** From 2016 through 2020, 26.3 percent of renters and 13 percent of homeowners in El Paso County spent 30-50 percent of household income, highlighting financial strain due to housing costs.
- ▶ **Housing Affordability:** 27 percent of El Paso County residents worried about affording rent or mortgage.
- ▶ **Health Risks of Homelessness:** Those experiencing homelessness face an increased risk of chronic diseases, mental illnesses, and substance abuse disorders.

Housing stability and health

Housing stands as a fundamental pillar in shaping the physical and mental well-being of individuals in El Paso County and across the state of Colorado. Physical health can be impacted by the quality of housing in relation to overcrowding, poor ventilation, and exposure to environmental toxins, all of which impact health. For instance, overcrowding, defined as more than two people living in the same bedroom or multiple families inhabiting a single residence, has been identified as a contributing factor to lower quality of housing and to mental health challenges associated to stress level, relationships, sleep, and it may increase the risk of infectious disease.¹

Living without stable housing presents other unique health risks including the stress and trauma of housing instability, exposure to extreme weather, sleep deprivation, and high risk of becoming a victim of violent crime. People experiencing homelessness also have comparatively higher incidence of chronic conditions and co-occurring health problems than those with stable housing.²

Additionally, a constrained rental market in El Paso County, marked by a scarcity of affordable vacancies, could encourage individuals with income challenges to seek shelter in substandard housing, exposing them to health and safety risks. Detrimental effects of inadequate housing structures include risks associated with vermin, mold, water leaks, and deficient heating or cooling systems.³ Incomplete plumbing facilities further compound the issue, impeding proper sanitation, access to clean water, and essential hygiene practices crucial for maintaining health. As the population of El Paso County continues to grow, the question of equitable access to safe and adequate housing emerges as a pressing concern, necessitating comprehensive and community-driven solutions.



LEADING HEALTH ISSUES

HOUSING STABILITY

Quality, cost, and ownership of housing

When a substantial portion of household income is allocated to housing expenses, it may leave insufficient financial resources for essential needs such as healthy food, utilities, clothing, or health care. The recommended metric guiding these expenses determines that the cost of rent or mortgage should not exceed 30 percent of the household's gross monthly income in order to be considered affordable housing, a standard set by the U.S. Department of Housing and Urban Development (HUD).⁴ The guided metric assuring housing costs remain below 30 percent of income is designed to secure ample funds for other essential living expenses. Households spending more than 30 percent of their income on housing costs are considered cost burdened; those spending more than 50 percent of income are considered severely cost burdened. For renters, housing cost data encompasses rent and utilities, while for homeowners, it includes mortgage payments, utilities, association fees, insurance, and real estate taxes.

Rising housing costs across the nation, coupled with income losses incurred during the pandemic, produced a significant drop in housing availability. Between 2019 and 2021, the number of cost-burdened renters increased by 1.2 million to a total of 21.6 million households nationwide. Of these renters, 11.6 million faced severe burdens, dedicating over half of their income to housing costs.⁶

In 2021, 22.8 percent of homeowners nationwide spent more than 30 percent of their income on housing⁵ and the number of cost-burdened homeowners increased by 2.3 million, since 2019, to a total of 19 million households nationwide with 8.7 million severely burdened by high housing expenses.⁶

How are we doing in El Paso County?

Comparing housing affordability between renters and homeowners, findings from the 2016 to 2020 Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy revealed homeowners are generally less likely than renters to surpass the 30 percent income threshold for housing expenses. Housing costs are significant for residents in El Paso County, with 22.6 percent of renters and 8.4 percent of owners facing severe cost burdens for housing.⁷ Figure 1 shows the median gross rent and the median monthly homeowner cost in El Paso County compared to the state of Colorado, both of which are higher in the county.

Renters are also more likely than homeowners to experience other issues related to quality housing. According to HUD, 53 percent (48,030) of El Paso County renter households had at least one of four housing problems including incomplete kitchen facilities, incomplete plumbing facilities, more than one person per room, and a cost burden greater than 30 percent. In comparison, 23 percent (38,580) of homeowner households experienced at least one of the four housing problems.⁷

LEADING HEALTH ISSUES

HOUSING STABILITY

Figure 1: Housing costs for El Paso County and Colorado, 2018 - 2022⁸



Housing instability

Multiple challenges contribute to housing instability including difficulty in paying rent, overcrowding, moving frequently, or spending excessive household income on housing cost.^{9,10}

When affordable, quality housing options are limited, people with the lowest incomes are often renting low quality housing or overcrowded housing to offset costs.¹¹

In El Paso County, 27 percent of residents are always, usually, or sometimes worried about affording rent/mortgage. Additionally, 53 percent of persons ages 18 to 24 cited these concerns related to affording the cost of housing.¹²

How are we doing in El Paso County?

Housing choice vouchers (formerly called Section 8), supported through HUD, provides rental assistance to income-eligible tenants by subsidizing a portion of their monthly rent and utilities and paying it directly to their landlords.¹³ According to the 2022 HUD Picture of Subsidized Households, approximately 5,274 people received housing choice vouchers in El Paso County. There were 3,110 subsidized housing units available and the average family expenditure per month was \$427.¹⁴ In our community, the Colorado Springs Housing Authority manages housing choice vouchers for the Pikes Peak region and as of the fourth quarter 2023, the program had 2,313 housing units on Section 8 vouchers.¹⁵

LEADING HEALTH ISSUES

HOUSING STABILITY

Among El Paso County residents using housing vouchers, to include Section 8, during the fourth quarter of 2023, 78 percent had extremely low income (defined as at or below 30 percent of area median income), 47 percent were handicapped or disabled, and 31 percent were elderly.¹⁵

Homelessness

Poverty, unemployment, family disruptions, and disability can threaten independence and self-sufficiency and increase a person's risk of homelessness. Homelessness is defined as lacking a regular nighttime residence or having a primary nighttime residence which is a temporary shelter or other place not designed for sleeping.¹⁶ About 580,000 people experienced homelessness in the United States on a single night in 2020.¹⁷ A study of newly homeless people in the New York City shelter system found that six percent had diabetes, 17 percent had hypertension, 17 percent had asthma, 35 percent had major depression, and 53 percent had a substance use disorder — indicating that chronic disease is more common among people who are newly homeless than among the general population.¹⁸ People who are homeless have an increased risk of premature death according to a study conducted in Boston.

Among persons ages 25 to 44 years, the all-cause mortality rate was 8.6 times higher for men who are homeless and 9.6 times higher for women who are homeless compared to the general population of Massachusetts, and the all-cause mortality rate for 45- to 65-year-olds was 4.5 times higher for people who are homeless.¹⁹

How are we doing in El Paso County?

Across the United States, counts of persons experiencing homelessness are conducted on a single day in January of each year through the Point in Time survey. In El Paso County, the Pikes Peak Continuum of Care conducts this survey (Figure 2). Data from January 2023 showed while the overall number of people experiencing homelessness decreased from 1,406 in 2022 to 1,302 in 2023, the percentage who were chronically homeless increased from 28 percent in 2022 to 36 percent in 2023.²⁰ Chronic homelessness describes people who have experienced homelessness for at least one consecutive year or have had multiple episodes of homelessness in the past three years, and also have at least one disabling condition such as a physical disability, behavioral health disorder, or substance use disorder. In 2023, the number of people in permanent housing who were formerly experiencing homelessness rose from 639 in 2022 to 740 in 2023.²⁰

LEADING HEALTH ISSUES

HOUSING STABILITY

Table 1: Differences in race and ethnicity among people experiencing homelessness, Point in Time Survey, El Paso County, 2023^{20,21}

Race and ethnicity category	Percent of general population, El Paso County, 2023	Percent of people experiencing homelessness, 2023 El Paso County Point in Time Survey
White	67.0 percent	68.9 percent
Hispanic or Latino	18.9 percent	21.8 percent
Black or African American	6.9 percent	17.4 percent
Asian	3.4 percent	0.4 percent
Native Hawaiian or Pacific Islander	0.4 percent	0.8 percent
American Indian and Alaskan Native	1.4 percent	4.9 percent

Race and ethnicity among persons experiencing homelessness

Data from the 2023 El Paso County Point in Time survey highlights disparities by race and ethnicity among people experiencing homelessness when compared to the general El Paso County populations (Table 1). Notably, among minority groups, there is a disproportionate representation of Black or African American and Hispanic people experiencing homelessness compared to the general county population. These disparities signal the importance of interventions to support and address the needs within different racial and ethnic groups in mitigating homelessness.

Understanding and addressing the disparities is important for promoting equitable access to housing resources and support across the county.

Behavioral health and substance use among persons experiencing homelessness

Persons experiencing homelessness often suffer from mental illnesses. In the Colorado 2023 Point in Time Count, 26.9 percent of homeless individuals reported having a serious mental illness such as depression, bipolar disorders, and substance abuse disorders; nationally, approximately 49 percent of the unsheltered* homeless population had severe mental illness in 2023.²² Self-reported serious mental health illness was substantially higher among homeless persons who were unsheltered compared to people experiencing homelessness who are sheltered. The experience of being unsheltered can result in a new or worsened mental health illness due to the instability, stress, and trauma of being unhoused. Compounding this issue are barriers to sufficient and consistent mental health care and resources to support individuals in need.

*Unsheltered is considered not in an emergency shelter and not in transitional housing.

LEADING HEALTH ISSUES

HOUSING STABILITY

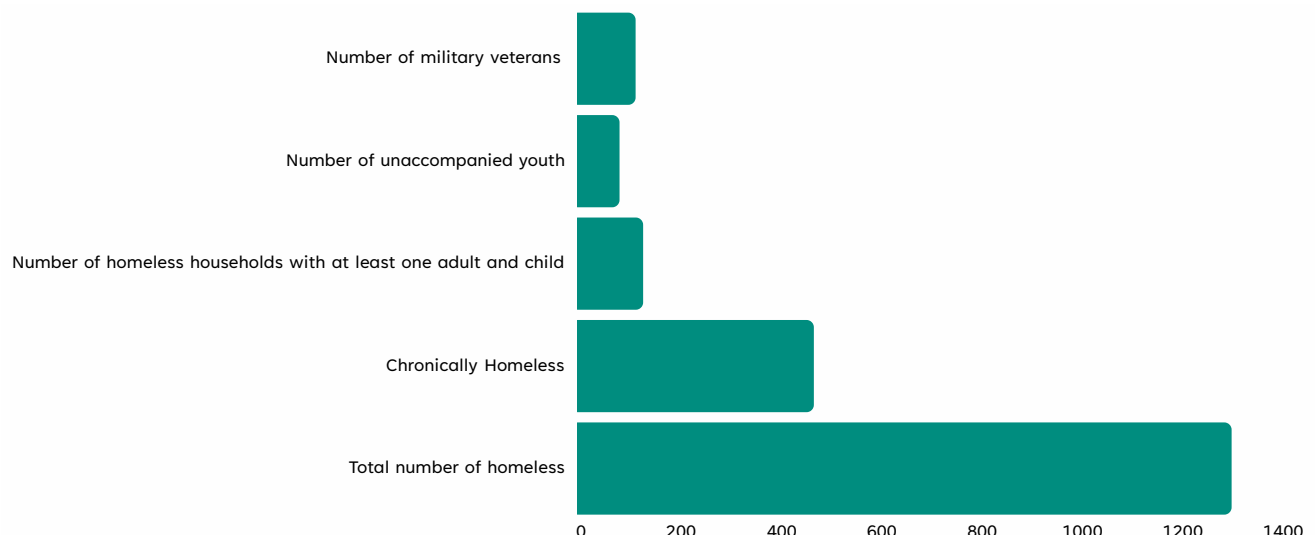
Individuals experiencing homelessness rarely have substance use disorders alone, as there is an association with mental health challenges.²³ Substance use disorders can be a contributory factor that leads to homelessness when it interferes with one's ability to perform routine tasks or take care of themselves physically, emotionally, and mentally.² In 2023, the Colorado Point in Time (Figure 2) count indicated 21.8 percent reported chronic substance use²⁰ and the El Paso County Point in Time indicated 16.4 percent of residents reporting chronic substance use.

Addressing homelessness

In addressing homelessness in El Paso County, Colorado, it is imperative to adopt a multifaceted approach that incorporates assessment and active implementation of evidence-based solutions.

The Pikes Peak Continuum of Care emphasizes the importance of adopting Housing First principles, recognizing the need to provide individuals experiencing homelessness with immediate access to safe and stable housing. This approach can be coupled with the integration of supportive and accessible services to address the complex needs of the homeless population, including mental health support, addiction treatment, and employment assistance. Additionally, fostering collaboration among local agencies, nonprofits, and community stakeholders is crucial for creating a comprehensive and sustainable homelessness response system. By combining housing solutions with tailored support services and fostering community collaboration, El Paso County is working toward effectively addressing and reducing homelessness through many cross-sector efforts.

Figure 2: 2023 El Paso County Point in Time Survey²⁰



LEADING HEALTH ISSUES

HOUSING STABILITY

Additional supports include:

- **Access to health care** – Community health centers or federally qualified health centers provide access to medical, dental, and mental health care and serve all patients, regardless of ability to pay. These centers often offer sliding fee scales or other financial assistance to uninsured or underinsured individuals to receive necessary medical care. This further facilitates access to health care for those with limited financial means.
- **Expanded recuperative and respite care** – Respite and recuperative care facilities allow people experiencing homelessness an opportunity to recover in a safe and clean environment with medical oversight.
- **Supporting housing** – Supporting housing combines affordable housing with services to address the complex needs of persons experiencing chronic homelessness. Services are designed to connect people with health care, treatment, and employment services.
- **Comprehensive approaches to substance use disorders** – overdose prevention centers (OPCs), naloxone, and medication-assisted treatment (MAT) are part of the solution to treat substance use disorders.
 - Naloxone is a life-saving medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time.
 - MAT addresses both physical dependency and addiction by lessening the severity of withdrawal symptoms and helping a person return to normalcy in their brain function and behavior.
 - OPCs are one of several harm reduction strategies to address the complex drug overdose crisis. At overdose prevention centers, people use illicit substances obtained elsewhere in a controlled setting. Staff at such centers are trained to detect and respond to drug overdoses and may connect people to health and support services, including substance use and mental health treatment.



By combining housing solutions with tailored support services and fostering community collaboration, El Paso County is working toward effectively addressing and reducing homelessness.

LEADING HEALTH ISSUES

HOUSING STABILITY

Sources:

1. Healthy People 2030. Housing Instability. Available from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>
2. Colorado Coalition. Health and Homelessness. Issue Brief 2023. Available from: https://www.coloradocoalition.org/sites/default/files/2023-06/Health%20%26%20Homelessness%202023_Issue_Brief_Digital_F2.pdf
3. Braubach, Matthias, Jacobs, David E & Ormandy, David. (2011). Environmental burden of disease associated with inadequate housing: a method guide to the quantification of health effects of selected housing risks in the WHO European Region. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/108587>
4. U.S. Housing and Urban Development. Defining Housing Affordability. Available from: <https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-081417.html#:~:text=Keeping%20housing%20costs%20below%2030%20percent%20of%20income,on%20housing%20costs%20to%20be%20housing%20cost%20burdened>
5. Whitney P. Number of renters burdened by housing costs reached a record high in 2021. Number of Renters Burdened by Housing Costs Reached a Record High in 2021. Joint Center for Housing Studies. Available from: <https://www.jchs.harvard.edu/blog/number-renters-burdened-housing-costs-reached-record-high-2021>.
6. Joint Center for Housing Studies of Harvard University. The State of the Nation's Housing 2023. Available from: <https://www.jchs.harvard.edu/state-nations-housing-2023>
7. U.S. Housing and Urban Development. Office of Policy Development and Research. Comprehensive Housing Affordability Strategy, 2006 – 2020. Available from: <https://www.huduser.gov/portal/datasets/cp.html>
8. United States Census Bureau. QuickFacts. Colorado Springs City, Colorado; El Paso County, Colorado; Colorado; United States. Available from: <https://www.census.gov/quickfacts/fact/table/CO,coloradospringscitycolorado,elpasocountycolorado,US/RTN131217>
9. Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, 21(1), 71–77. doi:10.1111/j.1525-1497.2005.00278.x
10. Frederick, T.J., Chwalek, M., Hughes, J., Karabanow, J., & Kidd, S. (2014). How stable is stable? Defining and measuring housing stability. *Journal of Community Psychology*, 42(8), 964–979. doi:10.1002/jcop.21665
11. Hernández, Diana. “Affording housing at the expense of health.” *Journal of Family Issues*, vol. 37, no. 7, 17 Apr. 2014, pp. 921–946, <https://doi.org/10.1177/0192513x14530970>
12. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System, El Paso County, 2019–2022 combined data set.
13. Colorado Department of Local Affairs. Office of Rental Assistance. Section 8 Participants. Available from: <https://cdola.colorado.gov/office-of-rental-assistance/section-8-participants#:~:text=The%20percent%20Housing%20percent%20Choice%20percent%20Voucher%20percent%20Program,it%20percent%20directly%20percent%20to%20percent%20their%20percent%20landlords>
14. U.S. Housing and Urban Development. A Picture of Subsidized Housing. Available from: https://www.huduser.gov/portal/datasets/assths.html#query_2009-2022
15. Colorado Springs Housing Authority. Providing Affordable Housing in the Pikes Peak Region. Available from: <https://cscha.us/community-impact>
16. The McKinney-Vento Definition of Homeless. National Center for Homeless Education. Subtitle VII-B of the McKinney-Vento Homeless Assistance Act. Available from: <https://nche.ed.gov/mckinney-vento-definition/>
17. Joint Center for Housing Studies of Harvard University. The State of the Nation's Housing 2020. Available from: <https://www.jchs.harvard.edu/state-nations-housing-2020>

LEADING HEALTH ISSUES

HOUSING STABILITY

Sources:

18. Schanzer B, Dominguez B, Shrout PE, and Canton CLM. Homelessness, Health Status, and Health Care Use. *American Journal of Public Health*, 2007. Available from: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2005.076190>
19. Baggett TP, Hwang SW, O'Connell JJ, et al. Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-Year Period. *JAMA Internal Medicine*, 2013. Available from: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1556797>
20. Pikes Peak Community Health Partnership. Pikes Peak Continuum of Care Resources and Reports. Point-in-Time Survey, 2023 PIT Summary. Available from: <https://www.ppchp.org/wp-content/uploads/2023/04/2023-PIT-Summary.pdf>
21. United States Census Bureau. El Paso County, Colorado 2023 Population Estimates. Available from <https://www.census.gov/quickfacts/fact/table/elpasocountycolorado,US>
22. U.S. Department of Housing and Urban Development. HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Available from: https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2023.pdf
23. National Health Care for the Homeless Council. Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations. 2017. Available from: <https://nhchc.org/wp-content/uploads/2019/08/nhchc-opioid-fact-sheet-august-2017.pdf>

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

This section provides a broad overview of population health outcomes not otherwise notated in this report. These indicators offer key insights into the El Paso County's overall health status. Within this context, leading causes of death, life expectancy, and select health behaviors serve as indicators for overall health status. The exploration of morbidity, indicating deviations from optimal health due to disease, injury or disability, contributes to an understanding of the health landscape in El Paso County. These data can be used to guide strategies for enhancing community health and vitality.



Mortality statistics provide a valuable measure to systematically assess and monitor the health status of a whole county.

Mortality and leading causes of death

Mortality statistics provide a valuable measure to systematically assess and monitor the health status of a whole community. Within the realm of public health, mortality statistics are often used as a cornerstone in formulating health plans and policies to prevent or reduce premature mortality and improve our quality of life.¹

Leading cause-of-death data represent the most frequently occurring causes of death in a population (Table 1 and Table 2). Ranking causes of death is a standard and widely used method of presenting mortality statistics and allows for comparison across geographic areas. Death causes are coded into general categories defined by the federal National Center for Health Statistics and used consistently across the U.S. For example, motor vehicle accidents are included under unintentional injuries, and lung cancer is included under malignant neoplasms. Leading causes of death are always ranked in relationship to one another. This means the rank of a specific cause may change even if its mortality rate has not changed. On the other hand, the ranking can remain the same even if its mortality rate increases or decreases.²

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

Table 1: Top ten leading causes of death, all ages, El Paso County, 2020 – 2022 combined³

	Ranking	Causes of death	Number of deaths	Rate per 100,000 people
All Ages		All Causes	17,644	798.4
	1	Malignant neoplasms (all cancers)	3,004	135.9
	2	Heart disease	2,959	133.9
	3	COVID-19	1,619	73.3
	4	Unintentional injuries	1,360	61.5
	5	Chronic lower respiratory diseases	914	41.4
	6	Cerebrovascular diseases	851	38.5
	7	Alzheimer's disease	698	31.6
	8	Suicide	558	25.3
	9	Diabetes mellitus	494	22.4
	10	Chronic liver disease and cirrhosis	364	16.5

Table 2: Top five leading causes of death by age group, El Paso County, 2020 – 2022 combined³

Age in years	Ranking	Causes of death	Number of deaths	Rate per 100,000 people
<1		All causes	163	596.1
	1	Perinatal period conditions	77	281.6
	2	Congenital malformations, deformations, and chromosomal abnormalities	36	131.6
	3	Unintentional injuries	18	65.8
	4	Homicide/legal intervention	5	18.3
	5	Other and unspecified infectious and parasitic diseases	3	11
1-4		All causes	21	19.3
	1	Unintentional injuries	6	5.5
	2	Homicide/legal intervention	3	2.8

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

Table 2: Top five leading causes of death by age group, El Paso County, 2020 - 2022 combined³

Age in years	Ranking	Causes of death	Number of deaths	Rate per 100,000 people
5-14		All causes	56	19.5
	1	Unintentional injuries	16	5.6
	2	Homicide/legal intervention	9	3.1
	3	Suicide	8	2.8
	4	Congenital malformations, deformations, and chromosomal abnormalities	5	1.7
	5	Malignant neoplasms (all cancers)	4	1.4
15-24		All causes	327	97.5
	1	Unintentional injuries	130	38.8
	2	Suicide	93	27.7
	3	Homicide/legal intervention	38	11.3
	4	COVID-19	8	2.4
	5	Malignant neoplasms (all cancers)	8	2.4
25-34		All causes	609	169.6
	1	Unintentional injuries	228	63.5
	2	Suicide	134	37.3
	3	Homicide/legal intervention	48	13.4
	4	Heart disease	26	7.2
	5	Malignant neoplasms (all cancers)	22	6.1

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

Table 2: Top five leading causes of death by age group, El Paso County, 2020 - 2022 combined ³

Age in years	Ranking	Causes of death	Number of deaths	Rate per 100,000 people
35-44		All causes	776	273.6
	1	Unintentional injuries	231	81.5
	2	Suicide	83	29.3
	3	Heart disease	63	22.2
	4	Malignant neoplasm (all cancers)	60	21.2
	5	Chronic liver disease and cirrhosis	52	18.3
45-54		All causes	1,081	443
	1	Unintentional injuries	170	69.7
	2	Malignant neoplasms (all cancers)	148	60.6
	3	Heart disease	139	57
	4	COVID-19	119	48.8
	5	Chronic liver disease and cirrhosis	87	35.6
55-64		All causes	2,345	911.3
	1	Malignant neoplasm (all cancers)	542	210.6
	2	Heart disease	354	137.6
	3	COVID-19	257	99.9
	4	Unintentional injuries	187	72.7
	5	Chronic liver disease and cirrhosis	109	42.4

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

Table 2: Top five leading causes of death by age group, El Paso County, 2020 - 2022 combined ³

Age in years	Ranking	Causes of death	Number of deaths	Rate per 100,000 people
65-74		All causes	3,401	1,838.7
	1	Malignant neoplasms (all cancers)	882	476.8
	2	Heart disease	548	296.3
	3	COVID-19	362	195.7
	4	Chronic lower respiratory diseases	222	120
	5	Unintentional injuries	139	75.1
75-84		All causes	4,036	4,431.5
	1	Malignant neoplasms (all cancers)	808	887.2
	2	Heart disease	698	766.4
	3	COVID-19	389	427.1
	4	Chronic lower respiratory diseases	308	338.2
	5	Cerebrovascular diseases	220	241.6
85+		All causes	4,828	15,213.8
	1	Heart disease	1,119	3,526.1
	2	Malignant neoplasms (all cancers)	529	1,667
	3	Alzheimer's disease	421	1,326.6
	4	COVID-19	417	1,314
	5	Cerebrovascular diseases	404	1,273.1

OTHER POPULATION HEALTH INDICATORS

MORTALITY AND LEADING CAUSES OF DEATH

Traffic-related motor vehicle deaths and injuries

Motor vehicle crashes are the second most common cause of death from unintentional injuries in the United States. The rate of motor vehicle crash deaths in the United States is about twice the average rate of other high-income countries.⁴ Each year, motor vehicle crashes take the lives of more than 40,000 people in the United States and result in 2.7 million emergency department visits. In relation to the leading causes of death, motor vehicle-related injuries are the leading cause of death for people ages 5 through 34 in the United States. Worldwide, road traffic crashes are the leading cause of death for people between the ages of 15 and 29.⁵

Interventions to increase seat belt and car seat use can reduce deaths from motor vehicle crashes. In addition, providing options for people to use motor vehicles less often can help improve their health. Mass transit options, like buses and

trains, produce far less air pollution than cars; in addition, walking and biking allow people to achieve more physical activity. Communities that invest in mass transit and promote active transportation can help protect the environment and improve health.⁶

The number of fatal accidents in El Paso County increased in 2020 to 82 and decreased significantly in 2021 to 74. However, the number of fatal accidents fluctuate from 2021 to early 2023 (Table 3). Impaired driving, also known as driving under the influence, means driving a motor vehicle or vehicle when a person has consumed alcohol or one or more drugs, or a combination of alcohol and one or more drugs, which affects the person to a degree that the person is substantially incapable, either mentally or physically, or both mentally and physically, to exercise clear judgment, sufficient physical control, or due care in the safe operation of a vehicle.⁷

Table 3: Fatal motor vehicle crashes on public roads, El Paso County*, 2018 – 2022 by year⁸

Year	Number of fatal accidents	Number of fatalities	Number of impaired-related fatal accidents **	Number of fatalities in an impaired-related accident **
2018	75	81	26	28
2019	62	66	20	20
2020	82	85	28	31
2021	74	77	21	22
2022	79	83	24	27
2023***	76	78	20	21

* Motor vehicle crash deaths occurring within El Paso County, regardless of residency of the person who died.

** Impaired-related accidents are based on whether the reporting officer suspected any kind of impairment in the crash, subject to confirmation by toxicology report from Colorado Coroners.

*** Provisional data updated 1/24/2024.

OTHER POPULATION HEALTH INDICATORS

LIFE EXPECTANCY

Life expectancy

Life expectancy at birth describes the average number of years of life a newborn can expect to live based on the sex-specific and age-

specific death rates at the time of their birth (Table 4). Life expectancy reflects the overall mortality level of a population (children, adolescents, adults and the elderly) during a period of time.⁹

Table 4: Life expectancy at birth, by race and ethnicity, El Paso County, 2020 – 2022 by year¹⁰

Race/Ethnicity		2020			2021			2022		
		Total	Female	Male	Total	Female	Male	Total	Female	Male
All Races/ Ethnicities	Life expectancy	77.8	80.6	74.9	77.2	80.5	73.9	78.4	80.8	76
	Total deaths	5,811	2,728	3,083	6,057	2,758	3,299	5,775	2,814	2,961
	Population	732,062	365,047	367,015	737,207	367,266	369,941	740,559	368,553	372,006
White alone, non-Hispanic	Life expectancy	78.4	81.1	75.9	78.2	81.2	75.3	79.2	81.1	77.3
	Total deaths	4,474	2,138	2,336	4,551	2,115	2,436	4,464	2,234	2,230
	Population	498,893	249,058	249,835	498,224	248,662	249,563	496,755	247,748	249,008
Black/African American alone, non- Hispanic	Life expectancy	72	75.9	69	73.6	78.4	70.1	74.8	77.7	72.3
	Total deaths	361	145	216	342	132	210	306	136	170
	Population	43,489	19,998	23,492	43,840	20,003	23,838	43,885	20,036	23,850
Asian alone, non-Hispanic	Life expectancy	86.1	87.5	83.4	84.2	85.8	80.3	89.2	90.2	86.3
	Total deaths	102	70	32	122	76	46	87	57	30
	Population	21,854	12,585	9,269	22,544	12,909	9,635	23,221	13,266	9,955
Native Hawaiian/Oth er Pacific Islander alone, non- Hispanic	Life expectancy	74.4	*	68.3	68.5	83.1	56.6	74.8	76.3	*
	Total deaths	15	*	13	18	5	13	17	9	8
	Population	2,168	1,054	1,114	2,220	1,094	1,126	2,192	1,094	1,099

OTHER POPULATION HEALTH INDICATORS

LIFE EXPECTANCY

Table 4: Life expectancy at birth, by race and ethnicity, El Paso County, 2020 – 2022 by year¹⁰

Race/Ethnicity		2020			2021			2022		
		Total	Female	Male	Total	Female	Male	Total	Female	Male
American Indian/Alaska Native, non-Hispanic	Life expectancy	74.8	76.5	72.8	76.6	81.3	71.8	82.6	80.8	85.7
	Total deaths	34	15	19	29	10	19	24	13	11
	Population	4,463	2,225	2,238	4,336	2,176	2,160	4,342	2,165	2,178
Hispanic, all races	Life expectancy	76.6	79.4	73.8	75.1	79.1	71.3	78	81.5	74.5
	Total deaths	613	280	333	705	297	408	593	252	341
	Population	132,275	65,840	66,435	136,079	67,685	68,393	139,869	69,393	70,476

* Life expectancy not computed due to small numbers of deaths or low population count.

Tobacco use

According to the World Health Organization, smoking is the single most preventable cause of illness and death in the world. More than 16 million adults in the United States have a disease that was caused by smoking cigarettes, and half a million deaths per year are attributed to illnesses related to smoking. Smoking impacts almost every organ in the body and increases a

person's chances of developing heart disease, stroke, lung disease, and cancer. Smoking is more common in certain groups including men, American Indians and Alaska Natives, people living with behavioral health conditions, those who identify as lesbian, gay, bisexual, or transgender (LGBT), and those who earn less money and have lower levels of education.¹¹

Table 5: Adult tobacco use behaviors, El Paso County and Colorado, 2022¹²

Percent of adults who	El Paso County	Colorado
Currently smoke cigarettes	12.2	10.7
Currently use electronic vapor products	10.4	8.3
Ever used electronic vapor products	32.0	28.1
Were exposed to secondhand smoke in their home (among multi-unit dwelling occupants)	32.3	29.9

OTHER POPULATION HEALTH INDICATORS

LIFE EXPECTANCY

Table 6: High school student tobacco use behaviors, El Paso County and Colorado, 2019 and 2021¹³

Percent of students who reported	El Paso County 2019 *					Colorado 2021				
	All grades	9th	10th	11th	12th	All grades	9th	10th	11th	12th
Smoking cigarettes on one or more of the past 30 days	6.4	2.6	6.9	5.2	10.3	3.3	2.0	3.1	3.7	4.8
Smoking cigarettes on 20 or more of the past 30 days (no CO results in 2021)	1.5	0.7	1.5	1.3	2.2					
Using an electronic vapor product in the last 30 days	26.1	19.2	24.7	26.4	34.5	16.1	10.8	15.3	18.2	21.2
Using cigars, chewing tobacco, hookah, or bidis in the past 30 days	9.8	4.6	8.7	10.3	15.6	3.6	2.3	3.1	3.7	5.1

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating school districts; the latest data is from 2019.

Table 7: High school student tobacco use beliefs, El Paso County and Colorado, 2019 and 2021¹³

Percent of students who	El Paso County 2019*	Colorado 2021
Think people who smoke one or more packs of cigarettes per day have a moderate or great risk of harm	84.9	91.0
Think people who use electronic vapor products every day have a moderate or great risk of harm	70.5	79.6
Think breathing secondhand vapor has a moderate or great risk	53.4	59.4
Think obtaining vapor products would be very easy or sort of easy	60.7	51.4
Think 5 or more out of every 10 students at school use electronic vapor products	65.7	50.3
Think parents or guardians would feel it is wrong or very wrong from them to use electronic vapor products	85.5	93.6
Were inside their car while their parent or guardian was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past week	20.1	9.3
Were inside their home while someone was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past week	26.5	15.8

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating school districts; the latest data is from 2019.

OTHER POPULATION HEALTH INDICATORS

LIFE EXPECTANCY

Sexual health

Sexual health encompasses a healthy approach to sexual relationships as well as practices that lead to safe sexual experiences that avoid pressure and violence.¹⁴ Understanding sexual health and how to prevent sexually transmitted infections (STIs) and unintended pregnancy are

important to staying healthy. While many STIs are preventable, it is estimated that more than 20 million new cases happen in the United States each year, and rates continue to go up. People who have an STI are at an increased risk of getting HIV, but promoting behaviors like condom use can help prevent STIs.¹⁵

Table 8: High school student sexual health behaviors, El Paso County and Colorado, 2019 and 2021¹³

Student group	Percent of students who	El Paso County 2019*	Colorado 2021
Among all students	Had sexual intercourse for the first time before age 13	4.5	2.1
	Have ever had sexual intercourse	37.4	25.4
Among sexually active students (within the past 3 months)	Have had sexual intercourse with one or more people	24.7	18.6
	Drank alcohol or used drugs before the last time they had sexual intercourse	20.2	17.6
	Used a condom during the last time they had sexual intercourse	56.6	58.6
	Used any form of birth control to prevent pregnancy the last time they had sexual intercourse	70.8	N/A**
	Used birth control pills to prevent pregnancy the last time they had sexual intercourse	21.5	22.7

* Healthy Kids Colorado Survey 2021 data for El Paso County is not available due to low numbers of participating school districts; the latest data is from 2019.

** Question not asked in 2021.

Table 9: Rates of sexually transmitted infections per 100,000 people, El Paso County and Colorado, 2022¹⁶

STI rates 2022	El Paso County	Colorado	EPC rank*
Chlamydia	484.6	456.4	5
Gonorrhea	144.9	150.4	5
Syphilis (all stages, excluding congenital syphilis)	34.7	52.6	6

* Rate comparison is among nine metropolitan counties including Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Pueblo, and Weld counties.

OTHER POPULATION HEALTH INDICATORS

LIFE EXPECTANCY

Sources:

1. Connecticut Department of Public Health. Mortality Statistics. Available from: <https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Mortality/Mortality-Statistics>
2. Centers for Disease Control and Prevention. National Vital Statistics Program. Leading Causes of Death. Available from: <https://www.cdc.gov/nchs/nvss/leading-causes-of-death.htm>
3. Colorado Department of Public Health and Environment. Vital Statistics Program. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>
4. U.S. Department of Health and Human Services. Healthy People 2030. Reduce Deaths from Motor Vehicle Crashes. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-deaths-motor-vehicle-crashes-ivp-06>
5. The Public Health Foundation. Winnable Battles Program. Motor Vehicle Injuries. Available from: https://www.phf.org/programs/winnablebattles/Pages/Motor_Vehicle_Injuries.aspx
6. U.S. Department of Health and Human Services. Healthy People 2030. Transportation. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/transportation>
7. FindLaw. U.S. Federal and State Cases, Codes, and Articles. Colorado Revised Statutes Title 42. Available from: <https://codes.findlaw.com/co/title-42-vehicles-and-traffic/co-rev-st-sect-42-4-1301/>
8. Colorado Department of Transportation. Colorado Crash Data Dashboard. Available from: <https://www.codot.gov/safety/traffic-safety/data-analysis/fatal-crash-data>
9. World Health Organization. Life expectancy at birth. . Available from: <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3131>
10. Colorado Department of Public Health and Environment. Vital Statistics Program. Available from: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>
11. U.S. Department of Health and Human Services. Healthy People 2030. Tobacco Use. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use>
12. Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System. VISION Dashboard. Tobacco Use. Available from: https://teeo-cdphe.shinyapps.io/CDPHE_VISION/
13. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey and Smart Source Information. Available from: <https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard>
14. Centers for Disease Control and Prevention. Sexual Health. Available from: <https://www.cdc.gov/sexualhealth/>
15. U.S. Department of Health and Human Services. Healthy People 2030. Sexually Transmitted Infections. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections>
16. Colorado Department of Public Health and Environment. Sexually Transmitted Infections and HIV Program. Available from: <https://cdphe.colorado.gov/sti-hiv>

CONCLUSION

2023 CHA CONCLUSION



The CHA forms the basis for monitoring data, and short and long-term health outcomes to achieve improved health and well-being of El Paso County residents.

The 2023 Community Health Assessment (CHA) is the result of a collaborative and inclusive effort involving a diverse range of stakeholders from the Healthy Community Collaborative (HCC). Engaging in the comprehensive examination of numerous determinants of health, the CHA uses data and insights from the HCC to highlight public health concerns impacting El Paso County communities. The CHA informs public health priorities identified as barriers to accessing health care, suicide, drug overdose, and housing stability in El Paso County. Emphasizing the need for equitable access through resource navigation and addressing health disparities, the CHA forms the basis for monitoring data and, short and long-term health outcomes to achieve improved health and well-being of El Paso County residents.

CONCLUSION

2023 CHA CONCLUSION

The CHA's findings, as well as the collective and collaborative efforts of the HCC and other community partners, drive the development of strategic goals and objectives within the Community Health Improvement Plan (CHIP). El Paso County Public Health (EPCPH) is committed to the continuous review and adjustment of the CHIP strategies to align with the identified leading health issues, supporting ongoing engagement and feedback from the HCC. The collaborative's role will be key in refining strategies and assuring the CHA serves as a catalyst for meaningful change. The CHA report underscores EPCPH's mission, vision, and values – integrity, accountability, transparency, respect, collaboration and innovation – to support the conditions for thriving communities where every person has the opportunity to achieve optimal health.



GLOSSARY OF TERMS

Behavioral Health: Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health is sometimes called mental health and often includes substance use.

Census Tract: A small, relatively permanent statistical subdivision of a county used for the presentation of data. Census tracts are determined by the United States Census Bureau and are intended and generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The spatial size of census tracts varies depending on the density of settlement. Boundaries are determined with the intention of being maintained over a long time so that comparisons can be made from census to census.

Cost Burdened: Paying more than 30 percent of income for housing and possibly having difficulty affording necessities such as food, clothing, transportation, and medical care. Severe cost burden is defined as paying more than 50 percent of one's income for housing.

Ethnicity: Ethnicity refers to whether a person identifies as being of Hispanic origin or not. For this reason, on the United States Census ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Those who identify as Hispanic may identify as any race.

Health Equity: Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

Intervention: Interventions are methods used to influence, facilitate, or promote behavior change. Common interventions include screening for diseases or disorders, vaccination, food and water supplementation, and health promotion efforts that use education and media to promote healthy behaviors.

Natural Increase: Births minus deaths. The rate of natural increase describes natural increase during a time period as a proportion of an area's population at the midpoint of the time period.

Net Migration: The difference between population movement to an area and population movement from the same area during a time period. The net migration rate describes net population movement during a time period as a proportion of an area's population at the midpoint of the time period.

Poverty Thresholds: The dollar amounts used to determine poverty status. Thresholds vary by the size of the family and the age of the members. The same thresholds are used throughout the United States. Thresholds are updated annually for inflation using the Consumer Price Index for All Urban Consumers (CPI-U). While the thresholds in some ways reflect a family's needs, they are intended for use as a statistical measure, not as a complete description of what people and families need to live.

GLOSSARY OF TERMS

Prevalence: Measures the presence of existing cases of a disease, health condition, or other attribute within a population at a specific point in time. For example, the proportion of El Paso County adults who experienced high blood pressure in 2018.

Prevention: Prevention involves stopping something from happening or arising. Public health focuses on prevention of disease and health promotion rather than the diagnosis and treatment of disease. Prevention activities are typically categorized as primary prevention, secondary prevention, or tertiary prevention. Primary prevention involves intervening before health effects occur, through measures such as vaccination or altering risky behaviors like poor eating habits or tobacco use. Secondary prevention involves screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures like mammograms and blood pressure testing. Tertiary prevention involves managing disease after diagnosis to slow or stop disease progression through measures like chemotherapy, rehabilitation, and screening for complications.

Race: The Census Bureau defines race as a person's self-identification with one or more social groups. A person can identify as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or some other race. Individuals may identify as multiple races.

Rate: A measure of frequency used to describe how often a disease, health condition, or health-related event is occurring in a population. Poverty rates, injury rates, and mortality rates are common examples.

Secondary Data: Data that is collected by someone other than the primary user. Common sources of secondary data include the U.S. Census, information collected by government departments, and data collected for research purposes.

Social Determinants of Health: Conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Healthy People 2030 outlines five key areas of the social determinants of health: health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.

Well-being: Well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, and fulfillment and positive functioning. Well-being can be described as judging life positively and feeling good.

APPENDICES

APPENDIX A: DATA SOURCES

Barriers to Accessing Health Care

- 2021 National Healthcare Quality and Disparities Report
- American Psychological Association
- Annual Review of Sociology
- BMC Medicine
- Colorado Health Institute
- Kaiser Family Foundation
- Mental Health American
- Oman Medical Journal
- Population Health Management
- Substance Abuse and Mental Health Services Administrations
- The Commonwealth Fund
- Tulane University School of Public Health and Tropical Medicine
- U.S. Census Bureau
- U.S. Department of Health and Human Services

Community Descriptors

- Colorado Department of Public Health and Environment Behavioral Risk Factor Surveillance System
- Colorado Department of Public Health and Environment Vital Statistics
- Colorado State Demography Office
- U.S. Census Bureau

Determinants of Health

- AirNow
- Applied Nursing Research
- Centers for Disease Control and Prevention
- Colorado Department of Public Health and Environment. Behavioral Risk Factor Surveillance System
- Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey and Smart Source Information.
- Colorado Department of Public Safety. Division of Criminal Justice
- County Health Rankings and Roadmaps
- El Paso County Public Health
- Feeding America
- Health Affairs
- National Library of Medicine
- Office of the El Paso County Assessor
- Tulane University School of Public Health and Tropical Medicine
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau. American Community Survey 2022
- U.S. Department of Agriculture Economic Research Service
- U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation
- U.S. Department of Health and Human Services. Healthy People 2030
- U.S. Environmental Protection Agency
- Walden University

APPENDICES

APPENDIX A: DATA SOURCES

Drug Overdose

- Colorado Department of Public Health and Environment Colorado Health Information Dataset
- Centers for Disease Control and Prevention SUDORS Dashboard
- Centers for Disease Control and Prevention NCHS National Vital Statistics System
- Colorado Department of Public Health and Environment Vital Statistics Program
- El Paso County Coroner's Office
- El Paso County Public Health
- Substance Abuse and Mental Health Services Administration

Housing Stability

- American Journal of Public Health
- Colorado Coalition, Health and Homelessness
- Colorado Department of Local Affairs Office of Rental Assistance
- Colorado Department of Public Health and Environment Behavioral Risk Factor Surveillance System
- Colorado Springs Housing Authority
- JAMA Internal Medicine
- Joint Center for Housing Studies of Harvard University Housing Perspectives
- Journal of Family Issues
- National Center for Homeless Education
- National Health Care for the Homeless Council
- Pikes Peak Community Health Partnership Pikes Peak Continuum of Care
- U.S. Housing and Urban Development Office of Policy Development and Research
- U.S. Census Bureau
- World Health Organization IRIS Institutional Repository for Information Sharing

Population Health Outcomes

- Centers for Disease Control and Prevention National Vital Statistics Program
- Connecticut Department of Public Health
- Colorado Department of Public Health and Environment Behavioral Risk Factor Surveillance System
- Colorado Department of Public Health and Environment Healthy Kids Colorado Survey
- Colorado Department of Public Health and Environment Sexually Transmitted Infections and HIV Program
- Colorado Department of Public Health and Environment Vital Statistics Program
- Colorado Department of Transportation
- FindLaw U.S. Federal and State Cases, Codes, and Articles
- The Public Health Foundation Winnable Battles Program
- U.S. Department of Health and Human Services Healthy People 2030
- World Health Organization

Suicide

- Centers for Disease Control and Prevention
- Colorado Department of Public Health and Environment Colorado Health Information Dataset
- Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey
- Colorado Department of Public Health and Environment Injuries Indicator Dashboard
- Colorado Department of Public Health and Environment Vital Statistics Program

APPENDICES

APPENDIX B: HEALTH COMMUNITY COLLABORATIVE

The Healthy Community Collaborative (HCC) is a stakeholder group of community partners who have been working together since 2011 to implement strategies identified in the El Paso County Community Health Improvement Plan (CHIP). The HCC consists of over 60 representatives from city and county government agencies, hospitals, community health systems, nonprofit organizations, and school districts. HCC membership is open to anyone who supports the HCCs vision to increase life expectancy for all in El Paso County by removing barriers that prevent people from achieving optimal health. Many member organizations are advancing work in El Paso County to support CHIP priority areas. The HCC member organizations include:

Healthy Community Collaborative Membership

- Academy School District 20
- Alliance for Kids
- American Kennel Club
- Beacon Health Options
- Care and Share
- Catamount Institute
- Catholic Charities of Central Colorado
- Common Spirit (formerly Centura Health)
- Children's Hospital Colorado
- City of Colorado Springs Housing & Community Vitality
- City of Colorado Springs Parks, Recreation, & Cultural Services
- Colorado Judicial Branch
- Colorado College
- Colorado Community Health Alliance
- Colorado Department of Public Health and Environment
- Colorado Health Network
- Colorado Springs Conservatory
- Colorado Springs Fire Department Community Health
- Colorado Springs Health Foundation
- Colorado Springs School District 11
- Colorado State University-Pueblo
- Colorado Trust
- Community Partnership Teller County
- CREA Results
- Diversus Health
- Early Connections
- El Paso County
- El Paso County Parks Department
- El Paso County Public Health
- Falcon School District 49
- Food to Power
- Fort Carson Army Public Health Nursing
- Fountain For Carson School District 8
- Front Range Area Health Education Center
- Great Dental Plans
- Harrison School District 2
- HollyParkerCoach.com
- Home Front Military Network
- Innovations in Aging
- Inside Out Youth Services
- Joint Initiatives
- Kid Power
- Kids on Bikes
- Kind Smiles
- Lewis Palmer School District 38
- Manitou Springs School District 14


APPENDICES

APPENDIX B: HEALTH COMMUNITY COLLABORATIVE

- National Alliance on Mental Illness Colorado Springs
- Papa Law PLLC
- Peaceful Households
- Peak Vista
- Phil Long
- Pikes Peak Community Health Partnership
- Pikes Peak Library District
- Pikes Peak Outdoor Recreation Alliance
- Pikes Peak Suicide Prevention Partnership
- Pikes Peak United Way
- Project Angel Heart
- Resolve to Save Lives
- Rocky Mountain Field Institute
- Sanctuary of Growth
- Senior Lifestyle
- Stable Strides
- State of Colorado, Office of Adult, Aging & Disability Services
- Terra Essentials
- The Arc of the Pikes Peak Region
- The Independence Center
- The Resource Exchange
- Trails and Open Spaces Coalition
- UC Health
- University of Colorado Colorado Springs
- University of Colorado Denver
- YMCA of the Pikes Peak Region



Panorama Park Grand Reopening
photos provided courtesy of
City of Colorado Springs



**“Our ultimate goal, working
together, is to create healthy,
strong, thriving, resilient
communities.”**

Susan Wheelan, Executive Director



elpasocountyhealth.org