



2025-2029

EL PASO COUNTY,  
COLORADO

# COMMUNITY HEALTH IMPROVEMENT PLAN



# El Paso County Public Health Community Health Improvement Plan

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## Letter from the Executive Director



Dear El Paso County Residents,

Representing the culmination of data paired with actionable insights, it is my privilege to share the 2025-2029 Community Health Improvement Plan (CHIP) for El Paso County. This plan, guided by the input and collaboration of numerous community partners and stakeholders, reflects our collective commitment to improving the health and well-being of all who live in our county. At its core, the CHIP is a community-driven effort designed to address the most pressing public health issues facing our residents.

Our 2023 Community Health Assessment (CHA) identified four priority areas which will guide our efforts over the next several years: barriers to accessing health care, suicide prevention, drug overdose prevention, and housing stability. These issues are deeply interconnected, and the CHIP outlines specific, actionable goals, objectives, and strategies to address each one. Whether it's supporting access to behavioral health services, working to prevent overdose deaths, or improving housing stability, the CHIP demonstrates our shared responsibility in creating healthier, more resilient communities.

This work would not be possible without the dedication of our community partners, including the Healthy Community Collaborative (HCC), local organizations, health care providers, and residents who have been instrumental in the direction of this plan. By fostering inclusive collaboration across diverse sectors, we are able to leverage our collective strengths and resources to create lasting change. Our goal is to ensure that all residents have the opportunity to live in thriving communities where every person has the opportunity to achieve optimal health.

I invite you to explore the CHIP and learn more about how we are working together to build a healthier future for El Paso County. Public health is a shared endeavor, and I encourage you to join us in this effort by staying informed, engaging with local initiatives, and supporting one another. Together, we can make a meaningful impact and improve the health of all communities.

Thank you for your ongoing commitment to the health and well-being of El Paso County.

Sincerely,

A handwritten signature in blue ink that reads "Susan Wheelan". The signature is fluid and cursive.

Susan Wheelan, MBA

Executive Director

El Paso County Public Health

# Community Health Improvement Plan

## Overview

The Community Health Improvement Plan (CHIP) is a community-driven plan completed every five years as statutorily required by the Colorado Public Health Act. It serves as a strategic roadmap, translating population health data and transferring the identified leading public health issues from the Community Health Assessment (CHA) into actionable strategies to address as priority areas. Monitored through local data dashboards, state sources and comparisons to national data, the CHIP strategies are developed to focus on priority areas and drive improvements in population health outcomes. The CHIP also guides the action process and provides a framework for collaboration among stakeholders towards evidence-based decision-making.

## Development Process

### Community Health Assessment

The CHA informs the development of the CHIP by utilizing demographic, health outcomes, and determinants of health data to identify leading public health issues. These issues are described as priority areas and provide insights into residents' health status, health needs, behaviors and challenges. This information then guides the prioritization of strategies and action planning in the CHIP. Access to the complete 2023 CHA is available via: [www.elpasocountyhealth.org/community-health-data-reports/community-health-assessment/](http://www.elpasocountyhealth.org/community-health-data-reports/community-health-assessment/)

### Healthy Community Collaborative

The development of the CHA and the CHIP is made possible through the engagement and input of the Healthy Community Collaborative (HCC), which El Paso County Public Health (EPCPH) convenes and facilitates on a monthly basis. Since its inception in 2011, the HCC has been a vital forum for assessing health concerns, identifying community-based solutions, and measuring population health progress throughout El Paso County. The HCC is comprised of over 60 representatives from various sectors including hospitals, community health systems, nonprofit and for-profit organizations and school districts, along with city and county government.

By empowering multi-sector stakeholders and fostering community partnerships, the CHIP establishes a collective commitment by the HCC to facilitate the implementation of strategies aimed at addressing the leading public health issues. Members also ensure the CHIP accurately reflects the public health needs and perspectives of communities across El Paso County. Collaborating with stakeholders across diverse sectors, the HCC—supported by EPCPH—coordinates efforts and resources effectively, engaging with state and city agencies to support behavioral health initiatives countywide.



Through this collaborative effort, the CHIP plays an important role in driving meaningful change and improving the overall health and well-being of El Paso County residents.

### Prioritization

In developing the CHA, the HCC completed a thorough process to examine state and local population data, covering various health indicators and determinants of health to identify and prioritize the leading health issues for El Paso County. Informing this process was a comprehensive review of multiple community needs assessments utilized to guide the data analysis. In alignment with the state’s Community Health Assessment Prioritization System (CHAPS), the HCC convened monthly to assess a range of public health concerns. The CHAPS process was established by the Colorado Department of Public Health and Environment (CDPHE) and meets the regulatory requirements of the Colorado Public Health Act of 2008 (SB 08-194) and of the Public Health Accreditation Board (PHAB).

The HCC initially assessed 55 public health issues impacting El Paso County residents to understand long-term health trends and impacts on health outcomes and used the CHAPS process to inform strategic decisions. The HCC then utilized a multi-voting technique, recommended by the National Association of County and City Health Officials (NACCHO) and CDPHE, to evaluate and prioritize each public health issue. Using the CHAPS prioritization scoring tool (Appendix C), the HCC re-examined health disparities data in El Paso County's population. This tool helped guide decision-making through an objective determination of priorities through a process of scoring all issues against specific criteria.

### Prioritization Findings



As a result of the prioritization, the four priority areas identified from the 2023 El Paso County, Colorado CHA were barriers to accessing health care, suicide, drug overdose, and housing stability.

The data reinforcing each priority area was analyzed by the HCC, which then developed a long-term and systematic effort to address these issues through the 2025-2029 CHIP. Additionally, the 2025-2029 CHIP supports alignment with the 2020-2024 Colorado Public Health Improvement Plan, which also identifies housing, access to health care, behavioral health with a suicide prevention focus and opioid overdose as key priorities across the state.

## Capacity and Performance Assessment

In order to gather insights aimed at identifying the existing capabilities of the HCC and to outline potential contributions across different health areas, such as economic opportunity, social factors, health behaviors and conditions, mental health and access to quality care, the HCC completed a capacity assessment (Appendix B). Capacity assessment surveys are a requirement outlined in the Public Health Act of 2008 and align with the standards set by PHAB. The HCC also assessed its capacity to address the identified public health priority areas through an evaluation of each partner organization's commitment and capability to effectively create a positive impact on the leading public health issues within El Paso County.

The HCC conducted a performance assessment following the guidelines outlined in CHAPS Phase 4. This assessment involved evaluating the effectiveness of existing public health programs and initiatives through a systematic review of key performance indicators, including program outcomes, outputs, and impacts. Feedback and input were also gathered from the collaborative to assess program effectiveness and identify areas for improvement. In addition, a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was completed which sought to leverage each organization's strengths, weaknesses, opportunities to assist in implementation, and the mitigation of threats or challenges. This process ultimately improved the collaborative's ability to concentrate on specific priority areas to enhance public health outcomes by way of strategic, data-driven decision-making techniques.

Behavioral health is fundamental to the CHIP's overarching goals, as it intertwines with the four priority areas identified from the CHA. The CHIP outlines an approach to addressing the underlying behavioral health factors in each priority area and promotes strategies, objectives, and ultimately overarching goals for impacting positive change in population health outcomes.

- Barriers to accessing health care, including behavioral health, impact disease prevention, early diagnosis, and treatment. Factors such as affordability, insurance coverage, provider availability and cultural stigma contribute to accessibility challenges. Ensuring expedient and accessible health care reduces disparities, lowers costs, and improves health outcomes for all residents, fostering healthier, more resilient communities.
- Suicide is a complex issue influenced by numerous factors including but not limited to mental health, social isolation, and access to support services. Behavioral health conditions such as depression and anxiety may lead to an increased risk of suicide. Addressing these conditions through community connectedness and education may mitigate this risk and promote mental



wellness to reduce the incidence of suicide.

- Drug overdose is a crisis further exacerbated by the co-occurrence of mental health issues, substance misuse, and inadequate access to mental health services for those in need. Behavioral 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.
- Housing stability, quality, safety and affordability affect health outcomes, as do physical and social characteristics of neighborhoods. Living without stable housing presents 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. Stable housing and behavioral health are closely connected, with secure and supportive environments positively impacting mental wellness, fostering resilience, and minimizing stressors that impact behavioral health.

## El Paso County, Colorado Profile

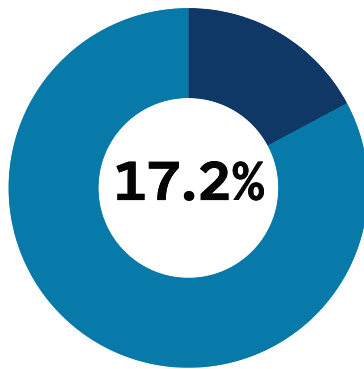
El Paso County, located in eastern Colorado, boasts a diverse landscape ranging from plains to mountains and serves as a thriving center for economic activity and outdoor recreation. With a population of 740,543 in 2022 and projected growth to 828,389 by 2030,<sup>1</sup> it is important to understand the county's health landscape, which involves analyzing demographic factors like age, race/ethnicity, and socioeconomic status as these factors influence population health outcomes.

The county reflects a nationwide trend of increasing racial and ethnic diversity, with 67.1 percent identifying as White, 18.9 percent as Hispanic, and other minority groups making up the remainder.<sup>2</sup> In 2022, the largest age group in El Paso County was 24–44 years, comprising 29 percent of the population, followed by those ages 0–17 and 45–64, each representing 23 percent. Individuals ages 65 and older accounted for 14 percent, while the 18–24 age group made up 11 percent of the population. Understanding the distribution of age groups across the county is important for tailoring the Community Health Improvement Plan to address the unique needs and priorities of all residents.<sup>3</sup> Socioeconomic factors such as income, education, and housing costs also impact health outcomes, with 8.3 percent living below the poverty level<sup>4</sup> and 45.4 percent of households paying more than 35 percent of their income on rent.<sup>5</sup> However, protective factors like social support networks and access to quality health care contribute to resilience and mitigate health risks, ultimately fostering a healthier environment for all residents. Recognizing and leveraging these protective factors is essential in tailoring health goals and strategies to address specific community needs, improve access to care, and establish resilience across El Paso County.

## How are we doing in El Paso County?

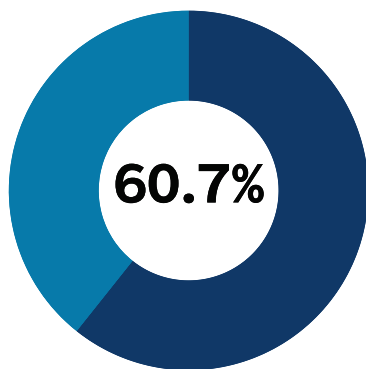
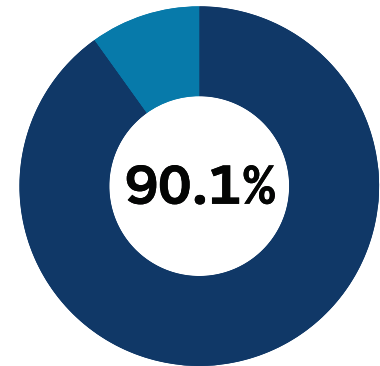
### Barriers to Accessing Health Care

Accessing essential health services is a significant challenge for many residents of El Paso County, primarily due to cost barriers. The resulting inability to access necessary care not only impacts individual health outcomes but also exacerbates overall health disparities within the community. Income disparities further compound the issue. Individuals with lower household incomes are also often uninsured which makes accessing health care increasingly challenging. Accessing behavioral health services presents significant challenges as well, with financial constraints, provider shortages, cultural stigma, and language barriers hindering care for underserved communities. Addressing these barriers can lead to equitable access to care and improving health outcomes for El Paso County residents. Various organizations within the HCC, with support from ECPH, assume responsibility for implementing the measurable intervention strategies.



In 2021, 17.2 percent of El Paso County residents could not get a medical appointment as soon as was needed.<sup>6</sup>

In 2021, 90.1 percent of El Paso County residents cited cost as the most common reason for not having insurance.<sup>6</sup>

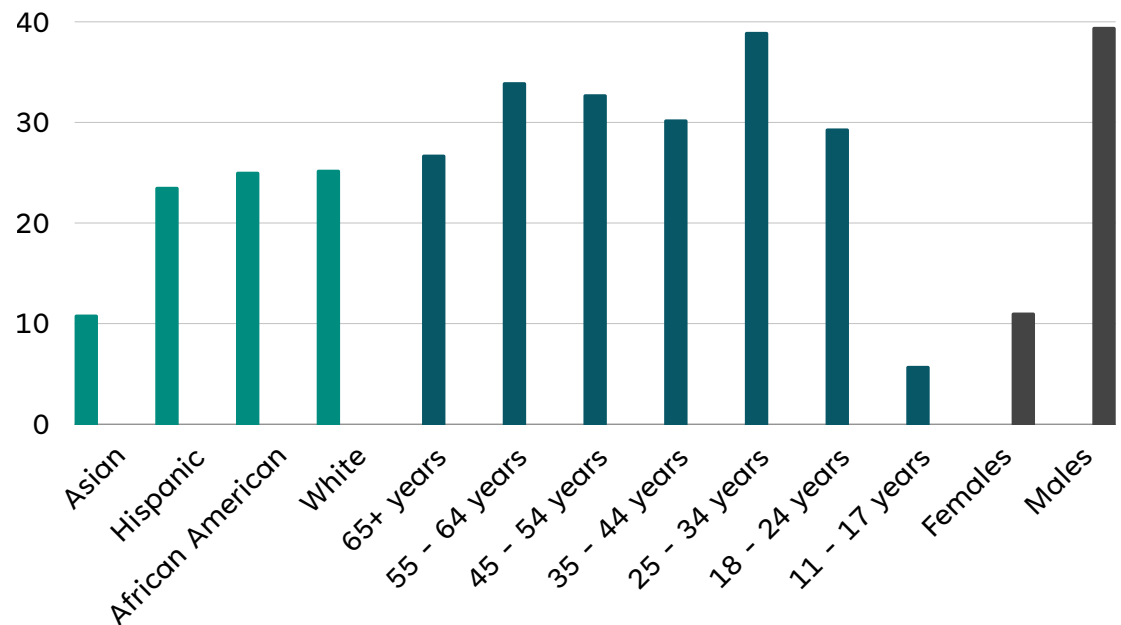


In 2022, 60.7 percent of uninsured non-elderly workers across the United States worked for an employer that did not offer health benefits.<sup>7</sup>



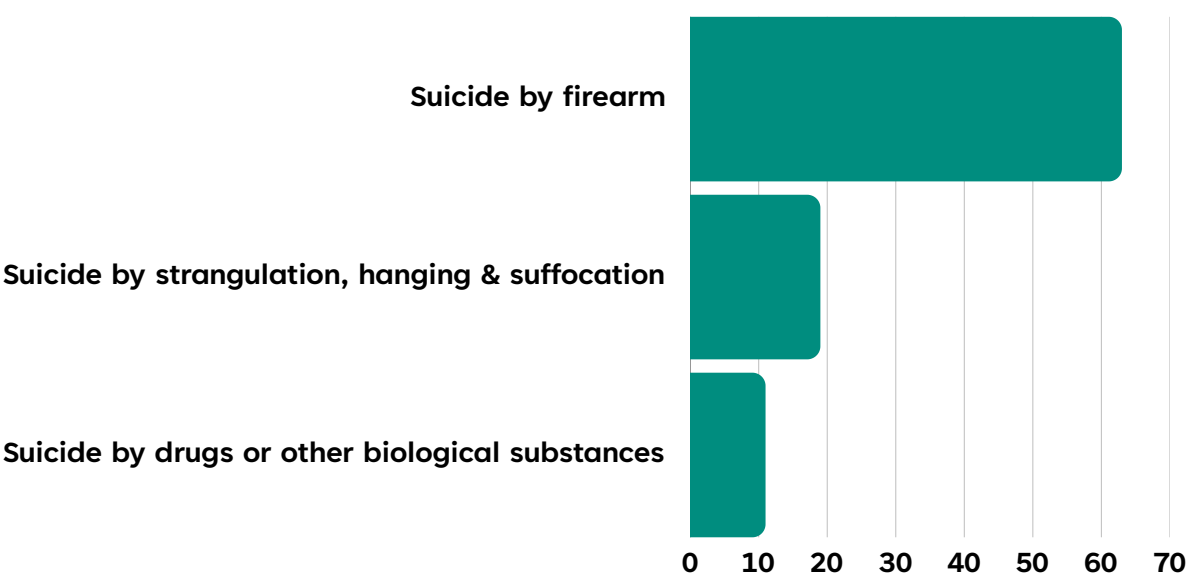
Suicide

Suicide rates per 100,000 population, El Paso County, 2021 - 2022 <sup>9</sup>



The HCC identified suicide as a persistent and serious public health concern in El Paso County, with data indicating its impact across various age groups. From 2020 through 2022, suicide ranked as the leading cause of death among youth aged 11 to 17 and the second leading cause among young adults aged 18 to 24.<sup>8</sup> EPCPH is prioritizing prevention efforts, focusing on normalizing behavioral health conversations, reducing stigma, and enhancing access to resources and support services. Initiatives led by the Pikes Peak Suicide Prevention Partnership, with support from EPCPH, aim to reduce suicide rates and promote behavioral health. Additionally, EPCPH will use the suicide data dashboard to track the impact of prevention measures and drive data-informed decision-making in the community. The El Paso County suicide data dashboard may be viewed via [www.elpasocountyhealth.org/community-health-data-reports/data-dashboards-2/](http://www.elpasocountyhealth.org/community-health-data-reports/data-dashboards-2/)

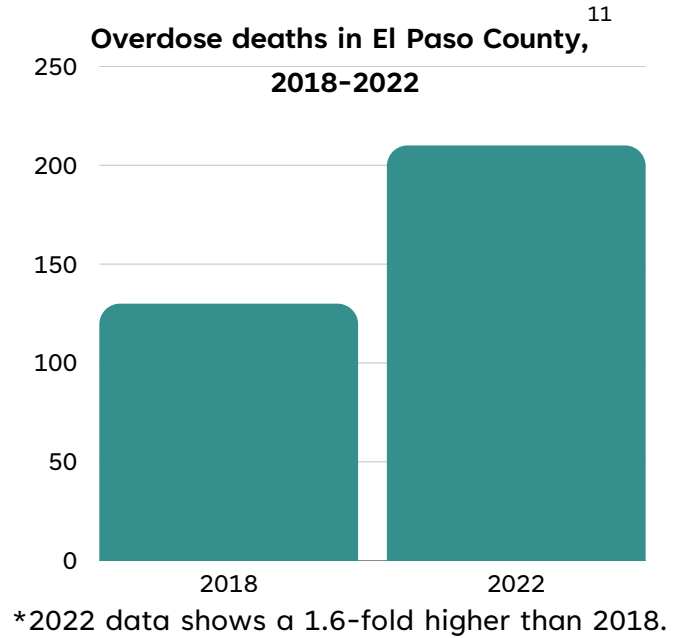
Percent of suicides by manner of death, 2021 - 2022 combined <sup>10</sup>



\*Out of 375 total suicide deaths

## Drug Overdose

Addressing drug overdose in El Paso County requires comprehensive strategies to combat the rising trend of opioid-related deaths, particularly those involving fentanyl. With fentanyl contributing to a significant portion of preventable drug overdose deaths both nationally and within Colorado, including El Paso County, there is a need for interventions aimed at drug overdose prevention. Naloxone, commonly known as Narcan, serves as a critical tool in this effort, providing life-saving treatment for individuals experiencing opioid overdose. The CHIP details strategies aimed at reducing drug overdose deaths including increasing access to naloxone, expanding education on overdose response, and bringing awareness to the ties between mental health and substance use.



EPCPH will be spearheading these efforts by facilitating drug take-back events and distributing medication lock boxes through the Fountain-Valley Communities That Care Program. Tracked progress in reducing overdose deaths is publicly accessible on the drug overdose data dashboard via [www.elpasocountyhealth.org/community-health-data-reports/data-dashboards-2/](http://www.elpasocountyhealth.org/community-health-data-reports/data-dashboards-2/)

### Trends in drug overdose death counts by year, El Paso County <sup>12</sup>

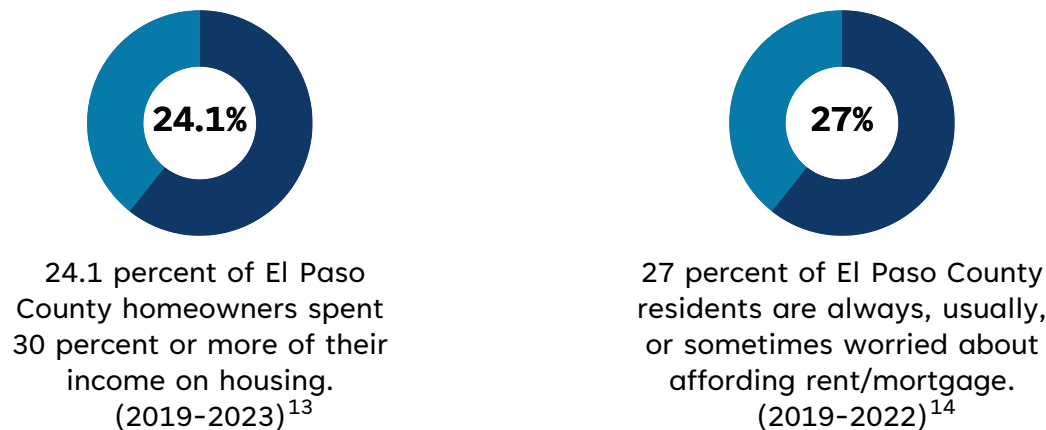
Drug overdose death involving:	2018	2019	2020	2021	2022
Any opioid	72	75	109	137	128
Prescription opioid	32	47	74	114	119
Fentanyl	9	22	44	92	96
Cocaine	17	20	29	33	26
Methamphetamine or other psychostimulant	57	57	81	91	91
Heroin	46	32	40	30	18

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



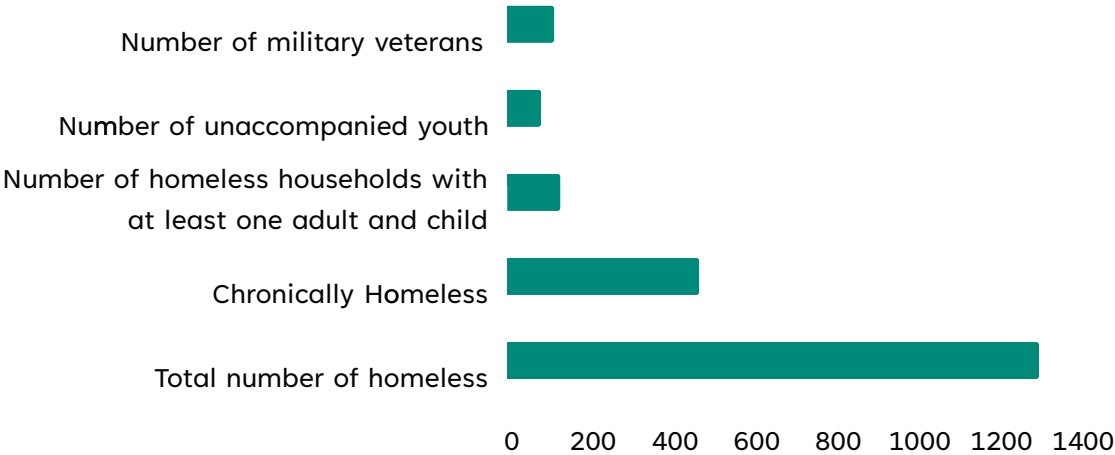
Housing Stability

Housing challenges in El Paso County affect residents’ health, with a considerable proportion facing issues such as incomplete facilities, overcrowding and severe cost burdens. These challenges may elevate stress levels, increase susceptibility to health issues, and contribute to concerns related to housing affordability, particularly among renters and young adults. Stable housing is fundamental to individuals and communities as it impacts behavioral health, chronic disease management and overall quality of life. Although EPCPH does not directly administer housing programs, it recognizes housing stability as a key public health issue.



To support initiatives in housing stability, EPCPH and the HCC will actively collaborate with community partners such as the City of Colorado Springs Housing and Homelessness Response to align with existing housing stability initiatives. Information on existing housing resources will be shared through the close collaboration with community partners and local housing entities. Additionally, EPCPH’s Nurse-Family Partnership and Women, Infants & Children programs will continue to share housing-related resources and referrals for residents to receive the assistance needed to secure safe and stable housing environments. By coordinating with existing housing organizations, efforts to improve access to safe, affordable, and stable housing can support community resilience.

2023 El Paso County Point in Time Count<sup>15</sup>



\* Number of sheltered and unsheltered people experiencing homelessness on a single night in January

## Goals and Objectives

The CHIP's overarching goals, along with each objective and strategy, were developed to address actionable aspects of the four priority areas, guided by evidence-based practices and input from the HCC. EPCPH and the HCC reviewed local data on public health issues across the county to create SMART goals, assuring they are specific, measurable, achievable, relevant, and time bound. The CHAPS process was applied to the development of the objectives in an effort to achieve these goals, with strategies designed to positively impact communities across the county through the phases of implementation, promotion, and monitoring.

### Community Health Improvement Plan | 2025 – 2029 Goals and Objectives

#### *Barriers to Accessing Health Care*

<b>Overarching Goal</b>	<b>By December 31, 2029, support access to health care services for vulnerable populations*, to include seniors, low-income families and non-English speaking families, by addressing social determinants of health.</b>
<b>Objective 1</b>	<b>Promote resiliency training to social service workers and health care workers.</b>
<b>Strategy 1.1</b>	<i>Partner with the University of Colorado Colorado Springs to offer resiliency (GRIT) training to host in-person or online cohorts for HCC, nonprofits, and care coordinators whose works centers on addressing the social determinants of health with vulnerable populations</i>
<i>Metric 1.1.1:</i>	<i>Number of attendees from each GRIT training cohort.</i>
<i>Metric 1.1.2:</i>	<i>Number of HCC organizations participating in GRIT training.</i>
<i>Metric 1.1.3:</i>	<i>Number of clients seen by GRIT-trained staff in participating HCC organizations, via survey.</i>
<i>Metric 1.1.4:</i>	<i>Percentage of service providers implementing tools from training in their work with clients, via survey.</i>
<b>Objective 2</b>	<b>Enhance care coordination for senior citizens by expanding outreach to deepen community knowledge and collaboration, aiming to improve access to health care* services, reduce barriers, and increase efficacy of care coordination.</b>
<b>Strategy 2.1</b>	<i>Form partnerships with external entities involved in care coordination with senior citizens.</i>
<i>Metric 2.1.1:</i>	<i>Number of partnerships established.</i>

*\*Barriers to Accessing Health Care - Vulnerable populations defined as groups or individuals who are at greater risk of poor health outcomes due to various factors such as socioeconomic status, age, race or ethnicity, geographic location, disability, or chronic medical conditions.*



## Barriers to Accessing Health Care Continued

Metric 2.1.2:	Number of joint initiatives implemented for these partners.
<b>Strategy 2.2</b>	Collaborate with senior-serving organizations to review existing Needs Assessments to evaluate the development of Asset Mapping.
Metric 2.2.1:	Review of or development of a needs assessment to identify gaps/opportunities in care coordination for senior citizens.
Metric 2.2.2:	Development and regularly update a dynamic asset map detailing available resources tailored to the senior citizen's needs, to be used by community partners/care coordination team.
Metric 2.2.3:	Number of community partners utilizing the asset map in their care coordination efforts.
<b>Objective 3</b>	<b>Enhance partnerships to optimize care coordination platforms and increase community awareness of social support services that address social determinants of health.</b>
<b>Strategy 3.1</b>	Partner with organizations geared towards low-income families and/or non-English speaking families to attend outreach events to inform residents of access to support services related to the four leading health issues (i.e., Pikes Peak Library District Helping Hands, Pikes Peak Rising 360, United Way 211).
Metric 3.1.1:	Number of outreach events attended by HCC members.
Metric 3.1.2:	Development of a QR code to access community resources.
Metric 3.1.3:	Number of residents who scanned the QR code to access the resources.
<b>Objective 4</b>	<b>Enhance access to mental health resources.</b>
<b>Strategy 4.1</b>	Support the collaboration of El Paso County Public Health in the Colorado Springs Mayor's mental health initiative through the execution of the Pikes Peak Rising 360 mental health platform.
Metric 4.1.1:	Number of HCC organizations participating in the platform as a resource.
Metric 4.1.2:	Number of guests accessing the Pikes Peak Rising 360 platform.

## Suicide Prevention

<b>Overarching Goal</b>	<b>By December 31, 2029, reduce suicide deaths in El Paso County by 20 percent.</b>
<b>Objective 1</b>	<b>Increase knowledge and awareness of suicide in El Paso County, including risk and protective factors, warning signs and how to support individuals experiencing mental illness or who may be at risk for suicide.</b>
<b>Strategy 1.1</b>	<i>Coordinate efforts to offer training on suicide prevention strategies to five community organizations, to include large employers and older adult-serving organizations.</i>
<i>Metric 1.1.1:</i>	<i>Number of suicide prevention trainings offered.</i>
<i>Metric 1.1.2:</i>	<i>Number of organizations participated.</i>
<i>Metric 1.1.3:</i>	<i>Number of total attendees per training.</i>
<b>Objective 2</b>	<b>Support community events and gatherings that are safe and inclusive to increase social interaction and decrease isolation and loneliness.</b>
<b>Strategy 2.1</b>	<i>Coordinate efforts among HCC members to attend two to three community events per year that promote community connectedness.</i>
<i>Metric 2.1.1:</i>	<i>Number of community events shared among HCC via SharePoint each year.</i>
<i>Metric 2.1.2:</i>	<i>Number of HCC members attending community events each year.</i>
<i>Metric 2.1.3:</i>	<i>Development of HCC identifier to promote collective effort in supporting public health needs.</i>
<b>Objective 3</b>	<b>Promote behavioral health including opportunities for peer support and teaching coping and problem-solving skills.</b>
<b>Strategy 3.1</b>	<i>Coordinate and promote C.A.R.E.* activities from the Youth Suicide Prevention Workgroup.</i>
<i>Metric 3.1.1:</i>	<i>Number of C.A.R.E.* activities completed throughout El Paso County communities.</i>
<b>Objective 4</b>	<b>Increase knowledge and awareness on how to support someone experiencing acute suicide crisis in El Paso County.</b>
<b>Strategy 4.1</b>	<i>Ensure information about local crisis resources is accessible, clear, available and detail the steps to take in a suicide crisis.</i>
<i>Metric 4.1.1:</i>	<i>Completion of a step-by-step crisis response protocol developed through collaboration with local mental health organizations, with documentation of the protocol verified by the number of local organizations providing input and feedback.</i>
<i>Metric 4.1.2:</i>	<i>Number of community organizations that adopt and publicly share the crisis response protocol confirmed through formal organization agreements and tracked via outreach logs.</i>
<i>Metric 4.1.3:</i>	<i>Percentage of county residents who report awareness of crisis response steps, as measured by a community survey with results tracked and analyzed for community awareness.</i>
<b>Strategy 4.2</b>	<i>Ensure information and steps to take after a suicide crisis is accessible, clear, available and details for family members and support systems.</i>

Metric 4.2.1:	Completion of post-crisis discharge recommendations for family members and support systems based on input from local providers, documented and validated through feedback from a set number of mental health providers.
Metric 4.2.2:	Number of mental health providers adopting the post-crisis discharge recommendations, tracked through provider feedback and documentation of integration into discharge processes via follow-up surveys or meetings.
Metric 4.2.3:	Percentage of families or support systems reporting understanding of the post-crisis steps, as measured through post-discharge surveys distributed by participating providers, assessing clarity and next steps.

*\*C.A.R.E. – Acronym which stands for Connectedness, Awareness, Resources and Education, and are the suicide prevention pillars and framework of the El Paso County Youth Suicide Prevention Workgroup.*

***The HCC identified suicide as a persistent and serious public health concern in El Paso County, with data indicating its impact across various age groups.***





## Drug Overdose

<b>Overarching Goal</b>	<b>By December 31, 2029, reduce the number of accidental drug overdose deaths in El Paso County by 5 percent.</b>
<b>Objective 1</b>	<b>Expand access and distribution of naloxone – increase the availability of naloxone kits within El Paso County.</b>
<b>Strategy 1.1</b>	<i>Ongoing distribution of naloxone kits across El Paso County.</i>
<i>Metric 1.1.1:</i>	<i>Number of kits distributed</i>
<i>Metric 1.1.2:</i>	<i>Number of organizations distributing kits provided by El Paso County Public Health.</i>
<b>Objective 2</b>	<b>Support initiatives for drug take-back and the distribution of medication lockboxes within El Paso County.</b>
<b>Strategy 2.1</b>	<i>Collect medication during take-back events.</i>
<i>Metric 2.1.1:</i>	<i>Number of events.</i>
<b>Strategy 2.2</b>	<i>Distribute medication lockboxes to residents or households within El Paso County to promote safe storage and reduce unauthorized access to medications.</i>
<i>Metric 2.2.1:</i>	<i>Number of lockboxes distributed</i>
<b>Objective 3</b>	<b>Increase community education and awareness of behavioral health resources to address the continuum of care to reduce future drug overdoses.</b>
<b>Strategy 3.1</b>	<i>Develop Pikes Peak Rising 360 platform to address access to behavioral health resources to include substance abuse, addiction, opioid use and harm reduction.</i>
<i>Metric 3.1.1:</i>	<i>Launch Pikes Peak Rising 360</i>



## Housing Stability

<b>Overarching Goal</b>	<b>By December 31, 2029, enhance access to safe and affordable housing for improved community health in El Paso County.</b>
<b>Objective 1</b>	<b>Expand capacity and leverage resources to help low- and extremely low-income households remain housed and increase housing stability.</b>
<b>Strategy 1.1</b>	<i>Strengthen relationships with agencies serving communities disproportionately impacted by housing instability.</i>
<i>Metric 1.1.1:</i>	<i>Number of new partnerships established with housing agencies.</i>
<i>Metric 1.1.2:</i>	<i>Number of joint initiatives or meetings conducted annually to enhance collaboration.</i>
<b>Strategy 1.2</b>	<i>Identify gaps in household needs that contribute to housing instability and reduce barriers to addressing those needs.</i>
<i>Metric 1.2.1:</i>	<i>Number of identified barriers to housing stability for low-income households.</i>
<b>Objective 2</b>	<b>Increase education and services specific to seniors to help them remain housed.</b>
<b>Strategy 2.1</b>	<i>Collaborate with senior service providers to increase awareness of supports to keep seniors housed.</i>
<i>Metric 2.1.1:</i>	<i>Number of educational workshops or outreach events held with senior service providers.</i>
<i>Metric 2.1.2:</i>	<i>Number of seniors in attendance to workshops/events.</i>
<b>Strategy 2.2</b>	<i>Encourage housing service providers to create options that address the unique needs of seniors.</i>
<i>Metric 2.2.1:</i>	<i>Number of housing providers engaged in discussions or initiatives to create senior-specific housing options.</i>
<b>Strategy 2.3</b>	<i>Continue to support rehabilitation of low-income senior households to assist residents who want to age in place.</i>
<i>Metric 2.3.1:</i>	<i>Number of senior households benefiting from rehabilitation services or support programs annually.</i>
<i>Metric 2.3.2:</i>	<i>Percentage increase in seniors successfully aging in place due to housing support, tracked annually.</i>
<b>Objective 3</b>	<b>Increase collaboration between mental health practitioners and local housing providers to help people experiencing mental health crisis stay housed or get rehoused quickly.</b>
<b>Strategy 3.1</b>	<i>Convene summit to assist homelessness and housing service providers increase awareness of mental health issues and assist mental health practitioners to understand gateways and services to housing.</i>

<i>Metric 3.1.1:</i>	<i>Number of summits convened.</i>
<i>Metric 3.1.2:</i>	<i>Number of guests in attendance to annual summit.</i>
<b>Strategy 3.2</b>	<i>Create channels of cross-sector communication between mental health and service providers to encourage formal collaborations and regular communications.</i>
<i>Metric 3.2.1:</i>	<i>Number of formal cross-sector communication channels established.</i>
<i>Metric 3.2.2:</i>	<i>Number of collaborative meetings or communication touchpoints between mental health and housing providers each year.</i>

## Conclusion

EPCPH recognizes the complexity and county-wide scope of the prioritized public health issues. Through close collaboration with partner organizations from the HCC, efforts will be made towards the overarching goals and objectives in the four priority areas: barriers to accessing health care, suicide, drug overdose and housing stability. Through collaboration and partnerships with stakeholders across diverse sectors of El Paso County and strategically aligning with statewide initiatives, the HCC, with the support of EPCPH, will also engage with state and city agencies to coordinate efforts and resources effectively. These efforts include collaborating on initiatives in support of behavioral health demonstrating the commitment to supporting services throughout the county.

While these specific priority areas are the focal points for targeted interventions between 2025 to 2029, it is important to emphasize that the selection of these public health issues do not diminish or negate the importance of other public health issues affecting residents across the county. The prioritization process was thorough and considered a wide range of factors, data and inputs to assure strategic and impactful efforts across multiple fronts. EPCPH and the HCC acknowledge the interconnected nature of public health and remain responsive to emerging needs and opportunities for intervention.

## Acknowledgments

### Community Partnerships

EPCPH values the collaboration of our community partners and organizations within the HCC. The meaningful engagement and dedicated involvement from HCC members in advancing the health and well-being of El Paso County communities has significantly influenced and enriched the community health improvement planning process. As subject matter experts, HCC members have generously shared their knowledge, time, and resources, fostering a collaborative environment to address El Paso County's multifaceted health needs. The involvement of a wide range of community representatives enhances our capacity to address complex public health challenges. Together, we are united in our shared mission to promote and protect public health and environmental quality across El Paso County through people, prevention, and partnerships.



## Healthy Community Collaborative Partnerships:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Academy School District 20</li><li>• Alzheimer's Association</li><li>• Bridges of Colorado</li><li>• Catholic Charities</li><li>• Childrens Hospital Colorado</li><li>• City of Colorado Springs Housing and Homelessness Response</li><li>• Colorado Behavioral Health Administration</li><li>• Colorado Community Health Alliance</li><li>• Colorado Health Network</li><li>• Colorado Springs Fire Department</li><li>• Colorado Springs Mayor's Office</li><li>• Colorado State University Extension</li><li>• CommonSpirit Health (formerly Centura)</li><li>• Diversus Health</li><li>• Early Connections Learning Centers</li><li>• El Paso County Public Health</li><li>• Food to Power</li><li>• Fountain-Fort Carson School District 8</li><li>• Great Dental Plans</li><li>• Home Front Military Network</li><li>• Inside Out Youth Services</li><li>• Kidpower of Colorado</li><li>• Kind Smiles</li><li>• Manitou School District 14</li><li>• Ormao Dance Development</li><li>• Para Ti Mujer</li><li>• Peak Vista Community Health Centers</li><li>• Pikes Peak Library District</li><li>• Pikes Peak Suicide Prevention Partnership</li><li>• Pikes Peak Workforce Center</li><li>• Resilient, Inspired, Strong, Engaged (RISE) Southeast</li><li>• Sanctuary of Growth</li><li>• Stable Strides</li><li>• State of Colorado Office of Adult, Aging &amp; Disability Services</li><li>• Terra Essentials</li><li>• The Resource Exchange</li><li>• UCHealth</li><li>• University of Colorado Colorado Springs (UCCS)</li><li>• University of Colorado Denver</li></ul> | <ul style="list-style-type: none"><li>• Alliance for Kids</li><li>• Beacon Health Options</li><li>• Care and Share</li><li>• Centering Circles</li><li>• Colorado Springs City Council</li><li>• City of Colorado Springs Parks, Recreation and Cultural Services</li><li>• Colorado College</li><li>• Colorado Department of Public Health and Environment</li><li>• Colorado Springs Conservatory</li><li>• Colorado Springs Health Foundation</li><li>• Colorado Springs School District 11</li><li>• Colorado Trust</li><li>• CREA Results</li><li>• Doctors Care</li><li>• El Paso County Cultural &amp; Recreation Services</li><li>• El Pomar Foundation</li><li>• Fort Carson Department of Public Health</li><li>• Front Range Health</li><li>• Harrison School District 2</li><li>• Innovations in Aging</li><li>• Joint Initiatives for Youth &amp; Families</li><li>• Kids on Bikes</li><li>• Lewis Palmer School District 38</li><li>• National Alliance on Mental Illness (NAMI)</li><li>• Papa Law Offices</li><li>• Peak View Behavioral Health</li><li>• Phil Long Dealerships</li><li>• Pikes Peak Outdoor Recreation Alliance</li><li>• Pikes Peak United Way</li><li>• Project Angel Heart</li><li>• Ronald McDonald House Charities of Southern Colorado</li><li>• Silver Key Senior Services</li><li>• State of Colorado Judicial Branch</li><li>• Telligen QI Connect</li><li>• The Arc Pikes Peak Region</li><li>• Trails and Open Spaces Coalition</li><li>• United States Army</li><li>• UCCS Lyda Hill Institute for Human Resilience</li><li>• YMCA of the Pikes Peak Region</li></ul> |
|--|--|

# Acknowledgments

## El Paso County Board of Health

EPCPH staff and community members extend our gratitude to the dedicated members of the El Paso County Board of Health (BoH). As the department's governing body, the BoH's steadfast commitment has been instrumental in advancing EPCPH's mission, vision, and values. Their steadfast leadership and thoughtful decision-making have propelled our initiatives forward. We are grateful for their contributions and dedication to supporting thriving communities where all El Paso County residents have the opportunity to achieve optimal health.

- Ted Collas  
Board of Health President
- Carrie Geitner, Board Chair of the El Paso County Commissioners  
Board Member
- Dave Donelson, Colorado Springs City Councilmember  
Board Member
- Hunter Barnett  
Board Member
- Debora Chan, M.D., M.P.H., FACOG  
Board Member
- Doris Ralston, M.P.A.  
Board of Health Vice President
- Cory Applegate, Jr., El Paso County Commissioner  
Board Member
- Glant Havenar, Mayor of Palmer Lake  
Board Member
- Richard Vu, M.D.  
Board Member

We are also grateful for the leadership of previous Board of Health members:  
Cami Bremer, Gen. Jack Briggs, Longinos Gonzalez, Jr.

## Writers, Editors, Formatters and Content Experts

- EPCPH Executive Team
- EPCPH Strategic Initiatives Office
- EPCPH Office of Development
- EPCPH Office of Communications
- EPCPH Data and Analytics
- EPCPH Medical Directors

A special thanks to all EPCPH staff. Their dedication, expertise, and efforts to improve community health serve as the cornerstone of our public health initiatives. Their commitment to the communities we serve embodies the spirit of service and which drives our mission, vision, and values forward across the county. With their continued support, the impactful work of the HCC will continue to thrive, furthering our collective efforts to promote the health of all residents in El Paso County.

The Community Health Improvement Plan (CHIP) is a dynamic document, subject to regular review and updates, reflecting the evolving needs of our communities. EPCPH holds the responsibility for its development and revision. The CHIP is accessible online via the EPCPH website:

<https://www.elpasocountyhealth.org/> Stakeholders are encouraged to stay informed of revisions and contribute feedback by emailing [healthinfo@elpasoco.com](mailto:healthinfo@elpasoco.com). For inquiries or opportunities to participate in this impactful work, please contact us through the El Paso County Public Health website.

## Glossary of Terms

**Barriers to Accessing Health Care** – Refers to obstacles or challenges that prevent individuals or communities from obtaining needed medical and behavioral health services, treatments or preventive care. These barriers can include factors such as financial constraints, lack of health insurance, limited availability of health care providers or facilities, cultural or language barriers and stigma associated with seeking medical care.

**Behavioral Health** – Generally refers to mental health and substance abuse disorders, life stressors and crises and stress-related physical symptoms.

**CHAPS** – The Colorado Public Health Assessment and Planning System, or CHAPS, is a standardized, coordinated approach to public health planning used by local public health agencies across the state of Colorado.

**Community** – A group of people living in the same geographic area. Communities can be diverse, encompassing individuals with a variety of backgrounds, cultures, beliefs and characteristics.

**Community Health Assessment** – A systematic examination of the health status and needs of a community, including the identification of key health issues, determinants, strengths and challenges through data collection and analysis.

**Community Health Improvement Plan** – A strategic plan, developed through community input, to address identified health priorities and improve overall community health outcomes through collaborative efforts, interventions and resource allocation.

**Community Partnerships** – Collaborative relationships formed between organizations, agencies and community groups to address community needs and achieve common goals through shared resources and collective action.

**Drug Overdose** – Occurs when an individual ingests, inhales or injects a substance in quantities that exceed the body's ability to metabolize or tolerate it, resulting in harmful physiological effects, potentially leading to death.

**Evidence-Based Practices** – Interventions, programs or policies that have been rigorously evaluated and proven effective through scientific research and empirical evidence.

**Health Disparities** – Differences in health outcomes or access to healthcare services between different population groups, often based on factors such as race, ethnicity, socioeconomic status, geographic location or disability.

**Health Indicators** – Measurable markers or metrics used to assess the health status, trends and outcomes of a population or community, providing data to monitor progress and inform decision-making in public health.

**Health Outcomes** – Measurable results or impacts on the health of a community or population that are influenced by public health interventions, policies or initiatives. These outcomes may include indicators such as disease incidence and prevalence, mortality rates, morbidity, life expectancy, functional status and health-related quality of life.

**Healthy Community Collaborative** – A stakeholder group of community partners working together in El Paso County since 2011 to implement strategies identified in the EPCPH CHIP. The HCC consists of over 60 representatives from city and county government, hospitals, community health systems, non-profit organizations, schools and interested citizens who inform and support the development of the CHA and CHIP.

**Healthy People 2030** – A comprehensive initiative by CDPHE aimed at setting national objectives and priorities to improve public health and achieve health equity by the year 2030. It provides data, resources and tools to support public health efforts.

**Housing Instability** – Refers to a condition where individuals or families experience difficulty maintaining secure, affordable and adequate housing, often resulting in frequent moves, overcrowding or the inability to meet rent or mortgage payments. This instability can lead to housing insecurity, homelessness and negative impacts on overall health and community stability.

**Naloxone** – A medication that rapidly reverses the effects of an opioid overdose by binding to opioid receptors in the brain and blocking the action of opioids.

**Prioritization** – The process of selecting and ranking health issues or interventions based on their significance, urgency, impact, feasibility and resources available, to focus efforts and resources on addressing the most pressing health needs.

**Protective Factors** – Conditions, characteristics or resources within individuals, families, communities or the broader society that help mitigate or reduce the likelihood of negative outcomes or adverse effects in the face of stressful or challenging situations. These factors promote resilience, enhance coping abilities and support overall health.

**Public Health** – The field dedicated to promoting and protecting population health through education, policy and prevention and reducing health disparities.

**Suicide Prevention** – Refers to the collective efforts aimed at reducing the occurrence of suicide through implementation of strategies, interventions and support systems to identify and assist individuals at risk of suicide, promote behavioral health awareness and create environments that foster resilience and hope.

**SWOT Analysis** – A strategic planning tool that helps to identify internal factors (strengths and weaknesses) and external factors (opportunities and threats) related to a project, organization or individual.

**SMART Goals** – Specific, measurable, achievable, relevant and time-bound objectives designed to guide goal setting and ensure clarity, focus and accountability in achieving desired outcomes.

**Thrive** – To flourish or grow, to actively engage with others, build meaningful relationships, and contribute positively to the community. It involves feeling connected, supported and valued by others, as well as experiencing a sense of belonging and fulfillment in social interactions. It includes factors such as support networks and access to resources that promote overall health and happiness.



# Appendices

## Appendix A: References

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## Appendix B: Healthy Community Collaborative Capacity Assessment Survey (template)

1. Please enter your name.
2. Please enter your email address.
3. Please enter the name of the organization you are representing.
4. Will the response you provide represent your organization's capacity? [Yes, No]
5. Which of the following life courses does your organization actively serve? [Select all that apply]
  - a. Pregnancy
  - b. Early Childhood (0-5)
  - c. Childhood (6-10)
  - d. Adolescence (11-18)
  - e. Adulthood
  - f. Older Adults
6. Thinking of your organization's activities for the last 6-12 months, please rank your involvement in the following areas: 1 (highest) being the most involved and 6 (lowest) being the least involved.
  - a. Mental Health
  - b. Health Behaviors and Conditions
  - c. Access, Utilization and Quality of Care
  - d. Social Factors
  - e. Economic Opportunity
  - f. Physical Environment
  - g. Social Factors
7. Other efforts pertaining to the healthy equity model not addressed above. [open ended response]
8. Does your organization currently engage in a community group/collaboration (other than HCC) that addresses issues associated with health equity? [Yes, No, Not Sure]
9. If yes, please describe the group and your role. [open ended response]

## Appendix B: Healthy Community Collaborative Capacity Assessment Survey (template)

For each health topic section, use the following statements and respond with Never, Sometimes, Often, Always, or Not Applicable.

- a. Share information/educational material on [health topic].
- b. Assign full time employee(s) towards [health topic].
- c. Contribute to development or implementation of public policy toward [health topic].
- d. Provide grants or other financial assistance to clients regarding [health topic].
- e. Refer clients to other organizations to help with [health topic].
- f. Collect, manage, or analyze data pertaining to [health topic].
- g. Convene partners around a common agenda to solve complex problems associated with [health topic].
- h. Recruit, work with, or assign volunteers towards [health topic].





## Appendix C: Colorado Health Assessment and Planning System (CHAPS) Prioritization Scoring Tool

### Colorado Health Assessment and Planning System Prioritization Scoring Tool

#### Instructions:

Rate each issue according to each criteria on a scale of 1 to 3 with 1 = "no" 2 = "somewhat" and 3 = "yes."

Significance to Public Health	Criteria Weight	Totals
Issue 1 - Does the issue impact a large number or high percentage of people in our community?		
Issue 2 - Do health disparities exist? (Are sub-populations more affected than the general public?)		
Ability to Impact the Issue		
Issue 3 - Do strategies exist that can be implemented locally to produce the desired outcome?		
Issue 4 - Does community support for change exist, including political will?		
Capacity to Address the Issue		
Issue 5 - Is a local organization prepared to take the lead on the issue?		
Issue 6 - Are sufficient resources (funding, staff, expertise) available or obtainable?		
Prior Priority		
Issue 7 - Was the issue a priority in your last public health improvement plan?		





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