



PUBLIC HEALTH IMPROVEMENT PLAN

2024-2028



INTRODUCTION

As a requirement of the 2008 Public Health Act, all local health public health agencies are charged with developing a local public health improvement plan based on a community health assessment and capacity assessment. NCHD is following the Colorado Health Assessment and Planning System (CHAPS), which is a standard mechanism for assisting local and state public health agencies in meeting the assessment and planning requirements of the Public Health Act.

This document outlines our Public Health Improvement Plan for improving the health and environment for the residents across our six-county health district in 2024 through 2028.

The Northeast Colorado Health Department (NCHD) serves six counties in northeast Colorado (Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma). Currently, NCHD has a workforce of forty-eight employees and 33% of our workforce is bilingual representing six languages (Somali, Swahili, Kinyarwanda, French, Kirundi, Spanish) in addition to English. Our service area covers an estimated 9,200 square miles with an estimated population of 72,064 (2023).

The six counties represent a mix of rural and frontier with more than 19 municipalities and 21 school districts. Agriculture is a significant base of the economy and lifestyle of northeast Colorado. According to the Eastern Colorado Workforce Center, the top industries in 2021 were education, hospitals, animal production, and local government.

The population served by NCHD is diverse. Our health district has a slightly higher percentage of individuals living with a disability, 12.2% when compared with Colorado at 10.8%; 8.5% of residents are veterans; 3.4% of adults in our six-county region identify as LGBTQ+. Non-Hispanic white residents between the ages of 25-34 are our biggest demographic. 17.8% of households are linguistically isolated, mostly in Morgan, Yuma, and Phillips Counties. Morgan County has the most diverse population with the city of Fort Morgan being designated as a majority-minority municipality. The minority residents total 53.9% of the total population of Fort Morgan. 9.6% of district residents were born outside the U.S.

The leading causes of death in northeast Colorado, by age-adjusted rates, are multiple types of cancer and heart disease. The National Institute of Health lists “rurality” as a risk factor for mortality from disease. The low ratio of healthcare providers to residents and lack of transportation to medical appointments are significant barriers to lifelong health in the region. Contributing to high mortality rates for cancer is that approximately 30% of rural adults do not get screened, diagnosis often occurs at a later stage of cancer progression, and there is limited access to necessary treatment and support resources. Many residents are not aware of the resources that are available, and there are often misunderstandings about insurance benefits as well as other financial obstacles.

The Northeast Colorado Health Department will focus on increasing public awareness and promoting healthy lifestyles, social emotional wellness, and improving environmental health across our health district. NCHD will work to strengthen existing partnerships and establish new partnerships increasing the implementation of evidence-based prevention strategies and access to services and resources. Our goal is to expand health equity for all, work to dismantle structural barriers when possible, and create linkages to fill gaps identified by community members. A primary goal for the next five-year cycle is to foster greater trust in public health and strengthen relationships within the communities of northeast Colorado.

GOAL 1: To build more resilient communities, NCHD will focus on a Healthy Northeast by developing and implementing equitable strategies to improve the physical, behavioral, and environmental health of northeast Colorado.

OBJECTIVE A - BY 2028, NCHD will implement evidence-based prevention strategies to promote healthy lifestyles.

- 1. NCHD will partner with communities on prevention efforts (i.e., development/ utilization of recreation centers, all-inclusive playgrounds, community gardens, etc.) to promote physical activity, nutrition, and healthy weight.
- 2. NCHD will increase public awareness and implement strategies to connect residents to healthcare prevention and intervention resources (i.e., health screenings, risk factors, etc.)

OBJECTIVE B - By 2028, NCHD will implement evidence-based prevention strategies to promote social emotional wellness and mental health.

- 1. NCHD will implement evidence-based programming to address identified risk factors (i.e., availability of substances in our communities, availability of safe spaces for youth, etc.)
- 2. NCHD will implement evidence-based programming to promote identified protective factors (i.e., building relationships with trusted adults, availability of after-school programs, cultural traditions, acceptance by peers, access to mental health services, etc.)
- 3. NCHD will strengthen existing partnerships and/or create new partnerships to plan prevention and intervention behavioral health strategies.
- 4. NCHD will promote and connect people to behavioral health resources and services.

OBJECTIVE C - By 2028, NCHD will increase public awareness of environmental health issues and the available resources and services.

- 1. NCHD will increase public awareness of environmental health issues and available resources and the value of these resources.
- 2. NCHD will identify opportunities for public education on environmental health topics (i.e., Turkey Tips, Lunch box ice packs, etc.)
- 3. NCHD will partner with CSU Extension to provide opportunities for food service workforce to achieve required certification.
- 4. NCHD will conduct stakeholder process for regulation changes (i.e., food, rabies, pools, septic systems, etc.)

GOAL 2: To expand organizational capacity, NCHD will work to strengthen public communication, data/surveillance, partnerships, planning, workforce development, and local public health evaluation.

OBJECTIVE A - BY 2028, NCHD will implement strategies to strengthen public health communications, data/surveillance, and community partnerships.

- 1. NCHD leadership will ensure strategic participation on community coalitions addressing social determinants of health including childcare, housing, homelessness, transportation, etc.
- 2. NCHD will facilitate connections of residents to community resources and services.
- 3. NCHD will increase communication of available resources and services.
- 4. NCHD will address language justice issues in Health Statistics Region 1 to ensure all residents have access to accurate, reliable healthcare and community resources (i.e., hosting culturally appropriate community meetings, creating and translating resource information into multiple languages, etc.)

OBJECTIVE B - BY 2028, NCHD will implement strategies to strengthen organizational planning, workforce development, and local public health evaluation.

- 1. NCHD leadership will review and update agency plans and policies on a routine basis.
- 2. NCHD will promote workforce retention and development.
- 3. NCHD will build on current public health evaluation, data gathering/surveillance, and promote the value of public health programs.

The indicators of success that we will use to guage progress in reaching these goals will include the number of collaborative prevention efforts and NCHD’s role, evidence-based programming that addresses risk and protective factors, and targeted activities addressing language justice and health equity. Our Public Awareness Plans will focus on “Healthy Northeast” and we will be looking for demonstrated expansion of organizational capacity over the next five years.



Any questions regarding this plan should be directed to NCHD's
Public Health Planning and Grant Specialist, Michelle Pemberton,
by email: michellep@nchd.org
or phone: 970-522-3741 ext. 1239