Shaping the Future of Public Health in Larimer County

Larimer County Department of Health and Environment

Health Strategists: Evolving to Meet Changing Needs
Our Mission

Working to provide everyone in Larimer County the opportunity for a healthy life.
Evolving To Meet Changing Needs

Presentation Agenda:

• Introducing Public Health 3.0 – The Power of Partnership
• What is a Health Strategist?
• How Public Health 3.0 Benefits Our Community
• Our Programming
• Public Health in Action
Introducing Public Health 3.0

The Power of Partnership
How We Got Here

- **Public Health 1.0**
  Clean air + clean water + vaccinations = less disease.
- **Public Health 2.0**
  Finding new ways to reduce disease incidence in populations
- **Public Health 3.0**
  Proactive partnering with you!
Health Strategists

Learning To Leverage LCDHE

• Access to critical data
• Advisor and advocate
• Helping people stay healthy
• Enabling more vibrant, resilient communities
Solutions for Today’s Challenges

Familiar Issues

• Communicable & chronic diseases
• Foodborne illnesses
• Parent, child, and family health
• Clinical services
• Environmental health and safety
• Emergency response preparedness
• And more…

Social Determinants of Health

• Income
• Housing
• Employment
• Childcare
• Mental/emotional health issues
• Transportation
• Education
• Access
Where We’re Going

• Stronger connections with civic and community leaders
• Sharpened focus on proactive solutions
• Better outcomes for historically underserved communities and families
• Bridge-builders among diverse stakeholders
• Active partners
How Public Health 3.0 Benefits Your Community

Engage Early And Often With LCDHE

• Finding beneficial solutions to complex problems
• Enabling better outcomes from early collaboration on policies, initiatives, etc.
• Ensuring no Larimer County community is an “underserved community”
• Supporting cross-community partnerships to address the social determinants of health
• Minimizing the impact of health crises
• Identifying and reducing hazards to promote success
Several Disciplines. Powerful Synergy.

Helping Communities Achieve Their Goals Through Coordinated Efforts
Strategic Planning, Healthy Equity, and Partnerships

Collaborating With Community Partners on the Social Determinants of Health

• Collaboration on updates to our vision, direction, and goals
• Recommendations for improving health equity and meeting the diverse needs of residents
• Data and population epidemiology
• Community health improvement
• Youth Engagement
Clinical Services

Making Vital Information and Critical Services Easy To Obtain

• Low- or no-cost immunizations for infants, children, and adults
• Health information and immunizations for international travel
• Sexual and reproductive health preventative services
Parent, Child, and Family Health

Engaging With Residents To Understand and Address Their Needs

• Nurse-Family Partnership program for eligible first-time mothers
• WIC – Special Supplemental Nutrition Program for women, infants, and children
• HCP program for families with children who have special healthcare needs
Environmental Health

Identifying and Mitigating Issues Where People Live, Work, and Play

- Environmental Planning
- Air Quality and Improvement Initiatives
- Septic Systems
- Water Quality
- Burn Permits
- Child Care & School Inspections
- Food Safety Program
- Foodborne Illness & Complaints
- Aquatic Facilities/Pool Inspections
Communicable Disease

Using Local Knowledge and Global Data To Tackle Health Issues

- Detection, investigation, and management of communicable diseases or foodborne illnesses
- Dissemination of timely and accurate information about conditions affecting public health
- Coordination of epidemic or pandemic responses
Emergency Preparedness and Response

Protecting Communities Through Preparation and Vigilance

• Drafting of emergency response plans, procedures, and protocols
• Prevention, response, and recovery assistance related to natural or manmade crises
• Ongoing interactions with other agencies
Public Health in Action

Working Together to Improve Health
Air Quality

Partnering for Innovative Solutions – Optical Gas Imaging Camera
Safe Sleep Campaign
Community Driven Prevention

Safe Sleep for Babies
www.larimer.gov/safesleep
Health, Well-Being, and Resilience Data Dashboard
Helping Larimer County Make Data-Driven Decisions

www.larimer.gov/healthdashboard
Helping Larimer County Make Data-Driven Decisions

Income and Employment

Income is a key factor in overall health and health outcomes. Income has been shown to be connected to social status, quality of life, physical and mental health outcomes, and access to care. Individuals with higher incomes report greater satisfaction with health care and less concern about being able to afford necessary care. Income poverty is a risk factor for premature mortality as well as poor health. At the community level, neighborhoods with higher-income households have an inflow of health, influencing the availability of local resources, including access to jobs, commerce, schools, and other resources that provide place-based health benefits. Neighborhoods with low economic advantage have lower education rates and higher rates of food insecurity, mental health-related behaviors like unhealthy eating, smoking from tobacco, and obtaining the recommended levels of exercise are associated with high income at well. Income poverty during childhood is one of the most consequential for children such as relative educational attainment and higher rates of 18 health later in life. Income poverty can impact multiple generations, especially for historically marginalized communities.

In the United States, income is associated with an increased age at the time of obesity, meaning that those with higher incomes are at lower age at the average. Codifying income positioning in the age and income 1% of earners demonstrates a nearly 15-year gap in anticipated lifespan among men and a 25-year gap among women. Simply put, on average, higher-income individuals continue their seven earning years.

Larimer County compared to Colorado

<table>
<thead>
<tr>
<th></th>
<th>Larimer County</th>
<th>Colorado</th>
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<tbody>
<tr>
<td>Median household income (in 2019 dollars)</td>
<td>$76,166</td>
<td>$70,271</td>
</tr>
<tr>
<td>Per capita income (in 2018 dollars)</td>
<td>$33,442</td>
<td>$35,545</td>
</tr>
</tbody>
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Residents in focus groups described how housing costs erode household budgets and constrain other opportunities such as recreation and enrichment opportunities for children in the household. High housing costs also can force parents to seek longer hours and add additional stress to the family well.

Mental Health

In Larimer County, suicide attempts and suicide-related emergency department visits are higher among adolescent females between 15-17 than among males of the same age. This trend reverses for adults, with males having slightly higher rates. Males are also more likely to die by suicide than females.

The gender disparity found in suicide-related emergency department visits is also found among Larimer County youth who report having similarly considered attempting suicide. In a Larimer County female, it’s not due to higher rates than their counterparts in the state or region but rather to less likely to die by suicide.

Housing and Housing Instability

Between 2016 and 2022, rent costs, living with housing instability, and residing across northern Colorado and Larimer County is in exception.

According to the 2020-2019 U.S. Census, more than 15% increase in the median rental cost in Fort Collins. Evictions conducted by Colorado Housing and Finance Authority show similar trends in both Loveland and Fort Collins across all apartment types from studio apartments to three-bedroom apartments. Nationally, housing costs have increased 5% per year for urban dwellers, and while this pace of increase may slow in the future, the impact of this housing cost increase will persist particularly for seniors.

Residents in focus groups described how housing costs erode household budgets and constrain other opportunities such as recreation and enrichment opportunities for children in the household. High housing costs also can force parents to seek longer hours and add additional stress to the family well.

The combination of rising rents and economic uncertainty can threaten the housing stability of households with a range of incomes. At the community level, increased housing costs are associated with an increase in homelessness.

High housing costs limit options for home ownership with wealth creation opportunities and increases the risk of displacement. At the same time, unhoused focus group respondents said that the high costs off-setting made the pathway from unhoused to housed appear near impossible. These respondents experiencing homelessness see few opportunities for stable housing available to them even if they work a job and a predictable paycheck.
TAC 212: Youth Center

Collaboration to Meet Community Needs
How We Can Work Together Most Effectively

- Clear communication
- Shared vision and goals
- Early engagement
- Collaborative spirit
- Innovative approaches
Partner With Us

Capitalize On Our Data, Planning Models, Contacts, And More

We are excited to partner with you - to help you flourish, as we collectively create an even better place for our families to grow and thrive.
Thank You

We Appreciate Your Commitment to Improving Life in Larimer County
30 Years of Caring

Health District 30th Anniversary Activities
Communication Goals

• Bolster brand recognition
• Reinforce reputation as a longstanding community institution
• Highlight value to the community by showcasing current services and past achievements
Temporary Branding

- Digital products
- Time-limited printed materials, including Compass, 2024 outreach materials and swag
Retrospective Compass/Annual Report

- Annual report style features on priority programs plus other Health District initiatives
- Year-end and lifetime (if available) stats
- Look-back in time featurettes
Partner and stakeholder card

• A thank-you to our partners for their help in creating a healthier community
Social Media

• “30 Ways to a Healthier Community” organic post series
• Video for paid social media and website
Media relations
Community at Work podcast

• Community at Work podcast showcasing differing perspectives on the Health District at 30 and how the agency can help meet current and future health needs of the community.

• Guests to include longer-term board member and new executive director.
Reception

• Late summer/early fall – stay tuned for save-the-date
2023 Year End Reports
Objectives

1. Successes
2. Challenges
3. Looking Ahead
Successes

• New & reestablished community partnerships
  • La Familia Oral Health
  • Larimer Health Connect Medicaid Unwinding
Successes

• Teams working together to meet operations and programmatic needs and goals
Successes

• Planning & implementing strategies to maximize resources, increase capacity, and meet community needs
Challenges

• Vacancies and difficult to hire positions
• Leadership transition
• Variable program engagement with priority populations
Looking Ahead

- Increased utilization of new technology
- Hiring of new and open positions
- Programmatic planning
- Process improvements
- Continue robust community partnerships/collaborations
Policy Program

February 27, 2024
Objectives

- Process Overview
- Examples of Prioritization Considerations
- Legislative Update
  - January-February
- Action: Ratify Positions
  - Slate of Bills
- Bills for Discussion & Action
  - HB24-1028; HB24-1045; SB24-059;
Examples of Consideration for Position Recommendations

- Policy Agenda Anchor
- Fiscal Note
- Political Landscape
- Ability to Impact
- Partners and Collaborators/Stakeholders
Under the Dome

Legislative Update
Slate of Bills for Ratification

**Strong Support**
- HB24-1002: Social Work Licensure Compact
- HB24-1019: Crisis Resolution Team Program
- HB24-1038: High-Acuity Crisis for Children & Youth
- HB24-1040: Gender-Affirming Health Care Providers Study
- HB24-1096: School Psychologist Licensure Interstate Compact
- HB24-1176: Behavioral Health Grant for Capital Project
- SB24-001: Continue Youth Mental Health Services Program (IMatter)
- SB24-007: Behavioral Health First Aid Training Program
- SB24-010: Dentists and Dental Hygienists Interstate Compact
- SB24-040: State Funding for Senior Services
- SB24-047: Prevention of Substance Use Disorders

**Active Monitor**
- HB24-1168: Equal Access to Public Meetings

**Support**
- HB24-1003: Opiate Antagonists and Detection Products in Schools
- HB24-1010: Insurance Coverage for Provider Administered Drugs
- HB24-1015: Workplace Suicide Prevention Education
- HB24-1035: Modernize Health Benefit Exchange Governance
- HB24-1037: Substance Use Disorder Harm Reduction
- HB24-1075: Analysis of Universal Health Care Payment System
- HB24-1136: Healthier Social Media Use by Youth
- SB24-015: Licensed Professional Counselors in Communities
- SB24-034: Increase Access to School-Based Health Services
- SB24-048: Substance Use Disorders Recovery
- SB24-055: Agricultural & Rural Behavioral Health Care
- SB24-057: Agricultural Workforce & Suicide Prevention
- SB24-063: Confidentiality of Group Peer Support Services
The bill specifies that the governing body of a municipality, which includes a city, town, and city and county, may authorize the operation of an overdose prevention center within the municipality's boundaries.

Policy Strategy Team Recommendation

- Support

Policy Anchor

- Support bills that address substance use disorders and mental health along the continuum of care in a manner that is person-centered and utilize a harm reduction framework.
HB24-1045  
Treatment for Substance Use Disorders

Policy Strategy Team Recommendation

- Support

Policy Anchor

- Support bills that address substance use disorders and mental health along the continuum of care in a manner that is person-centered and utilize a harm reduction framework.

Summary:

- Prohibits prior authorization based on drug dosage for SUD medications.
- Pathways for licensed pharmacists prescribing/administering medication-assisted treatment (MAT).
- Requires the Commissioner of Insurance to review network adequacy rules for SUD treatment and behavioral health providers.
- Establishes the Behavioral Health Diversion Pilot Program to award grants to 2-5 district attorneys.
- Includes grants to provide training and ongoing support to pharmacies and pharmacists who are authorized to prescribe, dispense, and administer MAT through the Medication-Assisted Treatment Expansion Pilot Program.
- Requires the Department of Health Care Policy and Financing (HCPF) to seek federal authorization to provide screening, brief intervention, MAT, case management/care coordination services through the MAT program to persons up to 90 days prior to release from jail.
- Requires SUD treatment to be reimbursed at the same rate for telehealth as it is for in-person services.
- Directs the Division of Insurance (DOI) to assess utilization management practices' impact on behavioral health service access and insurer policies.
The bill establishes the Office of the Children’s Behavioral Health Statewide System of Care (the Office) in the Behavioral Health Administration (BHA) to develop and maintain a comprehensive children’s behavioral health system of care.

The System would allow children and youth up to age 21 to have a single point of access regardless of payer, insurance, and income. The bill outlines what the System must include at minimum and sets timelines for the Office in developing the System.

The bill mandates the Office to establish a data and quality team to monitor and report annually on important child welfare indicators. The bill also requires HCPF to set a standard statewide fee schedule or rate structure for Medicaid-covered behavioral health services for children and youth.