



**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

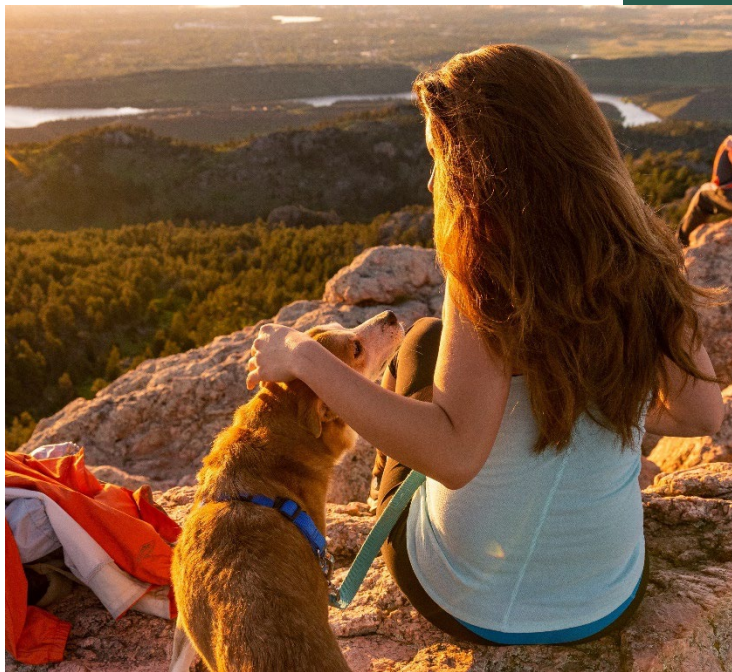
Presentation Agenda:

- 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



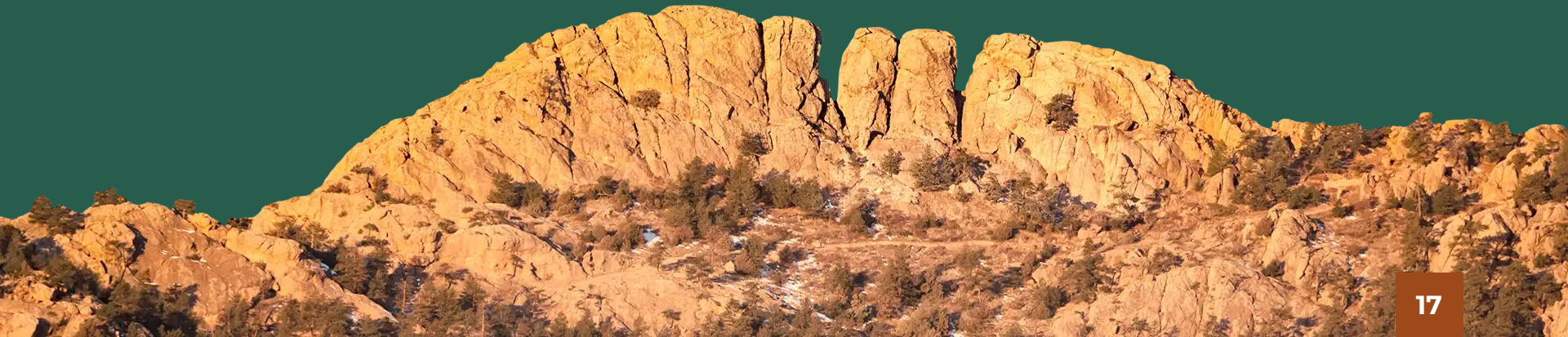
Emergency Preparedness and Response

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

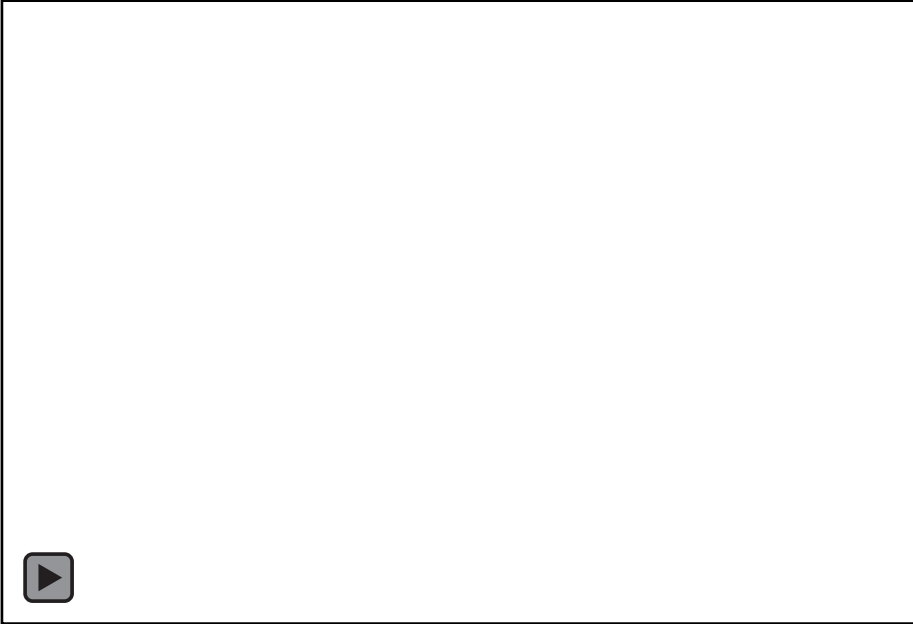
Public Health in Action

Working Together to Improve Health

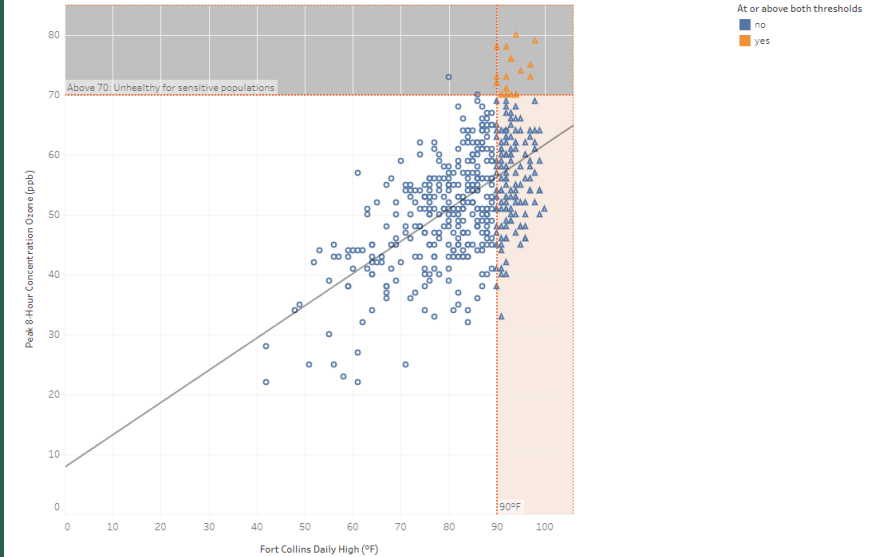


Air Quality

Partnering for Innovative Solutions – Optical Gas Imaging Camera



Daily High and Maximum Ozone Concentration by Day, Fort Collins, Warm Seasons 2020-2022



Safe Sleep Campaign

Community Driven Prevention



Health, Well-Being, and Resilience Data Dashboard

Helping Larimer County Make Data-Driven Decisions



LARIMER COUNTY HEALTH, WELL-BEING, AND RESILIENCE DATA DASHBOARD

www.larimer.gov/healthdashboard

Community Health Assessment

Helping Larimer County Make Data-Driven Decisions

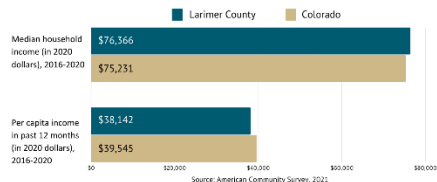


Income and Employment

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 influence on health, influencing the availability of local resources including access to jobs, commerce, schools, and other resources that provide place-based health benefits. Neighborhoods with less economic advantage have fewer recreation resources and higher densities of fast-food outlets. Health-related behaviors like healthy eating, abstaining from tobacco, and obtaining the recommended levels of exercise are associated with high income as well. Income poverty during childhood can have lifetime consequences for children such as reduced educational attainment and higher rates of ill health later in life. Income poverty can impact multiple generations, especially for historically marginalized communities.

In the United States income is associated with increased age at the time of death, meaning that those with higher incomes tend to live longer on average. Comparing income earners in the top and bottom 1% of earners demonstrates a nearly 15-year gap in anticipated lifespan among men and a 10-year gap among women. Simply put, on average, higher-earning individuals outlive their lower-earning peers.

Larimer County compared to Colorado



Median household income is the income amount that divides a population into two equal groups, half having an income above that amount, and half having an income below that amount. Per capita income refers to measures the average income earned per person in a given area (city, region, country, etc.) in a specified year.

2

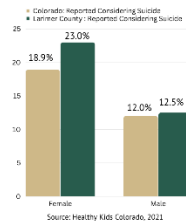


Mental Health

In Larimer County, suicide attempts and suicide-related emergency department visits are higher among adolescent females between 11-17 than among males of the same age. This trend reverses for adults, with males having slightly higher visits. Males are also more likely to die by suicide than females.

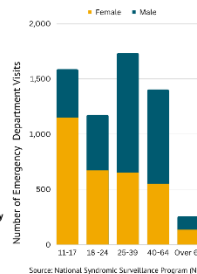
The gender disparity found in suicide-related emergency department visits is also found among Larimer County youth who report having seriously considered attempting suicide. Larimer County females, in particular, have an even higher rate than their counterparts statewide in Colorado. Meanwhile, local male youth have levels very similar to levels statewide.

Percent answered yes to "seriously considered attempting suicide" during the past 12 months* Colorado vs. Larimer County



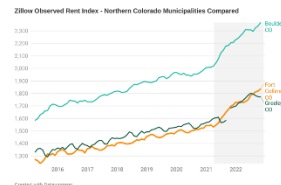
12

Suicide-Related Emergency Department Visits Among Larimer County Residents January 2020 - June 2022



Housing and Housing Instability

Between 2016 and 2022, rental costs, along with housing real estate values, increased across northern Colorado, and Larimer County is no exception. According to the Zillow Observed Rent Index, there has been a 44% increase in the median rental cost in Fort Collins. Evaluations conducted by Colorado Housing and Finance Authority show similar trends in both Loveland and Fort Collins across all apartment types from studio apartments to 3-bedroom apartments. Nationally, housing costs have increased 8% year over year for urban dwellers, and while that pace of increase may slow in the future, the impact of this housing cost increase will persist particularly for renters.



Residents in focus groups described how housing costs squeeze household budgets and crowd out other opportunities such as recreation and enrichment opportunities for children in the household. High housing costs can also force parents to work longer hours and add additional strain on the family unit. The combination of rising costs and economic precarity 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 its wealth creation opportunities and increases the risk of displacement. At the same time, unhoused focus group respondents said that the high costs of housing made the pathway from unhoused to housed appear near impossible. Those respondents experiencing homelessness saw few opportunities for stable housing available to them even if they did get a job and a predictable paycheck.

9

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

our services then & now

Ten years ago, the healthcare industry was in the midst of major changes that continue to shape how medical services are delivered in our community. The Health District, which originally was created in 1960 to fund and operate Poudre Valley Hospital, knew it must change, too, if the future healthcare needs of the community were to be met. So in the spring of 1994, the Health District, under terms of a lease agreement, turned over day-to-day management of the hospital to its current operators, the not-for-profit Poudre Valley Health System. The Health District then steered a new course aimed at helping it achieve its longstanding mission of creating a healthier community.

connections •

mental health & substance abuse resources



Mental health therapist Ann Gope is pictured in her office at Connections, 525 W. Oak St.

mental health since 1996

Until 2002, the mental health program was a staff of two who made therapist referrals and provided limited clinical services. Today, through our partnership with the Larimer Center for Mental Health, and offices at 525 W. Oak St., Connections serves as a comprehensive information, referral and assistance center for people with mental health or substance abuse needs. Clinical staff has more than doubled, and is now able to provide direct and immediate phone and walk-in help.

	First year (partial)	2003
Individuals served	74	3,797
Client contacts	59	7,069
Services provided	59	9,084

medical since 1996

Without a doubt the Health District's most recognizable asset has been the Health Van. In 1996, we took over its operation from a nonprofit organization. The 40-foot mobile health unit provides basic medical care to residents with low incomes and no insurance. Well Woman Clinics, which provide low-cost breast and cervical cancer screenings, served 282 women in 2003. We also help low-income families sign up for the state's CHIP+ insurance, enrolling 1,030 children in 2003 alone.



Dr. Christina Kuroiwa examines a patient on the Health Van.

	First year (partial)	2003
Health Van	-	2,856
Individuals served	-	9,225
Client contacts	592	19,528
Services provided	-	19,528

*Accurate figures unavailable due to change in tracking methods

prescription assistance since 1997

People with low incomes often have to choose between basic needs like food and prescriptions. Many go without their medications because of cost. Our program helps to fill that gap. Last year, we provided 5,265 vouchers, which clients use at local pharmacies, and submitted on behalf of clients 6,442 applications for an estimated \$1.5 million in free or low-cost medications to drug company programs.



Mary Chapman, a prescription assistance advocate, checks a client's application for prescription vouchers.

	First year	2003
Individuals served	527	1,367
Client contacts	1,796	8,180
Services provided	2,075	12,545

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

FORT • COLLINS
COLORADOAN

LOVELAND
REPORTER-HERALD

BizWest

30 YEARS
Health District
OF NORTHERN LARIMER COUNTY
1994 ~ 2024

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

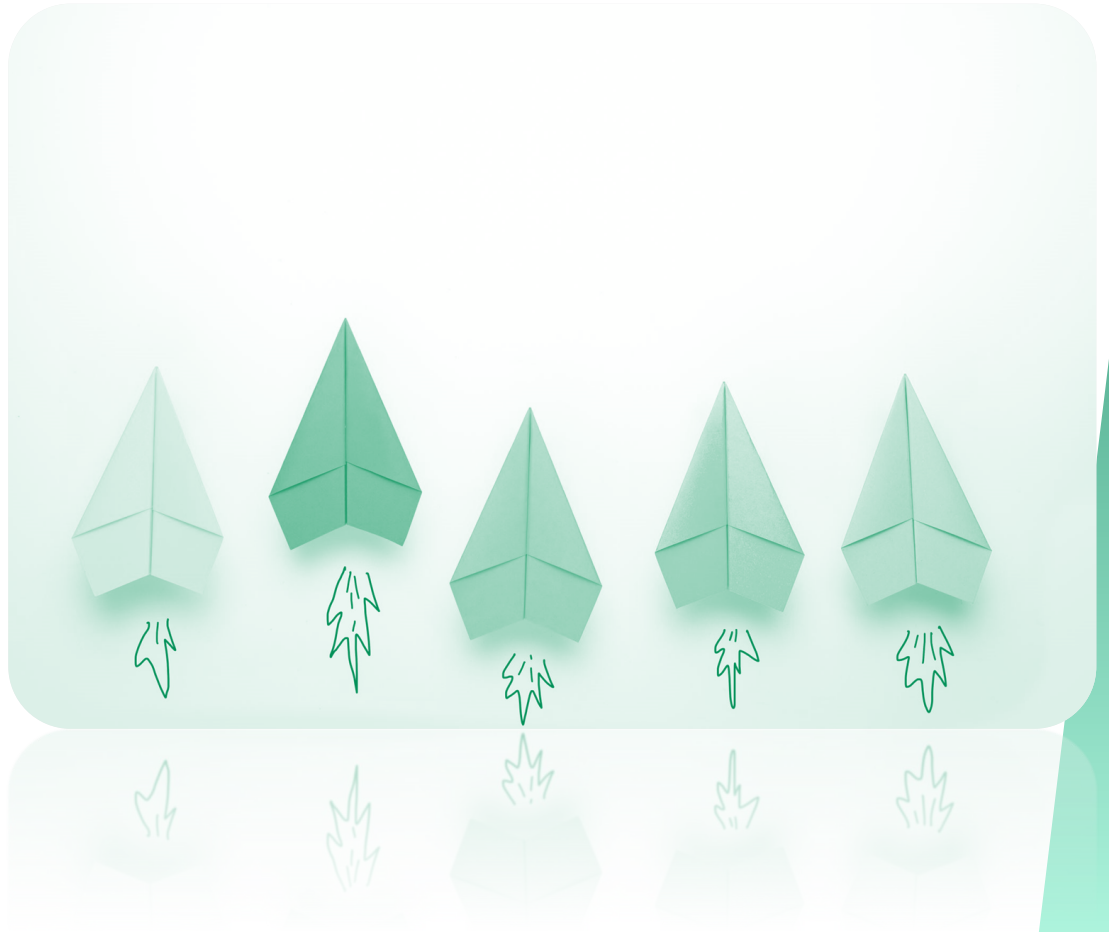
Successes

- 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

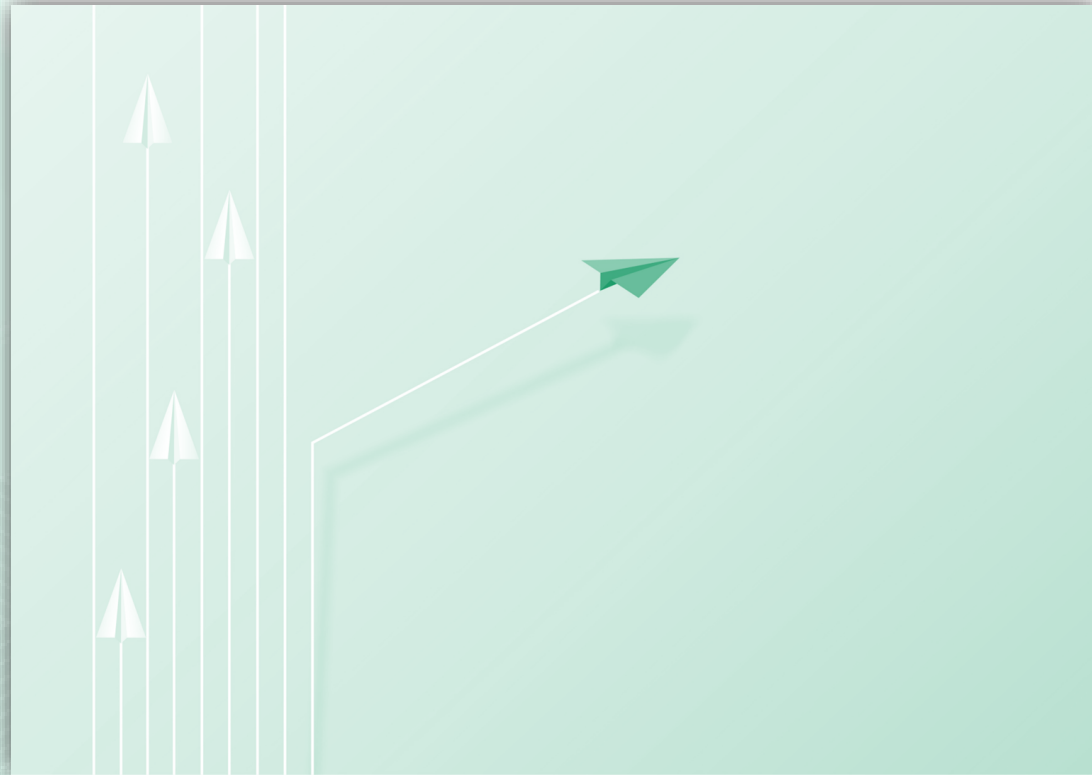


Successes

- 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

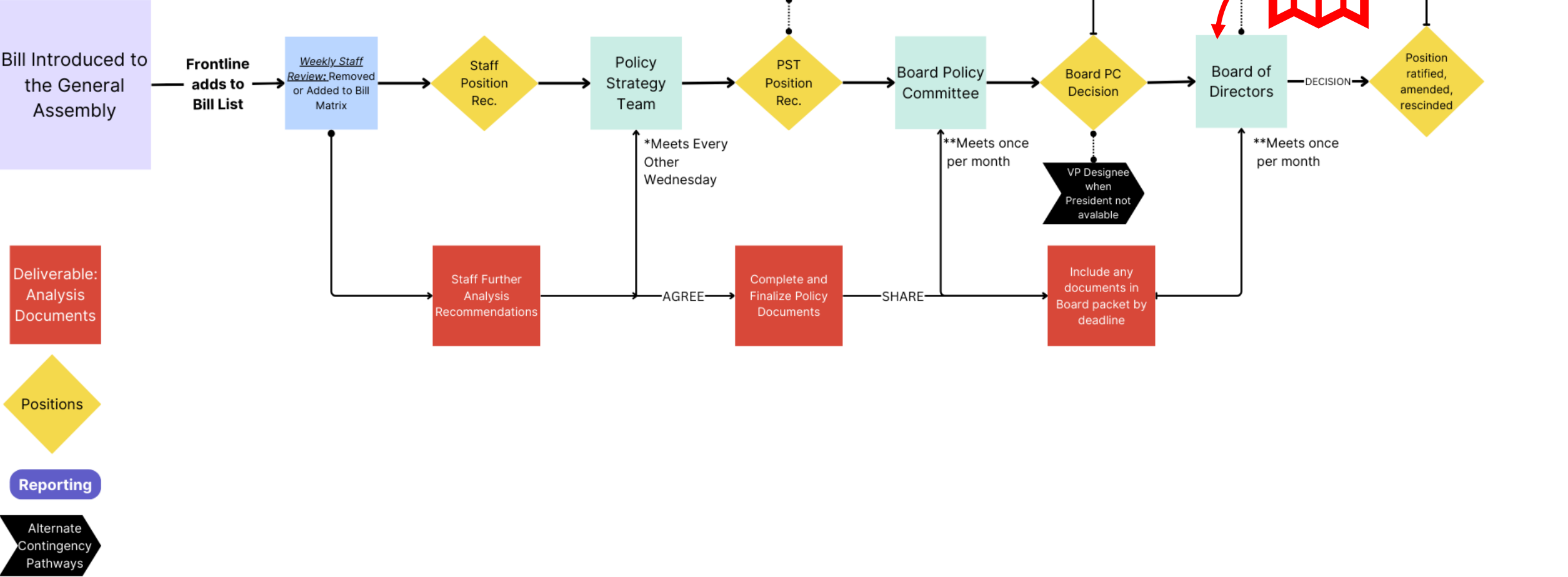
Action: Ratify Positions

- Slate of Bills

Bills for Discussion & Action

- HB24-1028; HB24-1045; SB24-059;

POLICY ISSUE LIFE CYCLE



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

HB24-1028

Overdose Prevention Centers

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.

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.

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

SB24-059

Children's Behavioral Health Statewide System of Care

Policy Strategy Team Recommendation

- Strongly Support

Policy Anchors

- 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.
- Support legislative initiatives that increase access to services, including those that expand the behavioral health workforce.

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.