



**ADAMS COUNTY**  
**COLORADO**  
BOARD OF COUNTY COMMISSIONERS

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**STUDY SESSION AGENDA**  
**TUESDAY**  
**October 8, 2019**

*ALL TIMES LISTED ON THIS AGENDA ARE SUBJECT TO CHANGE*

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<b>2:00 P.M.</b>	<b>ATTENDEE(S):</b>	<b>Adam Burg / Eliza Schultz / Elisabeth Rosen</b>
	<b>ITEM:</b>	<b>Legislative Update</b>
<b>2:30 P.M.</b>	<b>ATTENDEE(S):</b>	<b>Dr. John Douglas, Tri-County Health Department</b>
	<b>ITEM:</b>	<b>Tri-County Health Department Follow-Up Presentation</b>
<b>3:30 P.M.</b>	<b>ATTENDEE(S):</b>	<b>Raymond Gonzales</b>
	<b>ITEM:</b>	<b>Administrative Item Review / Commissioners Communication</b>
<b>4:00 P.M.</b>	<b>ATTENDEE(S):</b>	<b>Heidi Miller</b>
	<b>ITEM:</b>	<b>Executive Session Pursuant to C.R.S. 24-6-402(4)(b) for the Purpose of Receiving Legal Advice Regarding Labor Issues</b>

(AND SUCH OTHER MATTERS OF PUBLIC BUSINESS WHICH MAY ARISE)

\*\*\*AGENDA IS SUBJECT TO CHANGE\*\*\*



## STUDY SESSION AGENDA ITEM

<b>DATE:</b> October 8, 2019
<b>SUBJECT:</b> Tri-County Health Follow-Up Discussion
<b>FROM:</b> Tri-County Health Department
<b>AGENCY/DEPARTMENT:</b> Tri-County Health Department
<b>ATTENDEES:</b> Dr. John Douglas, Executive Director, Tri-County Health Department
<b>PURPOSE OF ITEM:</b> Briefing on Adams County Concerns, Top Ten Health Concerns for Adams County
<b>STAFF RECOMMENDATION:</b> Informational only

### **BACKGROUND:**

Tri-County will be briefing the Board on the Top Ten Health Concerns for Adams County.

### **AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:**

### **ATTACHED DOCUMENTS:**

Adams County Top Ten Health Concerns  
PowerPoint Presentation

**FISCAL IMPACT:**

Please check if there is no fiscal impact . If there is fiscal impact, please fully complete the section below.

**Fund:**

**Cost Center:**

	Object Account	Subledger	Amount
Current Budgeted Revenue:			
Additional Revenue not included in Current Budget:			
<b>Total Revenues:</b>			

	Object Account	Subledger	Amount
Current Budgeted Operating Expenditure:			
Add'l Operating Expenditure not included in Current Budget:			
Current Budgeted Capital Expenditure:			
Add'l Capital Expenditure not included in Current Budget:			
<b>Total Expenditures:</b>			

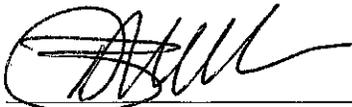
New FTEs requested:  YES  NO

Future Amendment Needed:  YES  NO

**Additional Note:**

This is informational only. Any funding decisions for 2020 will be made during budget discussions with the Board of County Commissioners.

**APPROVAL SIGNATURES:**



Raymond H. Gonzales, County Manager

Alisha Reis, Deputy County Manager

Bryan Ostler, Deputy County Manager

Chris Kline, Deputy County Manager

**APPROVAL OF FISCAL IMPACT:**



Budget



September 30, 2019

Dear Adams County Board of County Commissioners:

Tri-County Health Department (TCHD) appreciates the opportunity to discuss our assessment of what we consider to be the 'Top 10 Health Concerns for Adams County' at the study session on October 8. We used comparative data from our most recent [Community Health Assessment](#), as well as reports on Teen Pregnancy and Air Quality to make our determination of the top priority health issues for Adams County.

The top health concerns included in this assessment include:

- 1) Mental Health
- 2) Air Quality
- 3) Food Insecurity
- 4) Tobacco and Vaping
- 5) Obesity and Related Chronic Disease
- 6) Access to Mental and Physical Health Care
- 7) Injury Prevention
- 8) Sexual Health and Teen Pregnancy
- 9) Substance Use and Drug Overdose
- 10) Health and Housing

As previously discussed, each section is organized to briefly summarize:

- What is the problem?
- What is TCHD doing about the problem in Adams County?
- What could TCHD do to fill gaps to address the problem?

In addition to the assessment, we look forward to discussing our proposal for two new Adams County-specific positions that would address Air Quality and Food Insecurity.

- 1) Air Quality Specialist: would lead the efforts to address air quality issues and concerns in Adams County (\$103,000)
- 2) Food Security Specialist: would work with key partners to decrease the rate of those in Adams County experiencing food insecurity (\$80,000)

Thank you, in advance, for your time and interest in learning more about health issues concerning Adams County and your desire to improve the lives of residents in your community.

Regards,

A handwritten signature in black ink that reads "John M. Douglas, Jr., MD". The signature is fluid and cursive.

John M. Douglas, Jr., MD  
Executive Director

# Adams County Top Ten Health Concerns: 2019

Tri-County Health Department

Adams | Arapahoe | Douglas  
Colorado



Released September 2019





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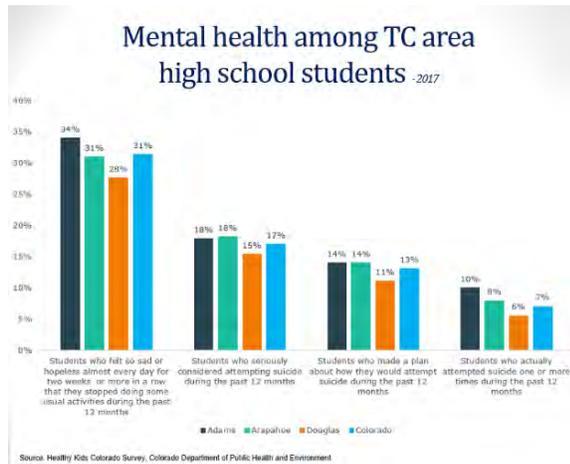
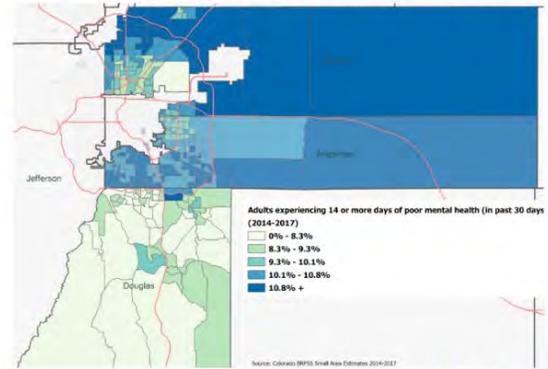
# ADAMS COUNTY TOP HEALTH CONCERNS

## Mental Health

### What is the problem?

Mental health disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. They range from mild to severe and can affect anyone regardless of age, race, sex, or income. Mental health helps determine how we handle stress, relate to others, and make choices that impact other outcomes such as smoking, obesity, and injury. The map to the right displays the percent of TCHD-area adults experiencing 14 or more days of poor mental health in the past 30 days.

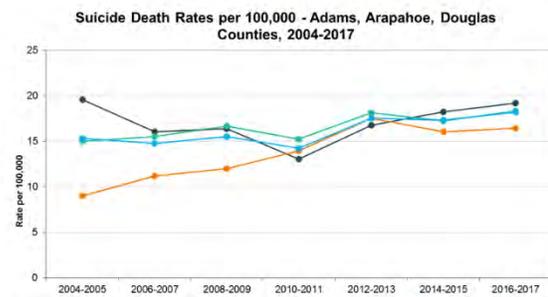
Adults Experiencing > 14 days of Poor Mental Health in Past 30 Days in Tri-County Area, 2014-17



Among young people, the majority of high school students in our three counties reported that their mental health was not good on one or more of the past 30 days. Surveys also show that TCHD-area females and gay, lesbian, or bisexual youth are more likely to consider and actually attempt suicide than males and heterosexual youth; however, males are more likely to die by suicide.

States in the Rocky Mountain West tend to have the highest rates of suicide overall. About 90% of people who die of suicide have a mental illness at the time of their death. From 2014-2018, 478 deaths by suicide were reported within Adams County compared to 561 in Arapahoe County and 271 in Douglas County. The good news is that making changes to systems and behaviors that increase access to care and improve quality of life can help reduce poor mental health symptoms and improve overall wellbeing.

TC area suicide death rates



## **What is Tri-County Health Department doing about mental health promotion in Adams County?**

- Serving on school district wellness committees and engaging with school leaders to understand district priorities and facilitate adoption of best practices.
- Working with employer coalitions to promote best practices in workplace wellness.
- Serving on coalitions that promote mental health, such as the Early Childhood Partnership of Adams County, Adams County Health Alliance and the Adams County Youth Initiative.
- Leading the Metro Public Health Behavioral Health Collaborative, including partners from hospital systems, community mental health, safety net clinics, community organizations, federally qualified health centers, National Association of Mental Illness, and county governments.
- Disseminating and evaluating the Let's Talk Colorado media campaign encouraging adults to talk about their mental health and others to listen.
- Facilitating the Adams County Child Fatality Review Team, which conducts systematic reviews of all preventable childhood deaths to document trends make population-based prevention recommendations.
- Increasing access to perinatal and pregnancy-related depression support through collaboration with community mental health centers and infant mental health partners.
- Preparing to support schools in adopting policies that create alternatives to suspension for students with discipline offensive related to substance use, keeping students connected to school and on track academically.
- Preventing youth crime, violence, and substance use initiation through the Communities That Care prevention program, helping communities identify and assess locally-relevant risk and protective factors and implement evidence-based strategies to address needs of local youth.

## **What could Tri-County Health Department do to fill gaps?**

TCHD is proposing a Mental Health Promotion/Suicide Prevention Manager to lead efforts in the area of mental health across the 3-county TCHD region (funds requested: \$130,000). The proposed program/position is intended to include but not be limited to the following activities:

- Improve coordination of mental health promotion efforts among community partners.
- Provide data and tools to advance mental health improvement among partners (e.g., develop a county asset map cataloging bullying, suicide, life skills, and school and community connectedness resources and communicate identified gaps and opportunities).
- Implement broad population efforts with targeted attention to groups at higher risk (e.g., youth, young adults, LGBTQ youth, women in perinatal period, middle aged/older men and veterans).
- Increase efforts to break down stereotypes and stigma associated with mental health disorders, such as by supporting continued dissemination of the Let's Talk campaign.
- Reduce environmental, social, and economic factors that contribute to stress (e.g., increase access to affordable housing and reduce food insecurity).
- Work to increase affordable access to mental health care services.
- Convene partners to implement a community-wide suicide prevention framework.
- Align and increase mental health promotion efforts with community partners in specific areas such as Mental Health First Aid, Man Therapy campaign, and promoting recommendations from CDPHE Office of Suicide Prevention, Colorado Suicide Prevention Commission and the State Behavioral Health Task Force.

## ADAMS COUNTY TOP HEALTH CONCERNS

### Air Quality

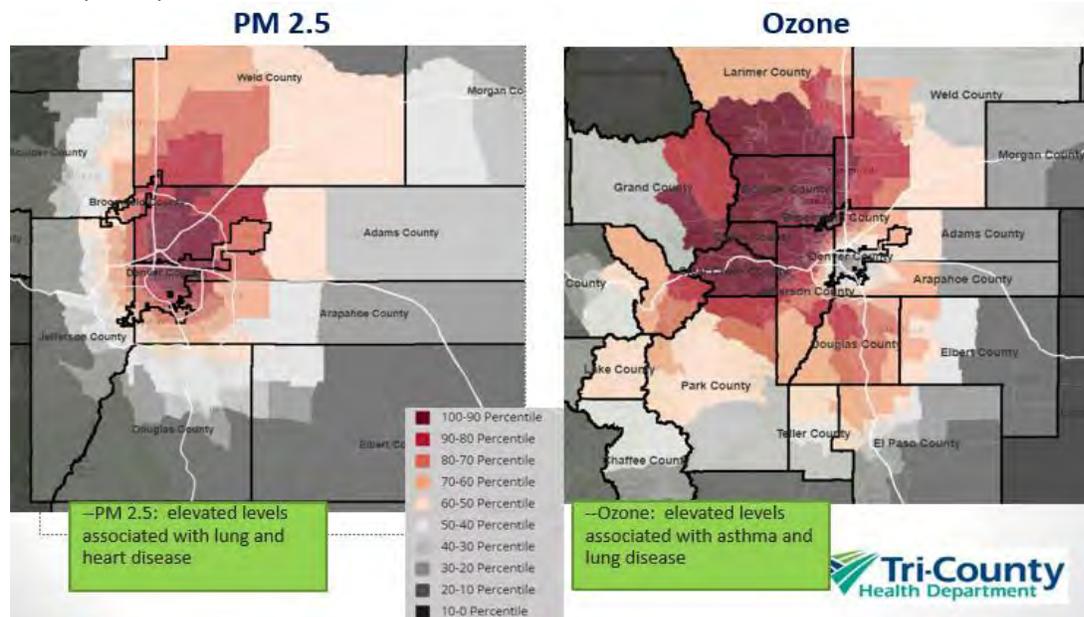
#### What is the problem?

As required by the Clean Air Act, the Environmental Protection Agency (EPA) has developed National Ambient Air Quality Standards (NAAQS) for “criteria” air pollutants, to protect public health and welfare. The criteria pollutants include carbon monoxide (CO), ozone (O<sub>3</sub>), particulate matter (PM 10, PM 2.5), oxides of nitrogen (NO<sub>2</sub>) and sulfur dioxide (SO<sub>2</sub>), and lead. These pollutants are found all over the United States, including in the Denver Metro Area. Of these criteria pollutants, Adams County, along with Denver and the North Front Range does not meet the standard for ozone. While the Adams County area, along with Colorado as a whole, is in compliance with particulate matter standards, particulates can become elevated in wintertime conditions and form the “brown cloud” which can be harmful to public health.

Ground-level (summertime) ozone is our region’s most critical air quality issue. Ozone is formed when pollutants that are emitted from everyday items such as cars and trucks, lawn equipment, paints and stains, power plants, factories and other sources such as oil and gas development, combine with other pollutants and “cook” in the heat and sunlight. Therefore, hot, dry, stagnant days in the summertime present the ideal conditions for ground level ozone formation<sup>1</sup>.

Ozone at the ground level is harmful to all of us, especially the young and elderly, and can trigger attacks and symptoms in those with preexisting health conditions such as asthma or other respiratory infections<sup>2</sup>. Particulate matter can be linked to adverse health outcomes such as increased hospital visits, worsened asthma symptoms, adverse birth outcomes, breathing problems, lung cancer and early death<sup>3</sup>. Many things can trigger asthma and outdoor air pollution can be one of them. Adams County has a statistically higher than the statewide rate of emergency department asthma visits and hospitalizations<sup>4</sup> which can be attributed to the regional air pollution problem.

Below are maps of the Denver Metro Area PM 2.5 and Ozone elevated levels and shows how Adams County is impacted.<sup>5</sup>



<sup>1</sup> Regional Air Quality Council

<sup>2</sup> Regional Air Quality Council

<sup>3</sup> Centers for Disease Control

<sup>4</sup> Colorado Department of Public Health and Environment

<sup>5</sup> EPA Environmental Justice Screen 2018

## What is Tri-County Health Department doing about air quality in Adams County?

- Provide expertise with limited FTE in the area of general complaint response. Staff work to maintain a level of knowledge of ongoing conversations related to air quality issues and regulatory processes at CDPHE and planning efforts at the Regional Air Quality Council (RAQC).
- In response to concerns expressed by the Adams County Commissioners over air quality, TCHD prepared the Adams County Air Monitoring Options for Consideration for Adams County in February 2019. This has been discussed with County staff and is awaiting further direction from the County.
- Received grant funding from CDPHE to enhance air quality monitoring in Adams County. This grant will support the installation of seven air quality-monitoring sensors in Adams and Arapahoe Counties to gather real-time data that can guide strategies for reducing exposure to harmful pollutants for populations disproportionately impacted by asthma and respiratory disease. This effort is being coordinated in conjunction with the Denver Department of Public Health and Environment, leveraging their work in this area and local partners such as schools and local governments.
- Reviews and provides recommendations provides comments on proposed County and City land development and regulations change case referrals from the County related to air quality permitting requirements. Examples include regulatory comments for specific land development cases and recent comments provided on the County's land development code changes related to oil and gas as a result of SB-181.
- Participate in the Metro Denver Partnership for Health Regional Climate Change Work Group. This work group seeks to leverage collective relationships to increase awareness of the impact of climate change on health across the Metro Denver Region through capacity building, policy development, and communications and outreach. Changes in the climate affect the air we breathe, both indoors and outdoors. The changing climate has modified weather patterns, which in turn have influenced the levels and location of outdoor air pollutants such as ground-level ozone and fine particulate matter.<sup>6</sup>
- Collaborate with local governments and community-based organizations to promote policy, system, and environmental changes that promote and protect public health, including a variety of topics affecting air quality. This includes plans and policies related to energy efficiency, multi-modal transportation, and land use patterns.
- Partner with community members and leaders to promote the adoption of smoke-free spaces.

## What could Tri-County Health Department do to fill gaps?

TCHD is proposing an Adams County Air Quality Program Specialist to lead efforts in the area of air quality in the Adams County region (funds requested: \$103,000). An expanded program with increased staff capacity could facilitate the following strategies:

- Identify priority local/regional air quality issues that impact health and/or disproportionately impact communities with attention to Environmental Justice and Health Equity.
- Enhance local air monitoring to identify and address fence line impacts of Hazardous Air Pollutants or Particulate Matter at certain industrial areas and sources. This would involve working with Adams County and CDPHE to identify optimal approaches for expanded AQ monitoring in Adams County.
- Support and/or conduct community level, regional, and where appropriate state level initiatives to reduce emissions that have an adverse impact on health.
- Plan policy development activities and outreach work by engaging with multiple stakeholder groups, including local governments, coalitions and key stakeholders.

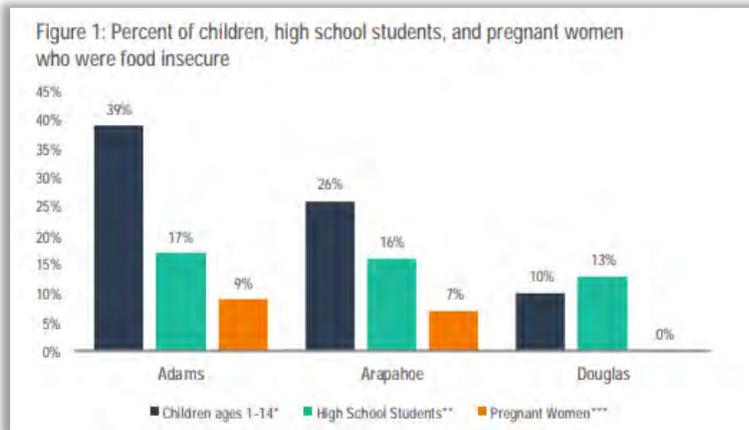
<sup>6</sup> U.S. Global Change Research Program

## ADAMS COUNTY TOP HEALTH CONCERNS

### Food Insecurity

#### What is the problem?

Nearly 1 in 11 Coloradans (9.2%) struggle with hunger and are not always able to purchase or procure adequate food (USDA). Hunger and food insecurity – the consistent, limited or uncertain availability of nutritionally adequate and safe foods – are impacted by financial, situational, and neighborhood circumstances. Figure 1 below depicts food insecurity by children, high school students and pregnant women.

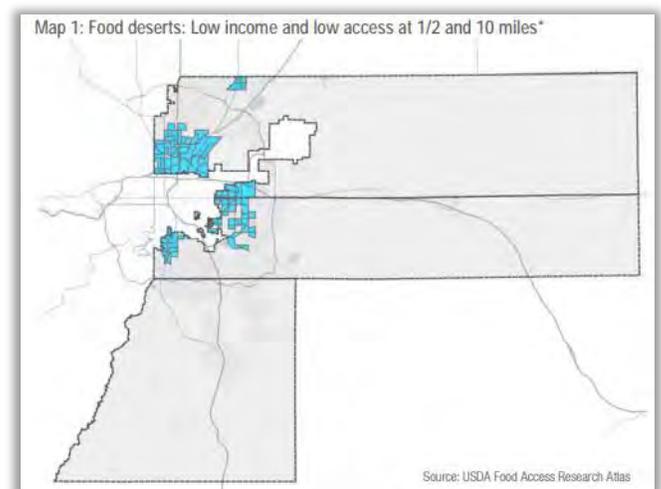


\*Child Health Survey, CDPHE, 2016 \*\*Healthy Kids Colorado Survey, 2015 (Adams and Arapahoe) and 2013 (Douglas) \*\*\*Pregnancy Risk Assessment Monitoring System, CDPHE, 2015

Inadequate diet due to food insecurity can contribute to chronic diseases such as overweight and obesity, cardiovascular disease, hypertension, stroke, diabetes, and some cancers. Food insecurity has been associated with poor pregnancy outcomes, including low birth weight and gestational diabetes, as well as stress, anxiety, and depression in pregnant women. For children, food insecurity is linked with lower cognitive indicators, dysregulated behavior, and emotional distress.

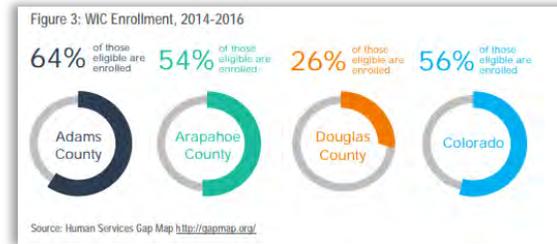
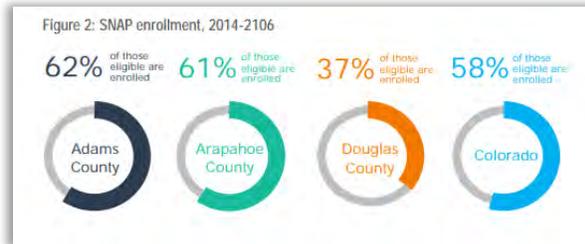
Barriers to obtaining and eating healthy and culturally relevant foods range from the ability to travel to the food outlets that carry healthy options, to high costs and limited income, to stigma and other barriers for utilizing food assistance programs. Neighborhood factors such as proximity to food outlets and transportation options to access food outlets have an impact on food insecurity. For example, food security can be fostered through greater proximate access to food resources such as grocery stores, food pantries, and gardens or farms.

The map illustrates low income census tracts where a significant number (at least 500 people) or share (at least 44%) of the population is greater than ½ mile from the nearest supermarket, supercenter or large grocery store for an urban area or greater than 10 miles for a rural area. It is evident that there are concentrated areas in Adams County where residents are more likely to experience barriers to food access and live further from food resources and services. However, it is important to note that people experiencing food insecurity live throughout Adams County, as food insecurity is a complex social and economic issue.



Food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) play a role in fostering food security for low-income residents in Adams County by providing assistance with purchasing food and education about the role of nutrition in nurturing healthy children.

While Coloradans' participation in these programs has improved, statewide numbers remain low in federal nutrition assistance programs.



### What is Tri-County Health Department doing about food insecurity in Adams County?

- Streamlining access to increase enrollment and utilization of WIC benefits. Dedicated WIC staff are co-located with Salud Health Center, Adams County Health and Human Service, Every Child Pediatrics, and Unison, in addition to our 4 WIC Clinics in Adams County.
- Improving referral systems to increase enrollment. Clients are being referred to WIC and SNAP by medical providers and community organizations due to direct outreach by our nutrition staff.
- Expanding access to Farmers Markets for WIC and SNAP participants. Established two Farmers Markets at Thornton Parkway/Huron St and Holly/ 120<sup>th</sup> and three community gardens in Brighton, Northglenn, and Thornton. SNAP benefits are accepted and families participating in WIC receive coupons for additional fruits and vegetables.
- Working directly with residents to improve neighborhood food environments. For example, TCHD supported the participation of 4 community leaders to attend the Latino Health Equity Conference: *The Power of Nutrition: Seeding Latino Food Equity*. This group has formed a learning community and are working community-based food projects.
- Through Food in Communities grant, staff are working with residents and community partners to identify community solutions for building on community food assets and addressing barriers.

### What could Tri-County Health Department do to fill gaps?

TCHD is proposing an Adams County Food Security Specialist to lead efforts in the area of food security in the Adams County region (funds requested: \$80,000). The proposed program/position is intended to include, but not be limited to the following activities:

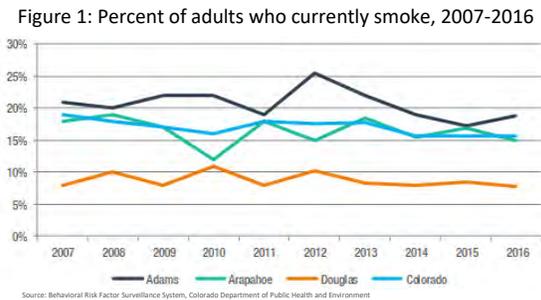
- Review and utilize data and community input to inform food access and outreach efforts.
- Community partnerships and alignment of work across systems and organizations.
- Provide technical assistance and training for community members, medical providers and community organizations to address community food needs (i.e. referrals, food pantries).
- Coordinate volunteers and partners to support current Farmer's Markets and Community Gardens and establish and support more markets and gardens in areas of high need.
- Increase enrollment and participation in SNAP, Summer Food Service Program and WIC to increase food availability for those in need.
- Increase healthy food retailers and those who accept WIC in areas of high needs.

## ADAMS COUNTY TOP HEALTH CONCERNS

### Tobacco and Vaping

#### What is the problem?

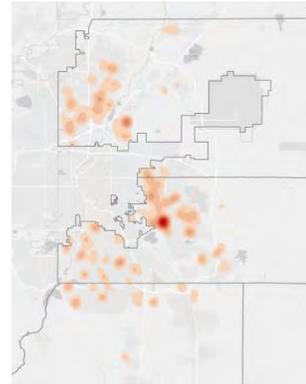
Tobacco use remains the leading cause of preventable death in Colorado and the US, contributing to the deaths of over 480,000 people, including 5,100 Coloradans each year. Adams County has among the



highest adult smoking, high school smoking, and high school vaping rates in the State. Adult smoking in Adams County has remained steady since 2011, hovering around 20% of the population.

Tobacco harms almost every organ in the body. Cigarette smoke contains more than 7,000 chemicals, at least 69 of which are known to cause cancer.

Figure 2: Heat Map of Lung Cancer Deaths, 2017

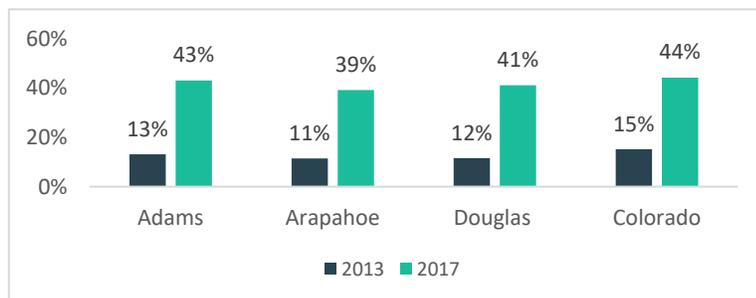


Source: Colorado Department of Public Health and Environment.

Smoking has been linked to at least 16 forms of cancer, and smoking is the leading cause of lung cancer. Smoking has also been linked to cardiovascular disease and chronic obstructive pulmonary disease (COPD). Three-quarters of diagnosed smoking-related conditions are chronic lung diseases among people who smoke.

Electronic smoking device (ESD) use, or vaping, among youth is increasing at an alarming rate, with an estimated 27% of Colorado high school students vaping and ESDs now being the second-most used substance among Colorado high school students. In 2017 an estimated 43% of high school students in Adams County reported having ever used an ESD. Nearly all ESDs contain nicotine, a highly addictive substance that is known to be harmful to the developing adolescent brain.

Figure 2: Percent of high school students who had ever used an ESD by county and year



ESDs are not regulated by the Federal Food and Drug Administration (FDA), thus marketing and sales practices have been deceptive and have targeted youth. ESDs are also not FDA-approved cessation devices; though many adults may try ESDs to get off traditional cigarettes, they remain addicted to nicotine and many continue to use both products. It has also been difficult for public health to keep up with industry innovations;

what we know works for preventing and reducing traditional tobacco use may not be as effective with vaping and emerging products.

### **What is Tri-County Health Department doing about tobacco use in Adams County?**

- Supports local communities in developing and expanding smoke-free policies by working with municipalities to include electronic smoking devices (ESDs) into clean indoor air laws.
- Supports local communities in developing retail regulations to reduce youth access to tobacco. Two municipalities are considering retail regulations and have convened a learning community in which all municipalities were invited to learn together about youth vaping, the retail environment, and public health best practices to reduce youth access to tobacco and vape products.
- Supports schools in development and implementation of Tobacco-Free Schools policies and partners with Adams 12 Five Star Schools on restorative discipline and implementation of the Whole School, Whole Child, Whole Community model.
- Partners with the City of Thornton to support an employee tobacco cessation program.
- Manages a tobacco cessation program specifically for pregnant women, *Baby and Me Tobacco Free*, conducted in all four Adams County TCHD clinic locations.
- Developing an innovative program in collaboration with the U.C. Skaggs School of Pharmacy to enable the University to train pharmacy students and pharmacists in the community in tobacco cessation. Students will be placed in pharmacies in high-burden communities and the trained students and pharmacists will provide tobacco cessation counseling and medications to clients.
- Partnered with Unison Housing Partners to develop smoke-free rules for the multi-family properties they manage and provided support in policy development, implementation, and enforcement, as well as tobacco cessation support for residents. TCHD has provided funds to Unison to train staff in tobacco cessation best practices in order to support residents in their quit journeys.

### **What could Tri-County Health Department do to fill gaps?**

- Increase staff capacity to actively guide and support organizational and municipal policy change.
- Increase support for cessation-focused activities throughout Adams County.
- Decrease use of tobacco and vaping products through public education and media placement.

With additional resources, an important step for TCHD to take would be creating an Adams County Tobacco and Vaping Control Coordinator who could work to coordinate efforts by existing partners and begin to fill gaps to implement the above activities.

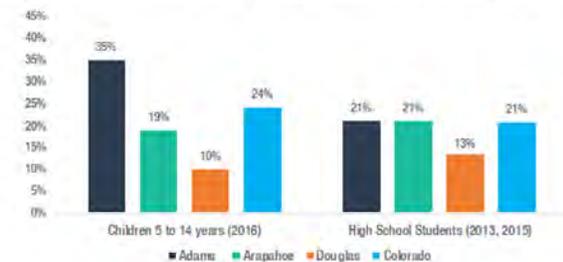
## ADAMS COUNTY TOP HEALTH CONCERNS

### Obesity and Related Chronic Disease

#### What is the problem?

According to the CDC, an estimated 300,000 deaths per year in the U.S. are the result of physical inactivity and poor eating habits. Being overweight or obese increases risk for many serious health conditions including hypertension, high cholesterol, diabetes, heart disease, stroke, and depression.

Figure 1: Percent of children and high school students who are overweight or obese



Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

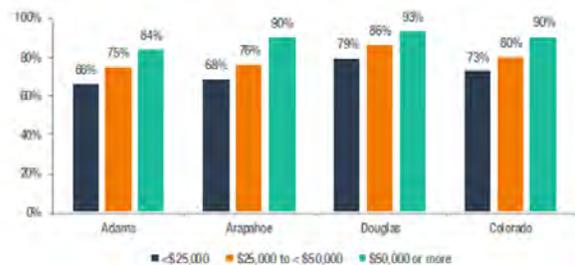
In Adams County, 35% of children and 21% of high school students are overweight or obese and almost 70% of adults in Adams County are overweight or obese (Arapahoe 58.2%, Douglas 56.4%, CO 57.8%).

Available dietary choices play an important role. The consumption of sugary drinks, for example, is linked to unhealthy weight gain, cavities, higher blood pressure, poor sleep and hyperactivity/inattention in children. Just one sugary drink/day

exceeds the recommended daily limit of added sugar for children. In Adams County, 16.2% of children ages 1-14 consume sugary drinks one or more times per day (Arapahoe County 17.9%, Douglas 11.6%, CO 15.3%) and 17.3% of Adams County youth ages 14-18 reported consuming soda at least once per day over the past week (Arapahoe 14%, Douglas 16.6%, CO 15.8%). In contrast, 30% of children in Adams County consume vegetables twice a day and, on average, two in five Adams County adults state they eat two or more servings of vegetables per day.

Opportunities for safe, healthy physical activity also contribute. Physical activity differs by income in Adams County and adults with lower income report lower levels, as illustrated by Figure 2.

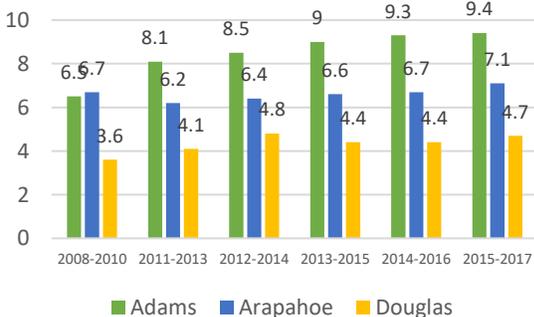
Figure 2: Percent of adults who are physically active by income, 2014-2016



Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

Closely correlated with obesity, the percent of adults with diabetes in Adams County has experienced a steadily increasing trend, as illustrated in Figure 3. In addition, prediabetes is reported among 9.9% of Adams County residents (Arapahoe 11.9%, Douglas 7.4%, CO 9.1%).

Figure 3: Percent of adults with diabetes



Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

Fortunately, we know that comprehensive, data-driven changes to policies, systems, and behaviors supporting a healthy weight can result in significant change.

### **What is Tri-County Health Department doing to prevent obesity and related chronic disease in Adams County?**

- Work with employer coalitions to promote adoption of best practices in workplace wellness. Currently work with 20 public and private employers reaching 10,280 employees in Adams County.
- Partner with medical offices and childcare centers in Adams County to promote breastfeeding-friendly certification and policy adoption.
- Provide education on the harms of sugary drinks and promote healthy beverage choices to audiences across the life span, as well as work towards policy options like promotion of healthy drinks in restaurant children's meals.
- Provide continuing education for childcare providers on healthy mealtime environments and developmentally appropriate physical activity. Promote completion of the [Healthy Eating Active Living Self-Assessment](#) and provide assistance with creation of action plans based on results.
- Provide healthy lifestyle classes for adults, using the National Diabetes Prevention Program curriculum, at community sites in Adams County, in both English and Spanish. Provide Diabetes Self-Management Education and Support classes for residents with Type II diabetes.
- Serve on school district wellness committees and engage with school leaders to understand district priorities and promote adoption of best practices for healthy school environments.
- Provide WIC services for approximately 12,700 women, infants, and children in Adams County, providing vouchers for healthy foods and nutrition/breastfeeding education and support to promote healthy lifestyles and optimal growth and development.
- Partner with community organizations in Adams County to increase access to healthy affordable foods through community gardens and farmers' markets that accept WIC/SNAP.

### **What could Tri-County Health Department do to fill gaps?**

- Assist with community engagement efforts to assess community strengths and determine what Adams County residents would like to see in their communities to promote healthy eating and active lifestyles.
- Increase engagement with policy makers to gain a deeper understanding of local priorities related to healthy eating and active living, which also links to mental health. Provide data to support increased awareness of the community and economic impacts of chronic disease burden and policy strategies to help mitigate and prevent negative impacts.
- Expand collaborations with schools and childcare centers in selected (higher risk) communities to promote adoption of best practices for healthy eating and physical activity, such as use of the Adams County [Farm to School toolkit](#).
- Partner with rec centers and healthcare providers to develop/promote Park Rx programs, such as the [Rx for Health program](#) in Westminster.
- Expand access to the Diabetes Prevention Program and Diabetes Self-Management Education.
- Help coordinate technical assistance to hospitals, higher education, and other community institutions in Adams County to increase policy/systems/environmental changes that will make healthy eating/active living the easy choice for all residents.
- Partner with programs like the Family Leadership Training Institute (FLTI) and local youth commissions to support community projects related to healthy eating/active lifestyles.

With additional resources, an important step for TCHD would be hiring an Adams County Obesity/Chronic Disease Prevention Coordinator who could coordinate efforts with existing partners and begin to fill gaps to implement the above activities.

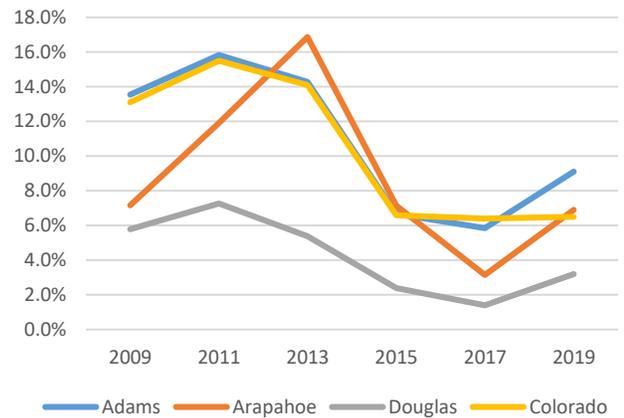
## ADAMS COUNTY TOP HEALTH CONCERNS

### Access to Mental and Physical Health Care

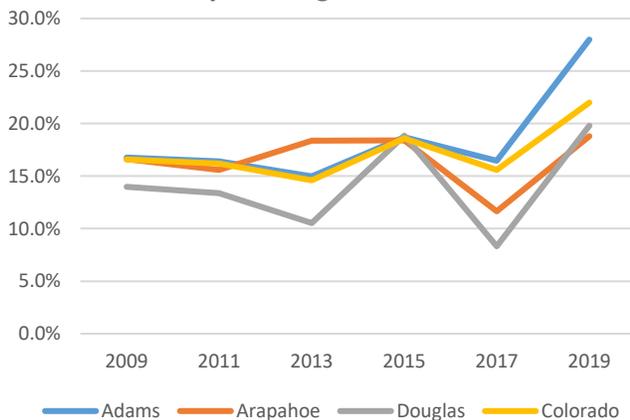
#### What is the problem?

Access to health care has improved in Colorado over the past six years, but it still remains a challenge for many of our residents and hence a top community health concern. According to the most recent Colorado Health Access Survey (CHAS), 9.1% of Adams County residents are uninsured, an increase from 5.8% in 2017. Furthermore, many barriers to actually using care exist even for those who are insured. For example, an increasing number of residents say that they are unable to make a doctor's appointment as soon as they thought one was needed, with 28% of Adams County residents describing this problem. Additionally, the CHAS survey found that in Adams County, respondents noted that because of cost concerns, they had not been able to fill a prescription (14%), receive needed general doctors' care (17%) or specialist care (17%), or access dental care (26%). Mental health is a particular concern and while 30% talked with a general doctor or mental health provider about their mental health, 12% were not able to get needed mental health care in the past month.

Health Insurance: Percent Uninsured, 2009-2019<sup>7</sup>



Barriers to Care: Inability to get an appointment at the doctor's office or clinic as soon as you thought one was needed.<sup>7</sup>



Overall, thousands of Adams County residents are unable to access behavioral, physical, and other care services in a system that is often confusing, unaffordable and inadequate to meet demand. Even if people are insured, provider capacity, additional barriers to receiving care – including transportation, cost, and appointment availability – can impede access to services. All people – commercially-insured and people with Medicaid – face these challenges. While there are many services in Adams County, the large geographic area lends to these services being dispersed yet concentrated in the urban areas; residents are often unable to get to timely services or not sure where to go.

In addition to accessing health care services, major gaps in service to address the health-impacting social needs of residents (e.g., nutrition support, transportation, housing, etc.) are significant and based on both the availability and accessibility of community-based services. Even when service capacity exists, barriers prevent individuals and families from successfully receiving services. These barriers include the significant time required to identify, locate and access community-based organizations; the substantial experience needed to successfully interact with clinical and community-based providers; the systems and infrastructure needed for successful screening, referral, and follow-up; and the ability for community-based providers to successfully meet all of the identified needs.

Changes in the political and social environment also impact access to care. The Latinx population makes up 41% of Adams County. Delayed access to care resulting from the chilling effect among immigrant

<sup>7</sup> Colorado Health Access Survey, Colorado Health Institute

families wary of “public charge” and other policies impacting immigrants is frequently cited as a serious concern among our partner organizations in Adams County. The 2019 CHAS found that the uninsured rate for children in families that identify as Hispanic has tripled since 2017. As availability of housing decreases, the cost of housing increases. The impact of rising rent costs and the housing crisis can lead to families having to choose between a roof over their head or needed medical treatment and care.

### **What is Tri-County Health Department doing about access to care in Adams County?**

- Administer the Healthy Communities Program to children and pregnant women eligible or enrolled in Medicaid and/or CHP+ with application assistance and access to services
- Care navigation of children with special needs and clients in our nurse home visit programs.
- Influence policy and policy implementation in key areas such as Medicaid, behavioral health parity, transportation, public charge and Census 2020.
- Convene Adams County Health Alliance, a network of over 25 partner organizations that meet regularly to respond to health access issues in Adams County.
- Support Community Hub development to improve access to services for residents by co-locating services in one space. Examples include partnerships with Farmer’s Markets at Anythink Libraries, housing authorities, and Early Childhood Partnership of Adams County.
- Support the facilitation of the Community Resource Network, an information sharing and networking opportunity among service providers in Adams County.
- Pilot innovative projects related to better access, including support to clinical providers through behavioral telehealth, pharmacist interventions, and behavioral health screening in WIC.
- Increase behavioral health provider capacity by facilitating introduction among partners
- Implementing a social determinants of health screening and referral as part of a regional initiative.
- Help streamline and reduce duplication of resource lists including paper copies, connect providers into the 2-1-1 system, and bring perspectives and lessons learned on the possible build out of a Social Health Information Exchange (SHIE) system that can provide feedback loops between community partners and medical providers and improve referral systems.
- Participate in Everyone Counts & Point-in Time events, and provide selected direct health care service (e.g., Immunizations; Family Planning; HIV, Hepatitis C, and STI testing).

### **What could Tri-County Health Department do to fill gaps?**

- Expand currently funded access to care programs targeting Medicaid and CHP+ to include services to those enrolled in Medicare and private plans.
- Coordinate efforts to build SHIE infrastructure and data sharing agreements between partners to enhance access to health impacting social/human services.
- Coordinate work across partners to develop community hubs through shared space; including financial contributions, through a shared funding model, to the shared cost of building space.
- Address the fragmented behavioral health system to move towards more providers accepting more payor sources and improved navigation of system.
- Expand navigators for seniors focused on health care coverage and access and other basic needs.

With additional resources, an important step for TCHD to take would be hiring an Adams County Health Care Access Coordinator to coordinate efforts by existing partners and begin to fill gaps by implementing the above activities.

## ADAMS COUNTY TOP HEALTH CONCERNS

### Injury Prevention

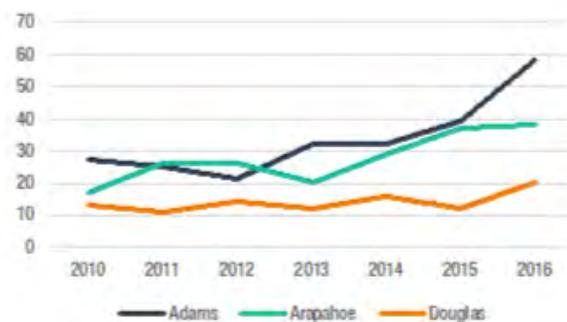
#### What is the problem?

Unintentional injuries are the leading cause of death among Adams County residents ages 1 – 44 and the third leading cause of death for individuals of all ages (2018, Vital Records Program, Colorado Department of Public Health and Environment). Unintentional injuries such as falls and motor vehicle crashes as well as intentional injuries such as interpersonal violence and homicides can be reduced through evidence-based approaches that alter policies, systems, and individual behavior. Three key areas on which to focus include older adult falls, motor vehicle crashes, and injuries related to firearms.

#### Older Adult Falls

Among older adults, falls are the leading cause of fractures, hospital admissions for trauma, and injury deaths. In the Tri-County area, over one-quarter (26%) of adults over the age of 18 experienced at least one fall in the last year (2016). After a fall and hospitalization, only 28% of older adults return to their homes. This is particularly relevant for Adams County, which is projected to experience one of the fastest growing populations ages 65 and older in Colorado; between 2015 and 2030, the number of people age 60 and over is expected to increase 69% in Adams County.

Figure 1: Number of fatal car crashes, 2010-2016



#### Motor Vehicle Safety

By counts alone, fatal vehicle crashes have risen over the last several years. There were 63 fatal car crashes in Adams County in 2018. In one-third of those, at least one person involved in the crash was not using a proper restraint system. Between 2010 and 2016, impaired driver-related fatal crashes increased in Adams County, along with distracted driving-related fatal crashes and fatal crashes involving no restraint or no helmet.

#### Firearms

The Children’s Hospital of Philadelphia estimates that one in three U.S. homes with children have guns, and that people with access to firearms are at greater risk for homicide and suicide than those without. Between 2000 and 2016, 83 youth aged 17 and under died in Adams, Arapahoe, and Douglas Counties due to firearm-related violence. In Adams County, approximately half (51%) of all suicide deaths in 2016 involved a firearm. Across the Tri-County area, about one-quarter (23%) of firearm-related deaths were due to homicide (n=476) and nearly three-quarters (74%) were due to suicide (n=1,551); the remaining 3% were due to accidental discharge, legal intervention, or undetermined intent. Most of the people who died in a firearm-related incident were male and white.

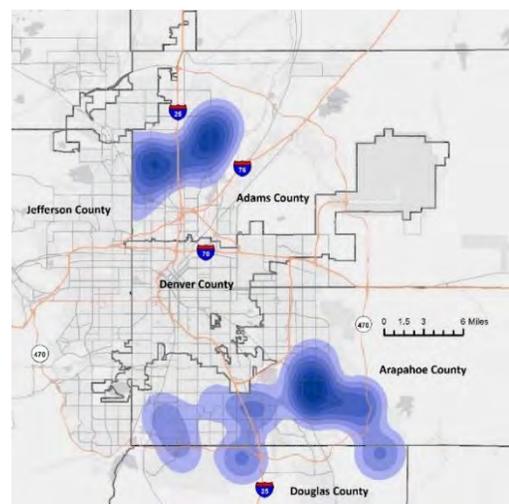


Figure 2: Suicide firearm deaths in Adams, Arapahoe, and Douglas counties among youth ages 0-17, 2000-2016, n=46. Vital Statistics Program, CDPHE.

### **What is Tri-County Health Department doing about injury prevention in Adams County?**

- Partnering with the Denver Regional Council of Governments and community organizations to offer free, evidence-based fall prevention classes entitled *A Matter of Balance* to adults age 60 and over in active adult centers, independent living senior residences, recreation centers, and other easily accessible locations.
- Coordinating the Communities That Care prevention program along the I-70 corridor to prevent youth crime and violence, as well as substance use initiation. This model helps local communities identify and assess relevant risk and protective factors and then select from a menu of effective, evidence-based programs and strategies to address the specific needs of local youth.
- Facilitating the Adams County Child Fatality Review Team, which conducts systematic, comprehensive, multidisciplinary reviews of all preventable childhood deaths in order to make population-based recommendations to improve the health and safety of children and prevent future deaths.
- Serving on the Safe Kids Denver Metro Coalition, working collaboratively to reduce injuries in young people ages 0-19 across the Denver metro region.

### **What could Tri-County Health Department do to fill gaps?**

- Increase access to evidence-based interventions such as *A Matter of Balance* that target the specific causes of falls that result in most injury hospitalizations.
- Educate policy makers and the public on the benefits of strengthening graduated driver licensing to better align with best practice by increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate license from age 16 to 17 and expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.
- Educate policy makers and the public regarding the benefits of paid family leave, which is associated with reduced hospitalizations, infant mortality, and child maltreatment.
- Provide education, tools, and supports to school districts to delay school start times to after 8:30 a.m., helping ensure young people avoid risks associated with sleep deprivation such as alcohol use and thoughts of suicide.
- Educate policy makers and the public regarding evidence-based strategies to reduce unsafe use of alcohol such as regulating alcohol outlet density and increasing electronic screening and brief intervention.
- Explore strategies to reduce gun violence such as promotion of the use of safe storage to provide an easy way for families to protect against unsafe gun use.
- Gather, assess, and disseminate information to better understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities and effective prevention strategies to prevent future firearm deaths.

With additional resources, an important step for TCHD to take would be creating an Adams County Injury Prevention Coordinator who could work to coordinate efforts by existing partners and begin to fill gaps to implement the above activities.

## ADAMS COUNTY TOP HEALTH CONCERNS

### Sexual Health and Teen Pregnancy

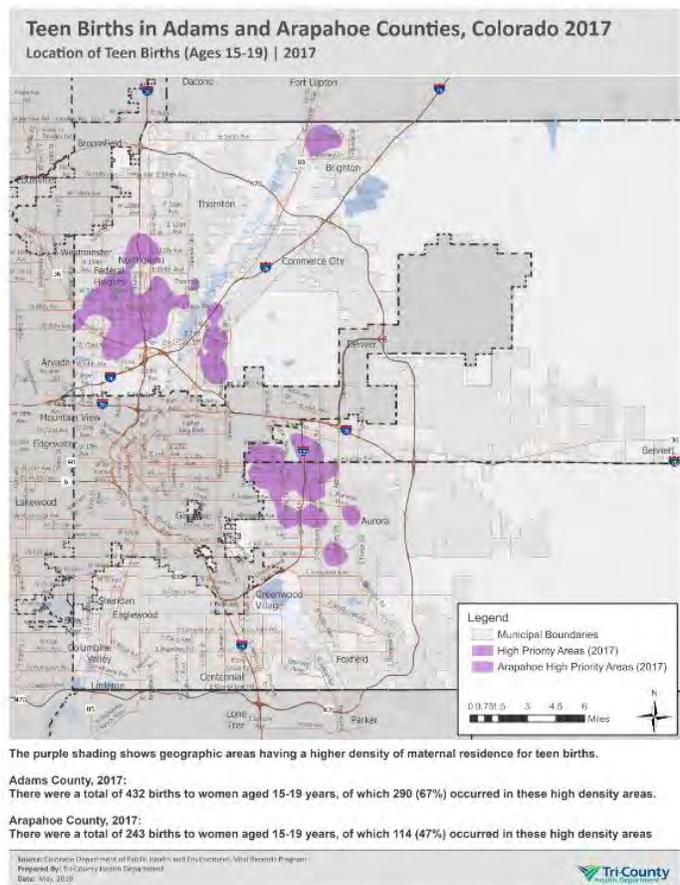
#### What is the problem?

Marked declines in birth to teens (defined as girls aged 15-19 years) have been observed in Colorado since 2009 when the Colorado Family Planning Initiative began, which improved access to long acting reversible contraception (LARC) for low income women through Title X Family Planning Clinics. During 2009 to 2018, in Adams County the number of teen births decreased 58% and the teen birth rate dropped 60%, paralleling a 64% decrease for Colorado statewide.

However, disparities are evident as Hispanic girls are disproportionately impacted. During 2018, 73% of all teen births occurred to Hispanic mothers and birth rates were 2.8 times higher than for white teens. Although Hispanic teen birth rates were similar to Black teens, only 6% of all teen births occurred to Black mothers.

A geographic analysis identified five areas within Adams County with a relatively higher density of teens births based on maternal addresses —Aurora (northeast corridor), Brighton, Commerce City, Federal Heights, and Northglenn. Two-thirds of Adams County teen births occurred to teens residing within these geographic areas, again affecting predominantly Hispanic teens. Relative to other areas in Adams County, the population in these high risk areas also experience lower median household income, higher poverty, higher unemployment rates, and dependence on Medicaid or lower health insurance coverage.

In 2018, Tri-County Health Department conducted a qualitative project to learn more from Hispanic teens and parents in Aurora regarding risk and protective factors for teen pregnancy. Common themes arising from community conversations included teens wanting to avoid pregnancy; access to accurate sexual health information whether through parent communication, peers, or schools; and access to contraception.



## **What is Tri-County Health Department doing about teen pregnancy in Adams County?**

- Provide direct teen-centered sexual health patient care in two TCHD clinics in Adams County. 21% of all clients in the Westminster clinic were teens aged 19 years and younger; 30% of teens in the Westminster clinic received LARC; Teens residing in Adams County visited the TCHD sexual health clinics a total of 572 times.
- Coordinate a teen taskforce to focus on increasing access to sexual health services at TCHD clinics.
- Provide interactive sexual health education classes for Adams County high school students (883 students in 2018); curriculum included accurate, unbiased information on birth control methods and sexually transmitted infections.
- Published a formal report on the qualitative assessment of risk and protective factors for teen pregnancy in collaboration with Trailhead Institute.
- A teen-focused sexual health webpage is available on TCHD's website [www.tchd.org/386/Birth-Control-and-Sexual-Health](http://www.tchd.org/386/Birth-Control-and-Sexual-Health).
- Implemented an external marketing campaign in 2018 to increase awareness and interest in sexual health services. The campaign ran during May to June and targeted young adults aged 18 to 25 years. TCHD ran digital and radio ads, which resulted in more than 10,000 web visits.
- Provide data for community partners, stakeholders, and foundations to assist with decision making and program planning.

## **What could Tri-County Health Department do to fill gaps?**

Decreasing teen birth rates and improving teen sexual health in Adams County is complicated and requires a multi-pronged approach with community partners. Many external partners are already deeply involved in promoting teen sexual health in Adams County, offering an array of targeted programs.

Using information gathered from TCHD, community partners, and teens and their families, these are identified gaps and needs to improve teen sexual health:

- Accurate, unbiased, and comprehensive sexual health education for all youth and their parents
- Better teen-parent communication about sexual health
- Parental education and support about how to talk with their teens about sexual health
- Better coordination and communication with community partners working in teen sexual health
- Confidential access to sexual health services

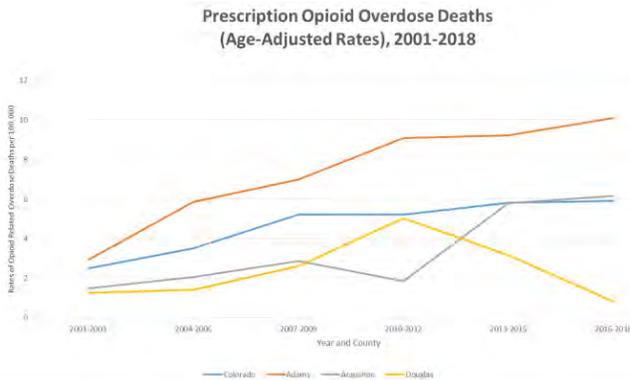
With additional resources, an important step for TCHD to take would be hiring an Adams County Teen Pregnancy Coordinator who could work to coordinate efforts by existing partners (such as schools, providers, youth-serving organizations) and to fill gaps to implement the above activities.

## ADAMS COUNTY TOP HEALTH CONCERNS

### Substance Use and Drug Overdose

#### What is the problem?

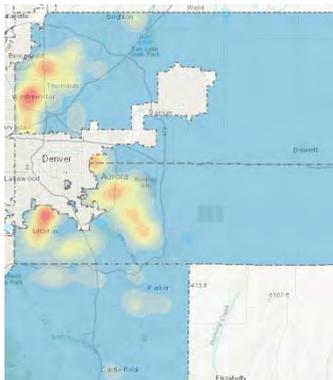
Deaths due to drug overdoses have been increasing across Colorado for the last decade. This includes all drug deaths and specifically deaths due to opioid overdoses. Between 2013 and 2017, 473 Adams County residents lost their lives to a drug overdose. Nearly half (232) were due to pharmaceutical opioids and 83 to heroin. Adams County has one of the highest death rates due to drug overdoses and opioid overdoses in Colorado.



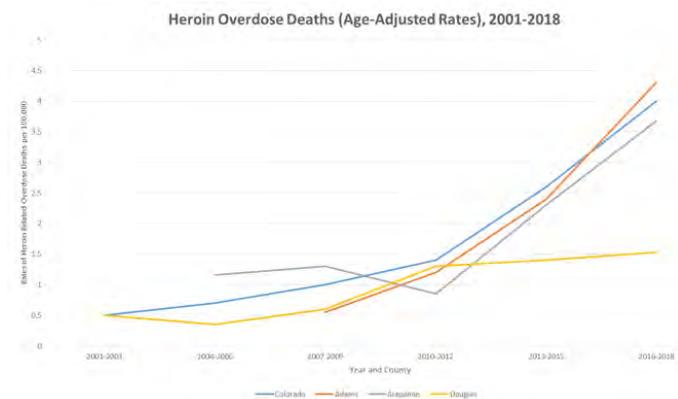
As the use of heroin and other illicit drugs has increased, so have the health concerns for people who inject drugs (PWID). PWID are at higher risk of acquiring HIV and Hepatitis C (HCV) infection through injection equipment sharing and high risk sexual behaviors. In 2016, 46.3% of acute HCV cases in Colorado were attributed to injection drug use (IDU) and 13.4% were from the TCHD area. There were 106 new HIV cases in the TCHD area in 2015 (7.3 per 100,000)<sup>8</sup> and 12 cases (11.3%) were

associated with IDU. Comprehensive syringe access programs reduce the risk of HIV and HCV infection transmission and prevent opioid overdose deaths.

Heat Map of Heroin Deaths, Adams, Arapahoe, and Douglas Counties, 2013-2018



Source: Vital Statistics Program, Colorado Department of Public Health and Environment



Alcohol is the most commonly used substance among youth, followed by nicotine and marijuana. More than a quarter (29%) of Colorado high school students reported recent alcohol consumption, and 19% reported recent use of marijuana in 2017. Youth use of opioids remains low. In 2017, 5.1% of high schools students in Adams County, 4.7% in Arapahoe County, and 5.9% in Douglas County reported having taken any prescription drug without a doctor's prescription in the last 30 days.

<sup>8</sup> CDPHE <https://drive.google.com/drive/folders/1GanFSgYNqACDoOXoNkEC0rYKYAatorQyV>

### **What is Tri-County Health Department doing about substance use in Adams County?**

- Facilitates the Tri-County Overdose Prevention Partnership, a collaborative effort of providers and members of the public in Adams, Arapahoe, and Douglas counties working to address substance misuse and reduce overdose deaths.
- Adams County now has 12 permanent medical disposal locations. This is a significant increase from 1 location in 2015. TCOPP Safe Disposal Work Group was directly involved in this increase and some of these new locations signing up. Now the Work Group is focused on increasing awareness of these locations and the importance of safely disposing of medications. One example: Thornton Fire has developed public awareness materials promoting the importance of safe disposal and locations within the City of Thornton. They have worked to post in pharmacies throughout the City.
- TCOPP has provided continuing medical education events for healthcare providers in Adams County (five events to date, two located in Adams County) with the focus on alternatives to opioids and safer pain management strategies.
- TCOPP also completed an 8-month Community Pharmacist Pain and Opioid Use Pilot in two Adams County medical practices, supporting primary care practices in managing patients with pain using a community pharmacist model. Evaluation of the pilot is underway though preliminary results are positive.
- TCHD conducts harm reduction outreach in multiple areas across Adams County. This includes safe injection education and supplies, naloxone (overdose antidote medication), and referral to treatment for those requesting it.
- TCHD and TCOPP support public awareness of the opioid crisis by hosting an annual International Overdose Awareness Day event, which in 2019 was held at the Centura Health 84<sup>th</sup> Avenue Neighborhood Health Center in Westminster.

### **What could Tri-County Health Department do to fill gaps?**

- TCHD and many partners are interested in starting a community coalition focused on primary prevention of substance use and misuse among youth, modeled on the successful coalition in Douglas County through another grant. TCHD applied for a federal grant for this work, which was not awarded. TCHD is committed to this effort and will continue to seek funding. Funding has been identified through June 2020 for startup efforts only.
- Primary care practices are requesting further assistance in managing patients with pain more comprehensively. Navigation of the resources for substance use treatment, behavioral health, and alternatives to opioids continues to be a barrier for residents. Funding could cover programs or FTE that can support this navigation and address barriers for providers in supporting their patients and patients in accessing appropriate care.
- Expand harm reduction/syringe access programs to include syringe access in targeted areas.
- Create comprehensive programming to address all substance use, including opioids, tobacco, and alcohol.

TCHD has received an allocation of funds from the legislature through SB19-228 that will fund opioid-specific work through June 2020. Beyond June 2020, additional funding may be needed to address sustainability and expansion of projects listed above.

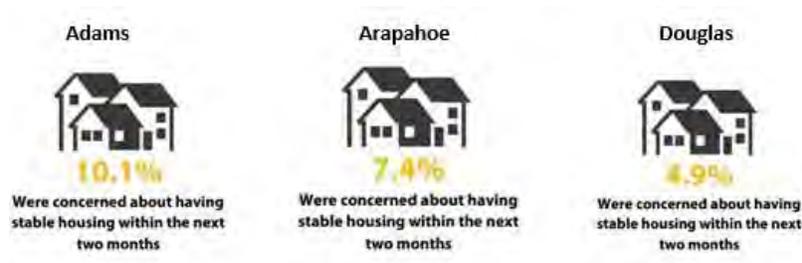
## ADAMS COUNTY TOP HEALTH CONCERNS

### Health and Housing

#### What is the problem?

Access to safe, attainable, and healthy housing is directly associated with positive physical and mental health outcomes and underlies one's ability to access jobs, food, medical services, and other essentials that are vital to well-being. In fact, stable, healthy housing is considered one of the most important factors in lifelong health outcomes. In the 2018 TCHD Community Health Assessment, community members and partners reported that affordable housing of good quality is a significant problem, with 10% of Adams County residents reporting concern about having stable housing in the next two months.

Figure 1: Self-report of housing instability, 2019



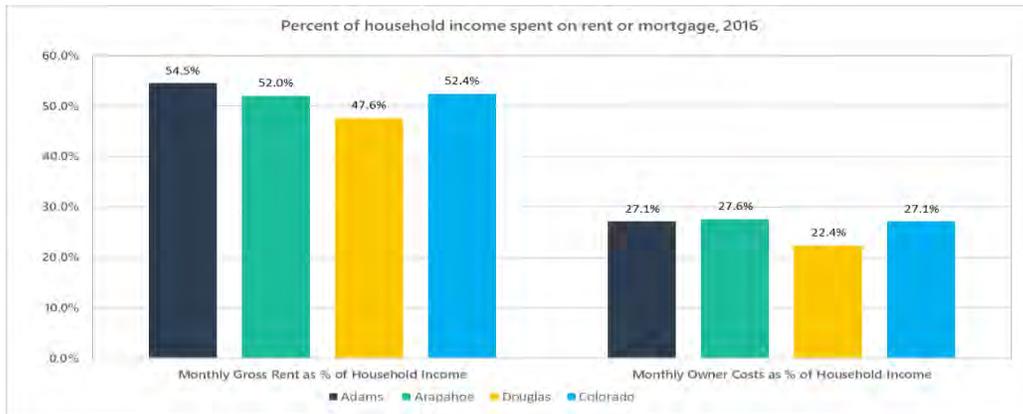
Source: Colorado Health Access Survey, 2019

Poor housing conditions are associated with a wide range of health conditions (e.g., respiratory infections, asthma, lead poisoning, injuries, poor mental health). Housing “quality” includes structural soundness, handicap accessibility, and indoor air quality (eg, mold, radon), among other characteristics.

The Denver Metro region's population has grown and wages have stagnated. Housing cost has outpaced increases in wages. From 2012 to 2016, while median monthly household income for Adams County residents increased by 15% to 18%, median monthly rent increased by 26% to 30% and median home value increased between 35% and 51%. A standard first promoted by the U.S. National Housing Act of 1937, and still in use today, is that households should not spend more than 30% of income on rent or a mortgage so enough money remains to cover non-housing related needs. Because of high cost of living, renters in Adams County are having to spend  $\geq 50\%$  of their monthly income on rent. Research shows that when families are spending more than 30% of their income on housing expenses, they need to make difficult choices to forego needed services and care to address their health.

Housing instability (e.g., having trouble paying rent, overcrowding, moving frequently, or spending the majority of one's income on rent) can negatively impact health and make it difficult to access health care. When residents are involuntarily displaced from a community due to housing cost or conditions, their connections to school, health providers, jobs, and social network are disrupted which can have lasting impacts on health outcomes. Homelessness, which is a state of housing deprivation, is increasing in prevalence in Adams County, although current measures are likely underestimates. In January of 2019, the annual Point in Time Count for Adams County reported 483 homeless people (more than double the number in 2017). This count encompasses only a 24 hour snapshot and includes those on the streets, and in shelters and transitional housing and does not account for individuals or families who are 'doubled up' or 'couch surfing.'

Figure 2: Percent of household income spent on rent or mortgage, 2016



Source: U.S. Census, American Community Survey 5-Year Estimates 2016

### What is Tri-County Health Department doing about health and housing in Adams County?

- Providing technical assistance to housing providers and policy making bodies to promote innovative approaches to healthy smoke-free housing.
- Developing model policy language for housing and land use plans and regulations.
- Supporting collaborations to address housing quality, attainability, displacement, and homelessness.
- Working across TCHD programs for streamlined screening activities and coordinated response protocols to address housing needs of TCHD clients.
- Screening and referring clients for social factors such as food insecurity and housing problems; part of a regional initiative that informs federal healthcare policy and reimbursement.
- Providing outreach to people experiencing homelessness around harm reduction (e.g. syringe access) and Hepatitis A vaccination.
- Receiving referrals from doctors and hospitals treating asthma patients for home inspections and providing recommendations to help make the home healthier.
- Facilitating a radon initiative to promote radon testing and radon resistant construction policies.

### What could Tri-County Health Department do to fill gaps?

After convening a group of housing partners last spring, the following areas were identified as priorities for TCHD to collaborate on to collectively address housing quality and stability in Adams County.

- Work across sectors to develop messaging to build broad support for housing related issues.
- Continue capacity building with housing providers, land use planners, and health care providers to address housing quality and stability.
- Support regional and state-wide efforts to build stronger connections between health care treasury and Medicaid funding to address housing stability.
- Expand our agency's approach to healthy housing initiatives to incorporate innovative cross-sector strategies for supporting landlords with maintaining high quality housing.

With additional resources, TCHD could help lead efforts to address these issues and also improve communications and messaging to shift the public dialogue toward greater understanding of the strong link between housing stability and health.

# **Tri-County Health Department: Briefing on Adams County Concerns**

John M. Douglas, Jr., MD  
Executive Director  
Tri-County Health Department

October 8, 2019

# Top 10 Health Concerns for Adams County

- Mental Health\*
- Air Quality
- Food Insecurity\*
- Tobacco/Vaping
- Obesity and Related Chronic Disease\*
- Access to Mental and Physical Health Care\*
- Injury Prevention
- Sexual Health and Teen Pregnancy
- Substance Use/Drug Overdose\*
- Health & Housing

\* PHIP-related

# Position Request (3-county)

## **Mental Health Promotion/Suicide Prevention Manager**

*1.0 FTE/\$120,000 salary and fringe plus \$10,000 computer, supplies and travel*

*Masters required in related field and minimum of three years relevant professional experience*

### Purpose:

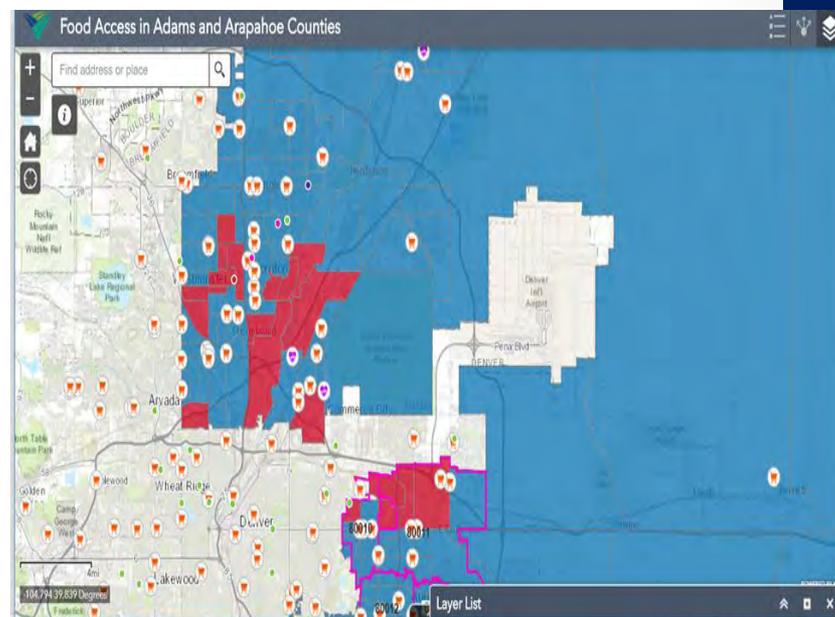
- Fulfill 2019 revision of foundational public health capabilities/services (SB 08-194 core public health capabilities), now including injury prevention and behavioral health promotion
- Ensure achievement of Public Health Improvement Plan mental health goals among all age groups
- Facilitate alignment of mental health & suicide prevention efforts among hospitals, human services, state partners & other metro agencies
- Engage educators, law enforcement, providers, policymakers & the community in mental health promotion and suicide prevention solutions

# Food Insecurity in Adams County

**Food Insecurity: Limited or uncertain availability of nutritionally adequate and safe foods**

**Areas lacking access to fresh fruits, vegetables and other healthy foods**

- Those experiencing food insecurity:
  - 38% of children ages 1-14 (2017 CHS)
  - 17% of High School students (2015 HKCS)
  - 9% of pregnant women (2017 PRAMS)
  - 25% of adults over age 60 (2017 BRFSS)
- Food Program Use in Adams County
  - WIC enrollment among those eligible: 64%
  - SNAP enrollment among those eligible: 62%
- TCHD has limited FTE and resources outside of restricted WIC Program and other grants to address food insecurity



# Requested Position (Adams County): Food Security Specialist

- Activities
  - Review and utilize data to inform targeted outreach and efforts
  - Community partnerships and alignment of work across systems/organizations
  - Training and technical assistance on food insecurity and nutrition programs to community and medical organizations
  - Outreach and enrollment/referral for eligible but not enrolled in SNAP, WIC, Summer Food Service Program
  - Co-location of TCHD services with community partners
  - Farmer's Markets and Community Garden coordination and volunteers
  - Other Innovations in Food Access identified
- Requested Funds: \$ 80,000
  - Personnel \$74,000
  - Training \$1,350 local and state training
  - Operating \$4,650 local travel, computer, office supplies

# Expected Outcomes

- Decreased food insecurity rates in Adams County – long term outcome
- Increased number of medical providers screening for food insecurity
- Increased participation rates by those eligible in the WIC and SNAP programs by 3-5%
- Increased target participation rate in SNAP to state average of 30%
- Increased redemption of WIC eligible foods through grocery store colocation and education
- Increased access to healthy foods through increased participation at community gardens and farmers' markets

# Air Quality Concerns in Adams County

- Over past decade, increase in concerns related to Air Quality
  - Oil and gas
  - Ozone non-attainment
  - Other industrial sources
- TCHD has limited capacity to address concerns
  - Following budget cuts early 2000s, CDPHE assumed air quality monitoring responsibility
  - Limited residual TCHD capacity (0.15 FTE, part of landfill oversight position)
- New opportunities to address air quality
  - Likely downgrading of Metro area to serious violator of ozone standards
  - Recent legislation and Executive Orders regarding air quality
- Important for local governments/public health to be active in new legislative/regulatory landscape

## Polis signs executive order on air quality

Joey Bunch, Colorado Politics Aug 23, 2019 Updated 6 hrs ago 0



Colorado Governor Jared Polis is pictured while testifying on the impact of climate change in Colorado during the first U.S. House of Representatives Select Committee on the Climate Crisis at CU Boulder on Thursday, Aug. 1, 2019, in Boulder. The hearing was titled "Colorado's Roadmap for Clean Energy Action: Lessons from State and Local Leaders" and was held at CU Boulder's Wittemyer Courtroom.

(Photo by Andy Colwell, special to Colorado Politics)

Gov. Jared Polis is using the dog days of August to get busy governing with executive orders, issuing a proclamation on air quality Thursday afternoon.

# Requested Position (Adams County): Air Quality Specialist

- Most Metro LPHA peers have some level of AQ program
  - Mix of CDPHE contracted inspection work (Weld, Jefferson, Larimer) and locally funded staff (Denver, Boulder)
- Proposed activities of TCHD Air Quality Specialist for Adams County
  - Identify priority local/regional air quality issues that impact health and possible solutions (e.g., recent Colorado Environmental Public Health Tracking grant)
  - Enhance local air monitoring; identify and implement optimal approaches for expanded AQ monitoring in Adams County.
  - Support and/or conduct community level, regional, and where appropriate state level initiatives to reduce emissions that have an adverse impact on health
  - Plan policy development activities and outreach work by engaging with multiple stakeholder groups (e.g., local governments, community coalitions, other health departments)
- Requested funds: \$103,000
  - Personnel \$100,000
  - Operating \$3,000 computer, office supplies, local travel

# Air Quality Specialist: Expected Outcomes

- Enhanced regional coordination on air quality matters that impact Adams County
- Strategies implemented to increase local air pollution monitoring within the County
- Collaboration with county staff in
  - addressing public concerns and anticipating/mitigating potential risks associated with air emissions from oil and gas development around populated areas
  - incorporating air quality monitoring & control in comprehensive plans and land use planning
  - leveraging new legislative initiatives related to air quality
- Enhanced response to citizens' concerns regarding air pollution and health effects

# Air Quality Monitoring Options for Consideration

- An enhanced monitoring program can be designed based on needs identified.
  - General AQ “criteria” pollutants ( $O_3$ , CO,  $NO_x$ ,  $SO_2$ ,  $PM_{10}$ ,  $PM_{2.5}$ )
    - Permanent/Mobile monitoring sites
    - Estimated costs range (~\$235K - \$435K)
  - Localized concerns, e.g. Oil and Gas (VOCs, Hazardous Air Pollutants – known/probable cancer causing chemicals/serious health effects – benzene)
    - Targeted VOCs/HAPs– site specific monitoring/complaint response
    - Estimated costs range (~\$180K - \$375K)
  - Particulate Matter (PM) monitoring, e.g. local traffic / vulnerable populations such as schools
    - Low cost sensors (Purple Air monitors, Clarity sensors)
    - Estimated costs (\$300 - \$1,000 per monitor)
    - TCHD received CDPHE grant to deploy 6 low cost sensors in Adams County

# Questions