

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Boulder County Public Health Auditorium November 9, 2015

BOH Members Present: President Gregg Thomas; Vice President Don Misch, M.D.; and Board Members Olga Bermudez, Sonya Jaquez-Lewis, and Jorge DeSantiago.

Staff Members Present: Public Health Director Jeff Zayach; Director of Health Divisions Heath Harmon; Community Health Division Manager Andrea Poniers; Family Health Division Manager Heather Matthews; Women, Infants, and Children (WIC) Manager Melinda Morris; Child Health Promotion (CHL) Program Coordinator Sarah Scully; Youth Sexual Health Specialist Jocelyn Masurat; Health Planning and Evaluation Specialist Megan Noel; Biostatistician Talia Brown; and Administrative Division Manager Tammy Golden.

Meeting Called to Order.

President Thomas called the meeting to order at 5:33 p.m.

Staff Introductions: Director of Health Divisions Heath Harmon introduced new staff members Health Planning and Evaluation Specialist Megan Noel and Biostatistician Talia Brown, who are part of the Health Planning and Epidemiology (HPE) Program team that is part of the Strategic Initiatives Branch. The Board welcomed them to BCPH.

ITEM 1. Public Comments (on unscheduled agenda items).

None.

ITEM 2. Consent Agenda.

- A. Approval of October 12, 2015, Board of Health Meeting Minutes.**
- B. Approval of September 2015 Financial Report.**
- C. Approval of Letter of Support for LiveWell Colorado Harvest Bucks Grant Application to U.S. Department of Agriculture (USDA) Food Insecurity Nutrition Incentive (FINI).**
- D. Approval of Letter of Support on Proposed Changes to State Board of Health Rules and Regulations Governing Child Care Facilities in Colorado.**

Board Member Jaquez-Lewis asked that Item 2B be removed from the consent agenda for further discussion under Item #6A.

Vice President Misch made a motion, which was seconded by Board Member Jaquez-Lewis, to approve Consent Agenda Items 2A, 2C, and 2D, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion approved.

ITEM 3. Update on Long-Acting, Reversible Contraception (LARC).

Community Health Division Manager Andrea Poniers and Youth Sexual Health Specialist Jocelyn Masurat presented this item and said it was a follow-up to the healthy and intended pregnancy (HIP) update pro-

vided to the Board in November 2014 when staff presented on HIP strategies, including the emphasis placed on LARC.

Ms. Masurat said although reports about LARC in the media transitioned from a public health issue to a morals and ethics issue, there are efforts to move discussions back into the public health arena. She said she is a member of the Boulder Valley School District (BVSD) School-Based Health Center Planning Committee; she also surveyed BCPH staff serving teen pregnancy clients to document issues they have experienced with community medical providers and clinics. She said many clients are being denied or counseled against using LARCs by medical providers instead of being encouraged to use them.

Ms. Masurat and Ms. Poniers said staff has developed a database to document and track teen pregnancy issues clients are experiencing, including being denied or counseled against using LARCs. With assistance from an MPH (Master of Public Health) intern, they will be conducting an assessment to determine availability and accessibility of LARC in the community. By the end of the year they would like to talk with front desk staff of 20 medical providers and clinics to assess availability of LARC, their processes for distributing LARCs, etc. BCPH will also be interviewing providers to determine how they provide LARC counseling, their comfort level working with LARCs, etc. BCPH will also be targeting teens and Spanish clients, which is in line with HIP objectives.

Staff said one reason providers may be hesitant to prescribe LARCs is because they want to be assured their clients are definitely committed to using LARCs. The providers want to protect their own interests since LARCs are very expensive to prescribe (over \$800). Many clinics can't afford to stock LARCs because of these high costs, so BCPH would like to determine if Medicaid can help to offset costs. Board Member Jaquez-Lewis said she has a pharmaceutical background and offered to help staff strategize this work with the providers.

Ms. Masurat and Ms. Poniers outlined the three-year LARC work plan, which establishes the vision and strategies for Years 1, 2, and 3 with regard to LARC, intended pregnancy, and parenting and early childhood. They said it is challenging because Title X funding has been cut by approximately 30% (i.e. Title X Family Planning Program provides free or reduced family planning services for low-income and/or uninsured people, including those ineligible for Medicaid who may not otherwise have access to the services). Staff also noted that Colorado Department of Public Health and Environment's (CDPHE) anonymous donor-funded Family Planning Initiative has provided free or low-cost LARC to low-income women in Colorado.

Year 1 strategies include:

- Exploring options for increasing LARC reimbursement. A new intrauterine device (IUD) called LILETTA has been approved by the U.S. Food and Drug Administration (FDA) and is now available in the United States (is already available in Europe). It was designed with affordability in mind; the price is closer to \$50 compared to \$800 for other forms of LARC.
- Increasing availability of LARC by making providers more aware of available options, researching barriers to LARC access, developing a plan for expanding LARC access, and identifying a local LARC champion within the medical community.
- Advocating for Title X funding when possible. Ms. Poniers said this must be a community effort, not just those of Boulder County Public Health.

Board Members Bermudez and Misch volunteered to help staff advocate the use of LARC in the community and champion the cause.

Ms. Masurat said with regard to unintended pregnancy, the Year 1 strategy is to increase responsiveness of LARC providers. Staff will be working with youth to discuss teen culture, Latino culture, and assess the “teen-friendliness” of providers. Staff wants to determine if GENESIS and GENESISTER clients feel welcome and comfortable when visiting clinics.

Ms. Masurat said staff would like to expand its “Askable Adult” training and evaluation, updating and adapting the curriculum as needed. At the last training session, 37 people who work with youth attended to learn how they can: become askable adults; conduct difficult conversations with teens; respond when teens approach them with questions about sexual youth, gender identity, etc.; and serve as good resources for teens. She said LARC is discussed at the training. Staff also strives to increase capacity for confidentiality and developing and implementing solutions for sexual health services. Ms. Masurat said staff will be working with clients to ensure that mothers have appropriate access to prenatal care and education and can support basic physical and emotional needs of their families.

Ms. Masurat said some clients don’t have a lot of information and self-efficacy pertaining to contraception; others aren’t lacking information about sex health but do lack hope for the future. Many don’t have preferred lifestyles modeled for them, so they don’t see a path for themselves other than raising families, which is all they know. They view college as something that’s an option for others but not themselves. Some are in families where there is a lot of trauma and instability, so pregnancy is attractive to them, as it will provide them with a baby to love and care for. GENESIS and GENESISTER work with clients to show they do have the ability to attend college and pursue other opportunities. Ms. Poniers applauded the success of GENESISTER, where the average pregnancy rate for siblings of teen parents is only 1%, compared to 25% in the general population. She said of active GENESISTER clients, more than 90% utilize contraception, with most using LARC; only 4-6% use LARC in the general population.

In the future, staff would like to expand efforts to include work with other at-risk populations, not just the siblings of GENESIS clients. They will be working with the Nurse-Family Partnership (NFP) on intended pregnancy issues too.

Boulder Valley School District (BVSD) is focused on having a sustainable school-based health center to help address students’ health needs. Public Health Director Zayach noted one of the challenges the centers face is sustainability. They receive grant funding for a few years but must identify sustainable funding thereafter. BVSD is grant-funded through 2016 and plans to focus on serving Medicaid clients.

Public Health Director Zayach and the Board thanked staff for the update.

ITEM 4. Presentation on Findings from Early Childhood Assessment.

Family Health Division Manager Heather Matthews introduced Women, Infants, and Children (WIC) Program Coordinator Melinda Morris and Child Health Promotion (CHP) Program Coordinator Sarah Scully. Ms. Matthews said the Family Health Division focuses on serving children 0-5 years. In 2014-15, a team of staff comprised of Family Health Division leadership and GENESIS/GENESISTER Program Coordinator Jody Scanlon embarked on an early childhood assessment to prioritize the needs of young children and their families in Boulder County.

Ms. Scully said research indicates that the early years of children can influence them for the rest of their lives. Successful fetal development and early childhood can improve a child’s resilience, but a toxic early childhood can have a lasting impact across the child’s lifetime.

Ms. Morris explained the following process that was used in the assessment: 1) Analyzing key frameworks and papers to identify common protective factors and life course outcomes; 2) Conducting focus groups, key informant interviews, and data consultation to prioritize protective factors; 3) Conducting literature review to identify “actionable” strategies for each protective factor; and 4) Prioritizing actionable strategies based on BCPH decision-making criteria.

Ms. Morris said early childhood key factors identified for families are: parental resilience, family social connections, knowledge of parenting/child development, concrete supports in times of need, and social-emotional competence of children. For children, they are: child relationships, physical environment, political/social context, nutrition, and biology/temperament. She said staff shared the identified key factors with federal and state partners to ensure that the key frameworks were appropriate. Since all of the identified protective factors below are not limited to BCPH, they were shared with the community:

- **For children:** To promote social-emotional competence of children, beginning at birth, to build resilience, self-regulation, and executive function skills at an early age.
- **For child and caregiver relationships:** To ensure that parents and other caregivers have knowledge and resources on child development, feeding, and nutrition; to enhance caregivers’ economic stability; and to optimize mental wellness and resilience of parents and caregivers.
- **For community environment and supports:** To promote the importance of social connectedness of families; ensure that communities and homes in which children live are safe and free of environmental toxins; and ensure that families have the supports they need in times of need.
- **For political and social context and systems:** To ensure that community and program efforts are culturally responsive; ensure that public and organizational policies positively impact families and child development, infusing child and family wellness into “health in all policies” approaches; work with a wider range of stakeholders and other audiences to develop the political will needed to build and sustain a life course approach to maternal and child health; and develop the infrastructure to collect early childhood and family outcome data to inform evaluation and decision-making.

The second stage of the assessment involved focus groups that involved a diverse group of about 75-100 community participants to ensure that a wide breadth of input was collected from throughout the community. Participants were from early child care and education, health care, home visitation, housing, mental health, municipalities, non-profit agencies, parents, public health, and the State of Colorado. Participants were shown the “Raising of America” documentary, which is a national media and public engagement project trying to change how Americans view early child health and development.

Strengths in Boulder County identified by the focus groups were: Availability and diversity of resources; physical environment conducive to health; community-minded events and opportunities; generally strong level of coordination and collaboration resulting in a pleasant environment within which to work together; political support and awareness of early childhood issues; and openness to innovation.

Concerns in Boulder County that the focus groups identified were: Lack of knowledge or coordination of resources; difficulty in navigating services; high cost of living; ineligible individuals falling through the cracks; insufficient mental health services and delays in connecting to same; eligibility for services is set too low; affluence (difficult for some people to see and admit that disparities exist in the county); housing issues; segregation (“us” and “them”); and affordability, quality, accessibility of child care.

Changing trends identified by the focus groups included: Substance abuse/marijuana; technology; demographics (families moving to East County or out of the county); families asking for information; grandparents providing care; changing family structure; increase in homeless population; broader understanding of early childhood; toxic stress; and businesses not being family-friendly.

The most relevant and important protective factors the focus groups identified were the need to: Enhance caregivers' economic stability; promote social-emotional competence of children, beginning at birth, to build resilience, self-regulation, and executive function skills at an early age; work with a wider range of stakeholders and other audiences to develop the political will needed to build and sustain a life course approach to maternal and child health; optimize mental wellness and resilience of parents and caregivers.

The findings were prioritized based on frequency of mention, feasibility, role of public health, political will, perceived community readiness, and examination of synergies across the protective factors and strategies. In order to promote the social and emotional competence of children, their parents must have the tools to do so, as well as adequate knowledge and resources. The prioritized protective factors were:

- Promote social-emotional competence of children, beginning at birth, to build resilience, self-regulation, and executive function skills at an early age.
- Promote mental wellness and resilience of parents and caregivers, including prevention and early identification of pregnancy-related depression.
- Enhance caregivers' economic stability to reduce toxic stress exposure in early childhood.
- Ensure that caregivers have knowledge and resources on child development, feeding, and nutrition.

Public health strategies identified to address the above priorities include: 1) seeking public and organizational policy change to support healthy families, 2) providing leadership to enhance the system of supports and services for young children and families; 3) engaging the public in early childhood; and 4) promoting best practices for engaging families.

Staff then outlined the short-, intermediate-, and long-term outcomes for creating a healthier Boulder County where families are supported and youngest children reach their full development potential.

Ms. Matthews said they tasked an intern with conducting a literature review of all protective factors to determine how to address them. She said healthy eating and active living (HEAL) strategies and the healthy intended pregnancy (HIP) assessment were incorporated in the review. The criteria for prioritizing actionable strategies were effectiveness of interventions (literature review), expected impact of interventions, community readiness, and agency readiness.

Staff then presented demographic and disparities data for Boulder County that included: 6% of population is under age 5 years (18,775); county is 79% white, non-Hispanic and 14% Hispanic (25% of the population in Longmont is Hispanic); overall poverty rate was 14% (although children under age 5 living in poverty was 19.2% and 28% were in low-income households under 200% federal poverty level); child poverty rate in county grew 50% between 2007-2011 – in Longmont it grew 72%; family of 3 living in poverty pays 77% of income for child care; median county income is \$71,405 but only \$42,450 for Longmont Hispanics; 67% of Hispanic births were in households with incomes less than 25%; proportion of Hispanic moms with less than high school education (46%) was 15 times higher than for white mothers (3%); 24% of children under 18 live in single-parent households; median income, 2-parent households paid 13% of income for child care, yet single-parent households paid 47%.

Regarding health status, nearly 1 in 5 county families relies on low-cost foods; 22% of county children are overweight or obese; the child maltreatment rate (i.e. children who enter into the welfare system) is 7.6 per 1,000; and health trends have held steady for the past 5 years.

Ms. Matthews said staff is excited to work on this project because it will help to guide BCPH work in the future and inform the work already being done in the community. Next steps are to build on existing work, expand engagement with community partners, identify additional resources for gaps, partner with BCPH's Strategic Initiatives Branch, and address the life course extending from pregnancy to early childhood to youth.

The Board thanked staff for the update and offered its support to help staff promote these efforts in the community.

ITEM 5. Director's Report.

Community of Hope (COH) Ambassadors: Vice President Misch asked about COH ambassadors. Public Health Director Zayach said the ambassadors were chosen to support specific COH groups and to share information from the groups with outside agencies to ensure bidirectional communication.

Mines: Board Member Jaquez-Lewis asked if the report on discharge from a mine in Eldora was associated with the mine discharge recently reported in the Durango area. She was told the two were not connected. The Eldora mine recently experienced a "burp" that resulted in discolored water flowing from the mine. Staff quickly conducted tests and determined there was no threat. BCPH is not responsible for the cleanup; however, staff is working with the mine owners to ensure there are no public health issues. Public Health Director Zayach said all high-priority mines in Boulder County have been identified for cleanup, including one Super Fund site.

ITEM 6. Old and New Business/Announcements.**A. (Consent Agenda Carry-Over) Item 2B. Approval of September 2015 Financial Report.**

Board Member Jaquez-Lewis asked about public notice fees and was told Board of Health (BOH) agendas are no longer published in the newspaper, as authorized by the County Attorney's Office. In addition to posting BOH agendas on BCPH's website, they're posted on the County's official public notice board and onsite at BCPH. BOH meetings are also referenced in the County Commissioners' newspaper ad. Not publishing the agendas has resulted in a cost savings to the agency, as reflected in the financial report.

Board Member Jaquez-Lewis made a motion, which was seconded by Vice President Misch, to approve Consent Agenda Item 2B, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion approved.

B. Old and New Business.

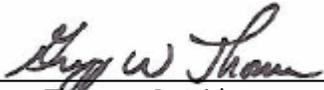
None.

C. Announcements.

Staff announced "A Community Conversation about Our Families and Young Children" was being held in Longmont on Thursday, November 19, and the Board was invited to attend. The purpose of the event is to help create a community that supports families with young children.

ITEM 7. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:14 p.m.



Gregg Thomas, President



Jeffrey J. Zayach, Public Health Director