

Public Health Advisory Committee



Recommendations to the Douglas County Board of Health



Mission

The Douglas County Public Health Advisory Committee (PHAC) was formed in August of 2021 to serve as a resource for the Board of Douglas County Commissioners, and now the Douglas County Board of Health, by providing input about Douglas County's formation of an independent, local public health agency. The input is based on the Advisory Committee members' personal perspectives along with their knowledge and expertise.

The PHAC has operated from a forward-thinking perspective with a view toward the provision of excellent public health services for Douglas County residents. The PHAC's recommendations seek to provide guidance and insight, from a citizen perspective as Douglas County fully transitions to its own independent, local public health agency.



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Public Health Advisory Committee Members

Douglas Benevento

Kevin Bracken, Chair

Katie Coleman

Kimberly Eloë

Jennifer Green

Kelsey Hall, Secretary

Mark Hampton

Luke Niforatos, Vice Chair

Donald Parrot

Mary Beth Vasco

Katheryn Wille

Overview from the Public Health Advisory Chair

Kevin Bracken

The Douglas County Public Health Advisory Committee (PHAC) is made up of 11 individuals from various backgrounds throughout Douglas County. The mission of the PHAC is to come together as thought leaders with a focus on the health and wellness of the citizens of Douglas County. The PHAC has studied many facets of local public health including reviewing the TCHD budget and service offerings, Douglas County utilization metrics and hearing presentations from HMA consultants and the internal Douglas County Local Public Health Working Group to create recommendations to the Douglas County Board of Health (BOH). We took these findings and evaluated them through the lens of mandated service offerings of a local public health department. These recommendations are meant to be used as a guiding document for the BOH as they work to make decisions

The first step the PHAC took was to review the community survey that was part of the required Community Health Assessment (CHA) and offer input and edits before it launched. The survey was presented to the Board of Health on November 10, 2021. The survey was deployed and received over 4,600 responses.

The PHAC then reviewed the existing TCHD structure and service offerings and regulatory information on core and essential services that Douglas County Health will need to deliver.

Overview from the PHAC Chair (continued)

Doug Benevento offered his recommendation on the structure of core and essential public health services which was reviewed by the PHAC. We compiled the list of core services into an excel file, added to the list and adjusted department offerings. The team then ranked the core services in order of importance 0-5, with 5 being the best or most important for the launch of a Douglas County Health Department. While assessing the core services we heard from county staff serving as leads in areas such as nursing and nutrition, community health promotion, environmental services, and others on the importance of their work and current and future staffing needs. We listened to the feedback from the live community meetings that were hosted to understand the needs of the public and what services they would like to see in the Douglas County Public Health Department. The team enlisted their communities for feedback on how they might use the new health department to improve their lives. The PHAC reviewed this feedback and created recommendations on services over and above the core services that should be provided in Douglas County.

Once the Community Health Assessment was complete, we reviewed all of the information that was gathered from the PHAC community feedback exercise, CHA survey, and community meetings and crafted recommendations. It was a top priority for this group to ensure that there is minimal disruption to the delivery of public health services as Douglas County transitions from Tri County Health Department to its own independent, local public health department.

The attached core services file reflects key recommendations from this committee. We feel this is the best place to begin to build out the Douglas County Health Department. As the national search for an Executive Director continues, we envision our recommendations being used as a guide to help the new Executive Director in hiring staff and building out the new Douglas County Health Department.

Overview from the PHAC Chair (continued)

Tri-County Health Department's 2021 \$55+ million budget relies heavily on grants from the state. The PHAC has prioritized the hiring of a grant manager to oversee grant applications and coordinate the timing of grant funding with the buildout of the Douglas County Health Department. The area of focus should be on establishing the needed administrative functioning to determine which existing Douglas County departments may be able to absorb public health services and plan and coordinate subsequent departmental needs and funding that remains. A review of the existing Douglas County departments and staff was not part of the PHAC's scope of work. We recommend the buildout of essential public health services be folded under current Douglas County departments when possible. For example, the Douglas County Community Development department, that is lead on environmental services, suggested they could manage inspection of septic systems if provided with additional resources.

There was also strong discussion about a blended model of utilizing in-house resources and third-party management for delivery of services. This subject came up in relation to restaurant inspections. It may be important to do a cost benefit analysis of in-house restaurant inspectors versus a third-party management company with Douglas County staff oversight.

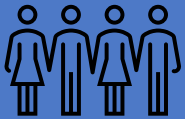
The PHAC members deeply appreciate the opportunity to provide input to the Douglas County Board of Health as they continue on their journey to fully develop the Douglas County Public Health Department.

Value Statement

An effective local public health department for the citizens of Douglas County, that supports community health, safety and wellbeing, would:

- Provide first rate services to everyone, with a focus on our most vulnerable citizens
- Better the lives of those it serves through sound policies and service offerings
- Address mental health needs and include upstream prevention efforts
- Be 100% transparent and focus on the data
- Address the diverse needs of its residents
- Communicate public health information clearly and transparently so that community members can make informed public health decisions

Core Public Health Services & Essential Public Health Services



Assessment, Planning and Communication

Vital Records and Statistics

Communicable Disease Prevention,
Investigation, and Control

Prevention and Population Health Promotion

Emergency Preparedness and Response

Environmental Health

Administration and Governance

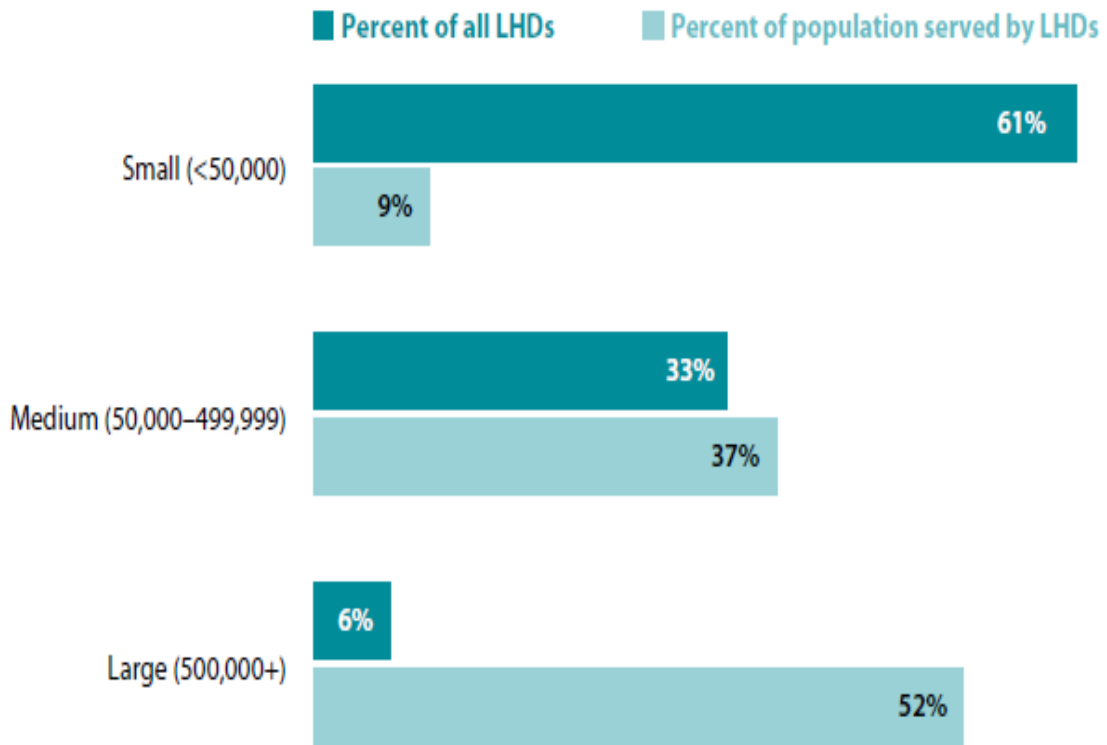
-State Board of Health in 6 CCR 1014-7

**“Essential public
health services” means
to:**

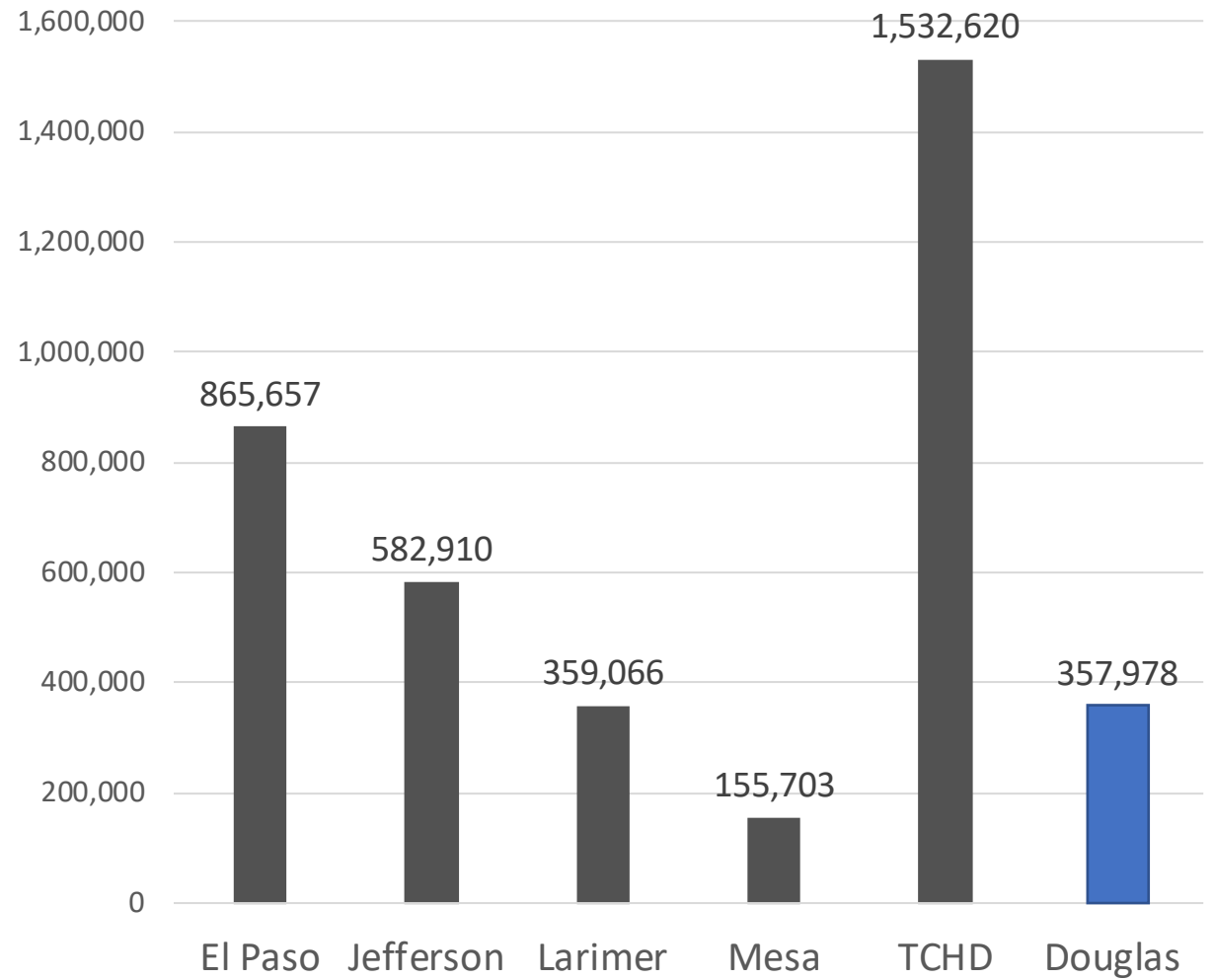


1. Monitor health status to identify and solve community health problems.
 2. Investigate and diagnose health problems and health hazards in the community.
 3. Inform, educate, and empower individuals about health issues.
 4. Mobilize public and private collaboration and action to identify and solve health problems.
 5. Develop policies, plans, and programs that support individual and community health efforts.
 6. Enforce laws and regulations that protect health and promote safety.
 7. Link people to needed personal health services and assure the provision of health care.
 8. Encourage a competent public health workforce.
 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 10. Contribute to research into insightful and innovative solutions to health problems.
- Details on each essential public health service are found at 6 CCR 1014-7.

Populations Served



Source: NACCHO 2019 National Profile of Local Health Departments



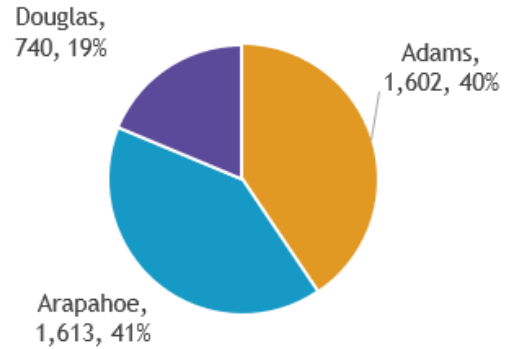
Source: 2020 Census

Douglas County's Historical Use of Key Public Health Services

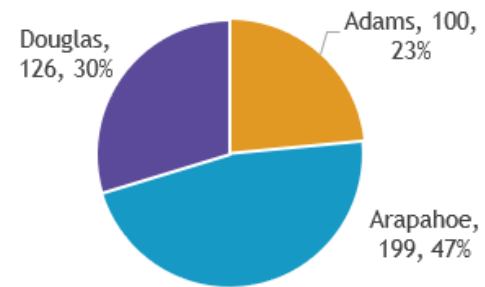


Environmental Health

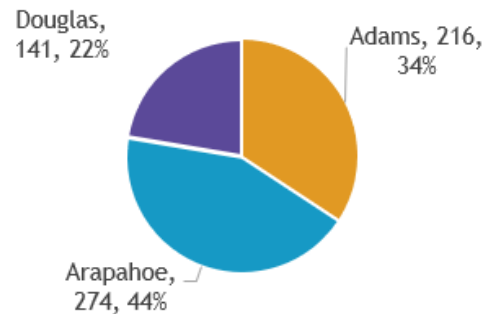
Retail Food Inspections by County, 2020



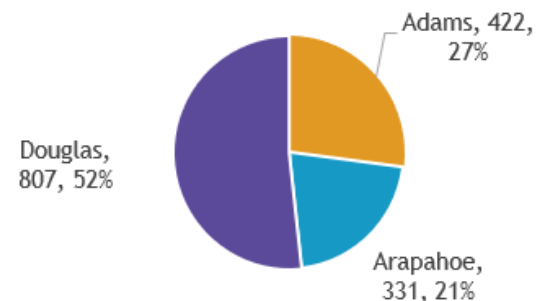
Child Care Facility Inspections by County, 2020



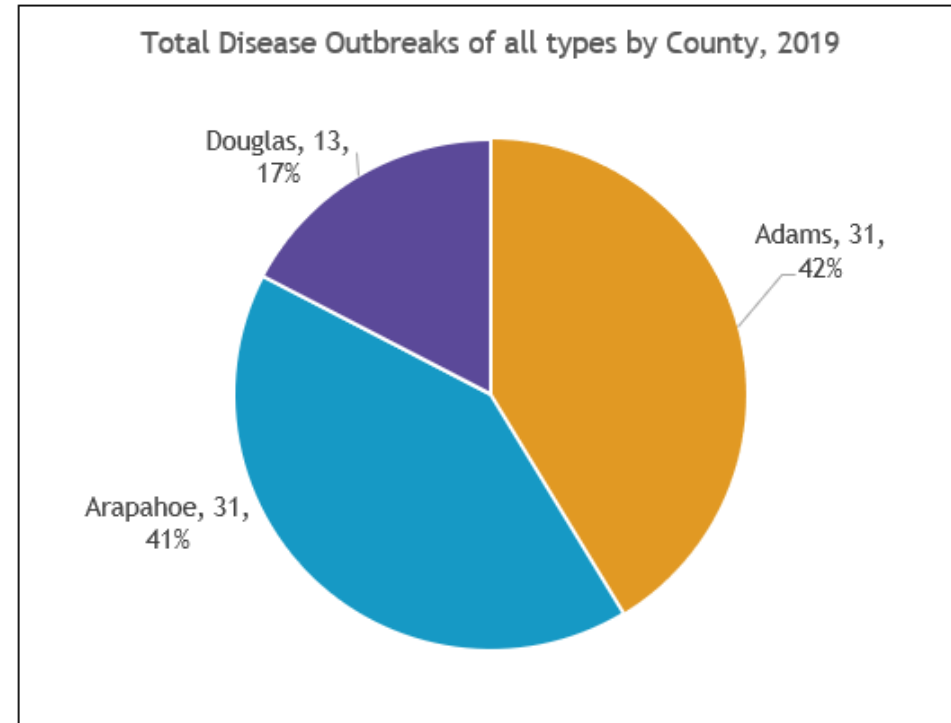
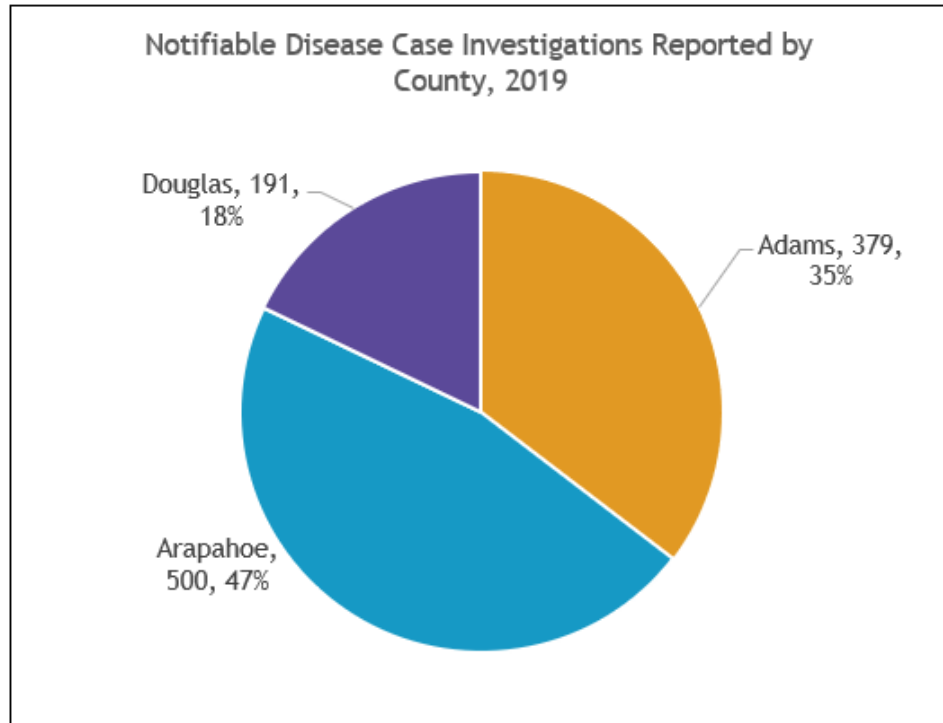
Recreational Water Facility Inspections by County, 2020



Wastewater (Septic) Permit Applications by County, 2020

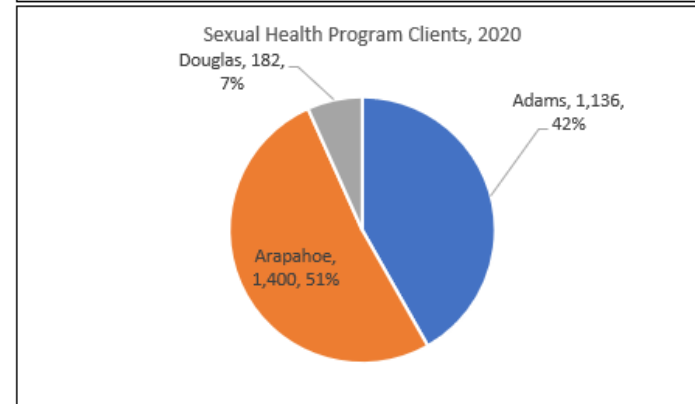
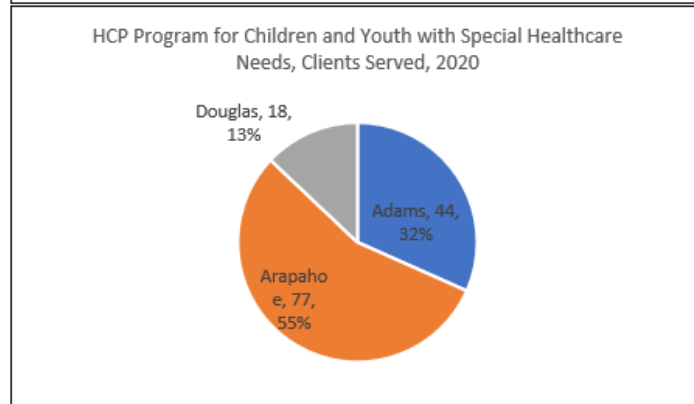
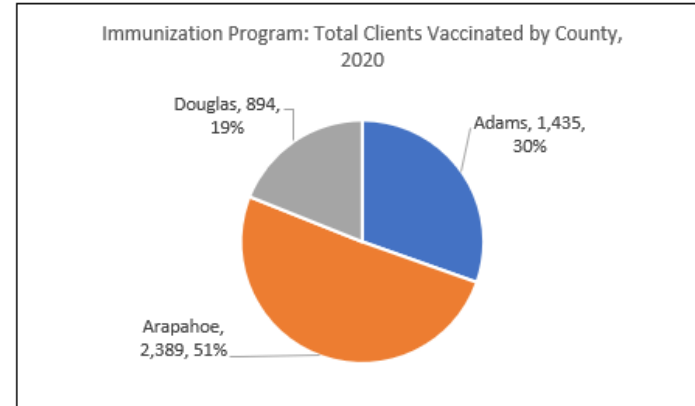
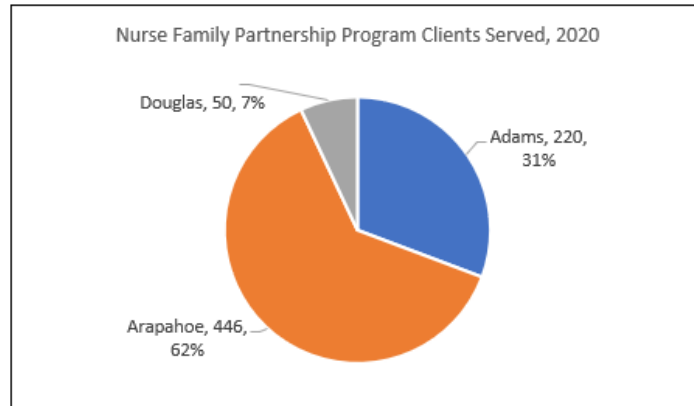


Emergency Preparedness, Response, and Communicable Disease Surveillance



TCHD FY21 Adopted Budget Book

Nursing

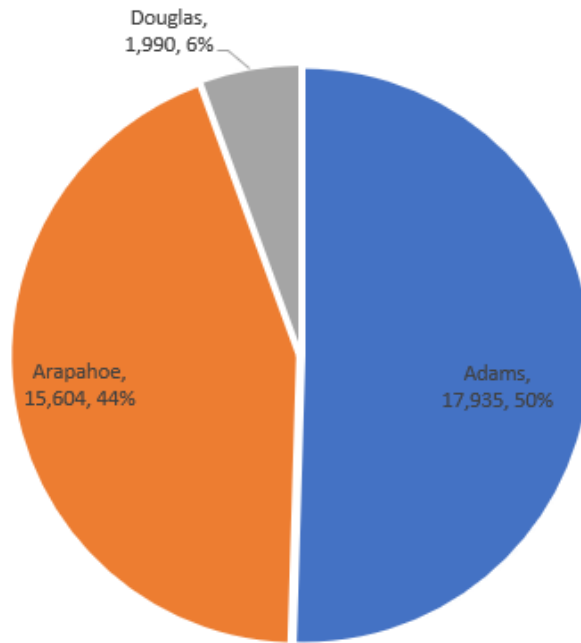


2021 TCHD
Department
Overview

The Nursing Division is the largest employing 136.11 FTE
Douglas County clinics are staffed part-time

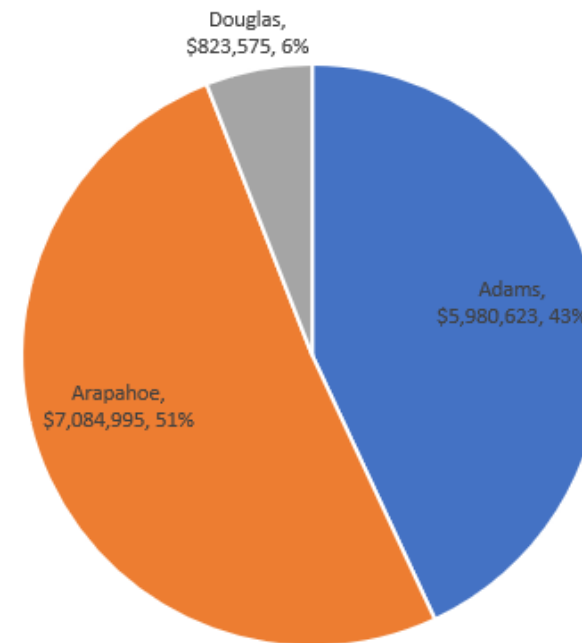
Nutrition

WIC Clients by County, 2020



2021 TCHD Department Overview, p. 70

WIC Benefits Spent by County, 2020



2021 TCHD Department Overview, p. 72

Of the 68.41 FTE in the Nutrition Division, four are assigned to WIC in Douglas County.

DCHD Services

1. Administrative

- a. Budget and Finance
 - i. Grant Oversight
 - 1. Fiscal Oversight of how grants are beir
 - ii. Budget development and tracking
 - iii. Internal fiscal oversight
 - 1. Travel
 - 2. Other internal fiscal oversight
 - 3. Facilities
- b. Vital Records
 - i. Contract with the state
- c. Human Resources
 - i. Hiring
 - ii. Personnel issues
 - iii. Other
- d. Program assessment and metric development
 - i. Program effectiveness
 - ii. HIPPA compliance
 - iii. IT/Data assessment and evaluation
 - iv. Strategic health planning

2. Environmental Health

- a. Water quality (Septic)
- b. Inspections
 - i. Food facilities
 - ii. Childcare facilities
 - iii. Tattoo Parlors
 - iv. Other
- c. Complaint investigation
- d. Solid and hazardous waste
- e. Vector surveillance
- f. General environmental services

3. Emergency Preparedness and Communicable Disease Prevention, Investigation and Control

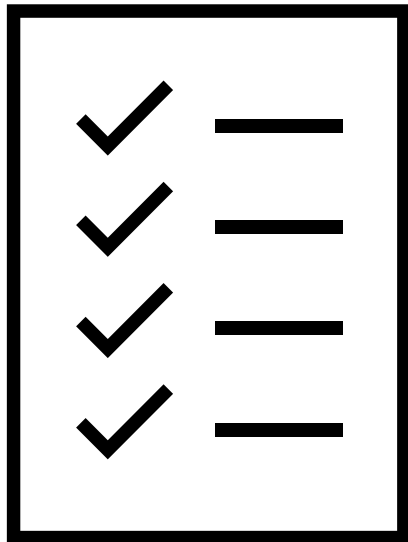
- a. Disease investigation and control
- b. Emergency Preparedness and Response Program
- c. Cities Readiness Initiative Program
- d. Workplace Safety and Security Program
- e. Pandemic and Bioterrorism Response
- f. Nursing
 - i. Division Operations
 - ii. Immunizations Program
 - iii. Call Center
 - iv. Home Visitation Programs
 - 1. Douglas County Nurse Support Contract Program
 - v. Other programs as defined

4. Disease Prevention, Health Disparities and Health Promotion

- a. Health promotion
 - i. Community Health Promotion Division Administration
 - ii. Tobacco Education and Prevention
 - iii. Substance Use Prevention
 - iv. Mental and Behavioral Health Promotion and Suicide Prevention
- b. Maternal and Child Block Grant
 - i. Child and Adolescent Health
 - ii. Medical Home for Children and Youth with Special Health Needs
 - iii. Perinatal Health
 - iv. Advancing Breastfeeding in CO
- c. Nutrition
 - i. WIC

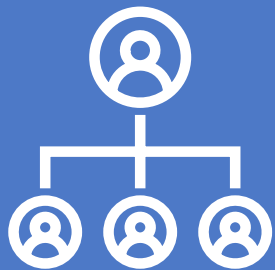
Douglas County Public Health Advisory Committee

Prioritized the Service Offerings in Four Areas:



- Administrative
- Environmental Health
- Emergency Preparedness and Communicable Disease Prevention, Investigation and Control
- Disease Prevention, Health Disparities and Health Promotion

Administrative



Organizational Competencies shall include accountability, performance management, quality improvement, human resources, legal services and analysis, financial management, contract and procurement services and facilities management, information technology/informatics and leadership and governance.

– COLORADO MINIMUM QUALITY STANDARDS FOR PUBLIC HEALTH SERVICES
6 CCR 1014-9-6 CCR 1014-7

Prioritized Services:

- Vital Records
- Program Assessment and Metric Development
- Fiscal Oversight

Environmental Health



Colorado's governmental public health system will use evidence-informed practices to understand the cause-and-effect relationships between environmental changes and ecological and human health impacts, to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land, and food safety by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state, and local levels as well as industry stakeholders and the public.

-COLORADO MINIMUM QUALITY STANDARDS FOR PUBLIC HEALTH SERVICES
6 CCR 1014-9- 6 CCR 1014-7

Prioritized Services:

- Water Quality
- Food Facilities/ Inspections
- Solid and Hazardous Waste

Emergency Preparedness & Communicable Disease Prevention, Investigation and Control



Colorado's governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.

Colorado's governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases. Programs will target illnesses that are vaccine preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state, and local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.

-COLORADO MINIMUM QUALITY STANDARDS FOR PUBLIC HEALTH SERVICES
6 CCR 1014-9-6 CCR 1014-7

Prioritized Services:

- Nursing
- Home Visit Program
Idea: Visits for the elderly especially after illness or hospital stays
- Immunization Programs
- Pandemic and Bioterrorism Response
- Disease Investigation and Control
- Emergency Preparedness and Response

Disease Prevention, Health Disparities and Health Promotion



Colorado's governmental public health system focuses on common risk and protective factors that affect social, emotional, and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado's governmental public health system will use policy, systems, and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health, and substance use (including tobacco, alcohol, and other substances).

Colorado's governmental public health system will intentionally focus on improving systems and institutions that create or perpetuate socioeconomic disadvantage, social exclusion, racism, historical injustice, or other forms of oppression so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies, and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.

-COLORADO MINIMUM QUALITY STANDARDS FOR PUBLIC HEALTH SERVICES
6 CCR 1014-9-6 CCR 1014-7

Prioritized Services:

- Mental/ Behavioral Health Promotion and Suicide Prevention
- Nutrition for children, families and the elderly
- Disease Prevention
Idea: Mammogram information and assistance in obtaining services
- Health Promotion
- Medical Home for Children and Youth with Special Needs

PHAC Recommended Standards for the DCHD

Public Perspective:

Work to be a trusted Public Health Department.

Provide direct services in response to community needs.

Have consumer information readily available.

Be easily accessible and provide services based on community need.

Demonstrate nimble response capabilities to the community served.

Educate the public about Public Health and available services.

Ensure services are marketed and visible to citizens in need.

Provide a culturally competent environment and response that is welcoming to all.

PHAC Recommended Standards for the DCHD

Organizational Perspective:

Keep the perspective local.

Be highly responsive, purposeful, and credible.

Enable all services to be pro-active and include use of technology.

Be communicative and transparent.

Be a visionary organization that is proactive, not reactive, by anticipating community needs in advance.

Make it scalable for a growing community and its needs.

Integrate with related county services, trusted partners, and other community assets.

Build in collaborative efficiencies.

Integrate with established organizations with synergy to public health (Primary Care Physicians, hospitals, local health connectors).

Be data driven with expert interpretation of data.

Create an integrated, non-fragmented Information Technology system.

Consist of a professional, capable public health workforce.

PHAC Recommendations



Assessment and Planning

- Dig deeper into the mental health issues that were reported as being a concern.
- Look at majority of who is utilizing services and those that absolutely need care.
- Consider satellite locations to serve suburban and rural areas.

Organizational Competencies

- Explore the idea of mobile services when considering facilities needed to serve more rural areas.

PHAC Recommendations



Partnerships

- Serve as an umbrella for nonprofits, youth services, and other community organizations to partner in public health work.
- Expand the CRT response and provide more training for law enforcement in mental health issues.
- Maximize and identify partnerships and use these for leverage when applying for grants.
- Find an organization like Communities of Care to partner with.

Health Equity

- Be mindful of those insured with high deductibles.
- Give special consideration to providing services for first responders.

PHAC Recommendations



Communication

- Public facing information should:
 - Have a transparent platform
 - Contain navigable tools for the public to use
- Appropriately communicate risk with an emphasis on relative risk. Provide education in addition to communicating this risk.
- Possess the ability to receive feedback from the public via hotlines or online mechanisms.

CHA Priority Areas

The Douglas County PHAC supports the three priority areas identified by the Community Health Assessment.

Behavioral Health

Douglas County has strong resources and successes to leverage and build upon regarding mental health and suicide intervention. Hospitalization rate per 100,000 for mental health issues was the second leading cause of hospitalization in Douglas County and was increasing between 2015 and 2019.

Management and Prevention of Disease

Cause of death due to chronic disease is lower in Douglas County compared to Colorado. Douglas County has lower prevalence of heart disease compared to Colorado. However, the percent of adults who have been diagnosed with heart disease was increasing while Colorado remained stable.

Injury Prevention

Injury is common, costly, and preventable. It is the third leading cause of death in Colorado. The annual 2016 to 2020 average rate of injury related death in Douglas County is lower than Colorado. Between 2018 and 2020, the trend was increasing in both Colorado and Douglas County but less of an increasing trend in Douglas County.

Letter from the Public Health Advisory Vice Chair

Luke Niforatos

Our committee's top priority was to empower Douglas County's new board of health with the information it needed to provide best-in-class service to our citizens. Chief among our goals was to empower residents to make their own health care decisions and have the support they need to reach their highest potential. We know the most valuable information the committee can provide the new Board of Health are the real needs, feedback, and concerns of the individuals, families, leaders, employers, and officials with whom members of our committee work on a daily basis. Toward that end, we sought the input, quantitatively and qualitatively, of all these stakeholders and more to inform our report.

In setting the vision for the new board of health, members of our committee responded to a "fill in the blanks" question which begins: "The Douglas County Health Department should..." and they finish the sentence. The replies to this can be found in the following slides. While I will not reiterate each of them, there are a few trends which are due further emphasis.

First, the practical and business needs of the community must continue to be met by this department on day one. Restaurants and other businesses rely on a fully functional health department for compliance.

Second, mental health, according to the CHA and our information-gathering, is a top issue that must be addressed in effective and innovative ways.

Third, the health department should be transparent, trust-worthy, and put the interests of citizens above all. We cannot forget those communities that need help most, including seniors and those with lower incomes.

In sum, we believe Douglas County is poised to break barriers as one of the greatest places for health and well-being in not only our state, but the country. The Board of Health should take up this mantle and hold all it works with to this expectation.

PHAC's input on

“The Douglas County
Health Department
should...”



The Douglas County Health Department should.....

Concentrate initially on food services. It should take the approach of collaborative teaching, rather than a heavy-handed bureaucratic demeanor. Food services (environmental services) should hold a series of focus groups consisting of:

- Restaurant owners/managers
- Chefs
- Wait Staff

The second priority should be communicable disease control, including COVID and flu. Supporting vaccinations should be part of this effort.

The Douglas County Health Department should.....

Be about serving the community.

DCPH should strive to provide first-rate services to everyone- in particular, community members who are most vulnerable and who might not otherwise have access to services. The scope of a public health department is, and should be, broad. It should strive to raise the health of our population, with an eye towards identifying the cause of health issues and tackling them, while serving those who are affected in the meantime.

DCPH should keep at the heart of its mission that everyone deserves access to health services and to live in a community that promotes health. Therefore, DCPH should take careful consideration of the challenges facing our community, whether they be water quality, fresh, nutritious food or even access to low-cost clinical services. DCPH should do everything in its power to better the lives of those they serve through policy interventions and service offerings.

The Douglas County Health Department should.....

Focus on the mental health of all in Douglas County. Mental Health includes crisis and tough days, but it also can be healthy coping mechanisms, resiliency, finding a trusted person to speak to or having a healthy lifestyle. By focusing on our strengths and adding upstream prevention efforts it will help take the burden off our teachers, hospitals, law enforcement, etc.

Providing strength based and healthy coping strategies (for example, Sources of Strength) helps students, and we cannot forget our law enforcement and fire department. Part of a mental health initiative is to be there for those who are always there for the community (EMT, Fire Department, Law Enforcement) and are also experiencing trauma daily. Increasing facilities to take mental health patients and have beds available is desperately needed. The time it takes to drive or find a facility for an individual in crisis takes too much time off the road, when many crisis calls do not need to go to the hospital or do not have someone to talk to after discharge. Creating a mental health environment where it is okay to not be okay and asking for help for yourself or someone else in need is a very brave thing to do. Let's create a community of strength and resiliency.

The Douglas County Health Department should.....

- Be 100% transparent with residents and be forthcoming with information.
- Use all facets of data rather than picking/choosing what should/shouldn't be shared.
- Respect the choices of residents (parents, etc.) as this has been entirely lost the last year and a half.
- Be honest. It's ok to say, 'I don't know, but I'll find out'.
- Focus on individuals taking care of themselves. Focus on what it means to be HEALTHY! Exercise, vitamins, etc. are preventative measures to stay healthy and get healthy.
- NOT dictate a one size fits all approach; each instance/scenario/health issue may be different or have extenuating circumstances.
- Stick to the facts and remain focused on all data.

The Douglas County Health Department should.....

Focus on the need's specific to our county and not just become a cookie-cutter provider of services based on the current TCHD structure. As such, based on feedback from the most recent survey, mental health- which can also affect alcohol and drug use and dangerous behaviors- needs to be addressed proactively. The focus areas should be teens and young adults, middle-aged individuals (sandwich generation), and the elderly, especially understanding dementia.

The extensive pressure on the sandwich generation who are raising children while also struggling to work and assist parents as they are aging, seems to be an overlooked area.

The Douglas County Health Department should.....

Address the diverse needs of its residents. Special consideration should be given to those who are historically underserved including the elderly, economically challenged and military.

Services should not be limited exclusively to those areas with the highest visibility in the community. Help should be available in areas that impact few but have a great impact.

The Douglas County Health Department should.....

Our mission here at Douglas County Public Health is to protect and promote the health and well-being of all residents and visitors. This means providing you and your family with protection from the health threats such as food-borne illnesses, natural and man-made disasters, toxic exposures, and preventable injury. DCPH should also work to prevent chronic diseases, such as heart disease, cancer, and diabetes by addressing their risk factors: poor nutrition, inadequate physical activity, and tobacco use.

The Douglas County Health Department should.....

Make the health and safety of residents its first priority.

Appendix

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Douglas County Public Health Advisory Committee Membership

Douglas Benevento served as the Executive Director of the Colorado Department of Public Health and Environment and as the Director of Environmental Programs at CDPHE. He served as Deputy Director of the Environmental Protection Agency. Mr. Benevento also served on the Douglas County Board of Education. He has worked for Xcel Energy and served in the office of US Congressman and Senator, Wayne Allard. He has a J.D. from the University of Denver and is an attorney at Faegre Drinker.

Kevin Bracken is a Council member representing District 3 and is Mayor Pro Tem on the Castle Rock Town Council. He has been employed in healthcare since 2004, working for Forest Pharmaceuticals, a pharmaceutical drug company and Zimmer-Biomet, an orthopedic supplies company. His current position is with Vizient where he works with the administration of large hospital systems to identify cost savings opportunities. Mr. Bracken has a B.S. in Physical Education from Illinois State University, IL. Mr. Bracken is a US Olympian in wrestling and coaches the sport at the Olympic and youth level.

Katie Coleman is the owner/director of Comfort Keepers, serving Douglas, Denver, Adams, Arapahoe, El Paso and Elbert Counties, CO. Comfort Keepers provides in-home care for the elderly and disabled. She also serves as in-house counsel for Coleman Oil & Gas, Inc. She has a J.D. from St. Mary's University of Law, TX. Ms. Coleman is a board member of the Castle Rock Chamber of Commerce.

Kimberly Eloe is the manager of Physician Relations for Children's Hospital Colorado where she has been employed since 2008. She has experience leading Children's community needs assessment. Prior to that she was the Marketing Manager of St. Mary's Medical Center in FL. She is experienced in healthcare leadership and is a marketing and communications professional. She has a B.S. in Journalism, Advertising and Public Relations from Texas Christian University, TX.

Jennifer Green served on the Castle Rock Town Council for 7 years as a member, Mayor Pro Tem and Mayor. While on Town Council, she served on numerous boards and commissions for the Town of Castle Rock. Ms. Green has worked in the private sector in the area of Communications for the last 23 years. She has lived in Douglas County for 21 years and has called CO home since attending Colorado State University.

Kelsey Hall is a Colorado Native. She serves as an Assistant County Attorney for the Jefferson County Attorney's Office and started representing the Jefferson County Public Health Department during COVID. Ms. Hall was an attorney fellow for the Denver City Attorney's Office and a Legal Intern for Centura Health in Centennial. She has a J.D. from the University of Denver Sturm College of Law.

Mark Hampton is a 40-year restaurant veteran working with large national restaurant chains in the US. He is the Founder and President of Supply Chain Synergy Consultants (SC2) in Parker, CO; a full-service restaurant supply chain-consulting firm. He is a 35-year resident of Douglas County and holds an Executive M.B.A. in Strategic Management from the Institute for Supply Chain Management.

Luke Niforatos is an executive at a national drug policy and education organization based in Washington, D.C. where he advises the White House, Congress, Governors, and state leaders on drug policy and ways to reduce the impact of drug use on our state. He is the Executive Vice President of SAM – Smart Approaches to Marijuana. He has worked as a Project Manager/analyst for Centura Hospitals and Plains Medical Center in CO. Mr. Niforatos is a master's candidate in Policy Management at Johns Hopkins University and has a B.A. in Communications from the University of Denver.

Donald Parrot has a Master's in Health Care Administration from Indiana University School of Medicine and is a former Douglas County representative to the Tri-County Board of Health. He is currently President of Cliniplan in Parker, CO, a healthcare system consulting firm. He has experience in strategic planning, business planning, marketing, market research and health planning and has worked for several healthcare entities including Mercy Health Services in MI and Orlando Regional Medical Center in FL.

Mary Beth Vasco is an emergency manager and attorney, providing technical and legal support for clients in the public and private sectors. She is currently employed for Tetra Tech. She served as an Emergency Management Specialist for FEMA Region VIII in Denver. She served on the US EPA's Regional Response Team coordinating plans and response procedures for environmental disasters. She currently serves as the facilitator of the CO Chemical Stockpile Emergency Preparedness Program. Ms. Vasco has a J.D. in Energy & Environmental Law from the University of Tulsa College of Law, a B.S. in Environmental Science & Wildlife Biology and an MEP from the Emergency Management Institute.

Katheryn Wille is a 27-year resident of Douglas County and has a B.A. in Integrative Physiology from the University of CO Boulder. Ms. Wille is a Trainer and Social Emotional Learning Contractor for the Douglas County School District. She is passionate about youth mental health and is a member of the DC Healthy Youth Coalition and is a trainer for the evidenced-based, suicide prevention program, Sources of Strength. She has worked in the fitness industry for 15 years.

Resolution Creating a Public Health Advisory Committee and Making Appointments to the Committee

(ID # 7016)

**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

**RESOLUTION CREATING A PUBLIC HEALTH ADVISORY COMMITTEE AND
MAKING APPOINTMENTS TO THE COMMITTEE.**

WHEREAS, the Douglas County Board of Commissioners wishes to establish the Douglas County Public Health Advisory Committee, as an ad hoc committee, to serve as a resource for the Board as the County explores options and opportunities related to the delivery of public health services for the residents of Douglas County; and

WHEREAS, the Public Health Advisory Committee shall consist of eleven (11) members, appointed by the Board of County Commissioners, and will provide input to the Board on findings or recommendations of County staff Public Health Working Group and the County's consultants, as well as, personal perspective based on knowledge and expertise; and

WHEREAS, the Committee will provide guidance and insight, from a citizen perspective, for the Douglas County Community Health Assessment and Public Health Improvement Plan; and assist in evaluating the feasibility of transitioning to an independent, local public health agency for Douglas County and

WHEREAS, the Board of County Commissioners of the County of Douglas desires to create and make appointments to the Douglas County Public Health Advisory Committee; now therefore,

BE IT RESOLVED that the Douglas County Public Health Advisory Committee is created, and the following members are appointed, for a minimum term ending January 31, 2022 and a maximum term ending July 31, 2022, as determined by the Board of County Commissioners:

Douglas Benevento
Luke Niforatos
Donald Parrot

Kevin Bracken
Jennifer Green
Mark Hampton

Katie Coleman
Kelsey Hall

Please visit www.douglas.co.us/government/commissioners/citizen-advisory-boards-committees-and-commissions/public-health-advisory-committee/ to view this document.

By-Laws of the Douglas County Public Health Advisory Committee

BY-LAWS OF THE
DOUGLAS COUNTY PUBLIC HEALTH ADVISORY COMMITTEE

Article I
NAME

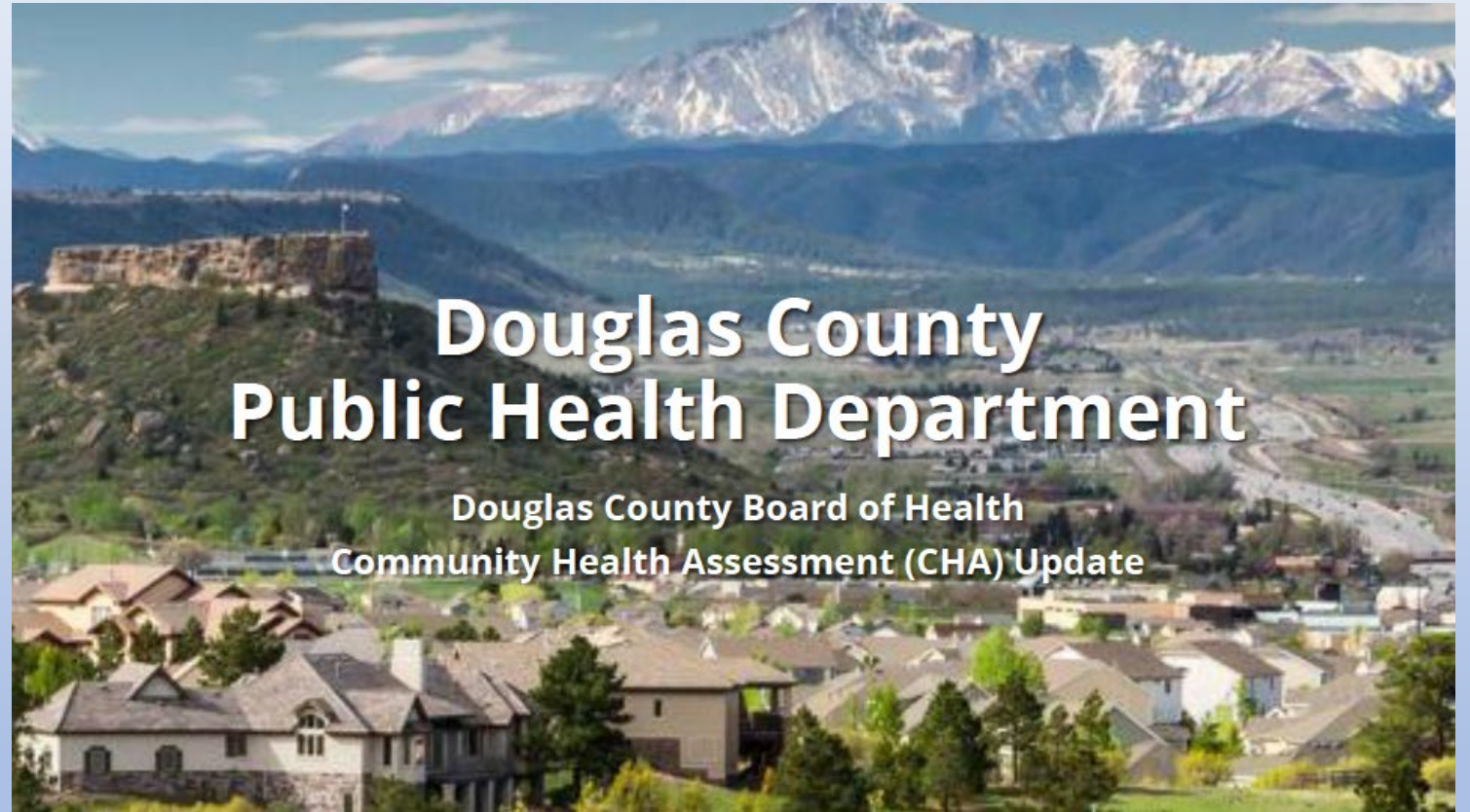
The name of this ad-hoc Committee shall be Douglas County Public Health Advisory Committee. The Committee is established by the Board of County Commissioners (BCC). The Committee is authorized pursuant to Resolution No. R-021-084.

Article II
PURPOSE AND OBJECTIVES

The Committee shall:

- Section 1 Serve as a resource for the BCC by providing input on findings or recommendations of the Public Health Working Group and the County’s consultants, as well as, personal perspective based on knowledge and expertise.
- Section 2 Operate from a forward-thinking perspective with a view toward the provision of excellent public health services for Douglas County residents.
- Section 3 Meet with and get regular updates from the Community Health Assessment (CHA) and Public Health Improvement Plan (PHIP) consultant team including assisting with the stakeholder recruitment process for the CHA to add community “voice” to the assessment.
- Section 4 Provide guidance and insight, from a citizen perspective, for the Douglas County CHA and PHIP and assist in evaluating the feasibility of transitioning to an independent, local public health agency for Douglas County.
- Section 5 Meet with and get regular updates from the leadership of the PH Working Group to Provide input to the BCC as options and opportunities are developed.
- Section 6 Review materials provided by the Working Group and/or consultants and request other relevant data or information to provide informed input to the BCC.
- Section 7 Designate a member to track discussions and provide a written monthly summary to the BCC.
- Section 8 Meet with the BCC as requested through the BCC Chair, to summarize the work of the Committee.

Douglas County Board of Health
Community Health Assessment
Update



Please visit www.douglas.co.us/health-department/community-health-assessment/ to view this report

Public Health Department Priorities Ranking

DCHD Services		*Budget	TCH Budget	TCHD Code	Grant (y/n)	Notes	Kevin Bracken
1. Administrative							
Budget and Finance							
	Grant Oversight						5
	Contract with the state						5
	Budget development and tracking	\$ -					5
	Internal fiscal oversight						2
	Travel	\$ -					2
	TBD						
	Other internal fiscal oversight	\$ -					1
	TBD						
	Facilities - 9350 Heritage Hills Cir, Littleton & 410 S. Wilcox, Castle Rock	\$ -					2
	TBD						
Human Resources							
	Hiring						
	Executive Director - BOH	\$ 209,654.40	\$ 1,048,272.00	130		In progress	5
	Personnel						5
	DC - Staff						5
	DC - Staff						5
	Contract						5
	Budget						5
	FA Accounting	\$ 1,615.00	\$ 8,075.00	870	y		4
	Purchases						3
	Facilities						2
2. Internet Technology (IT) Build out							
	FA Vital Records	\$ 270,000.00	\$ 1,350,000.00	880	y		5
	Software Protected Health Information Storage	\$ -					5
	Software - Public facing	\$ -					5
	HIPPA compliance - Director	\$ -					4
	IT/Data assessment and evaluation (John)					In progress	5
	Strategic health planning (Public Information Page)	\$ 73,947.40	\$ 369,737.00	140		W/Communications Team	3
	Emergency Preparedness and Response Program (see 4.)	\$ 50,707.40	\$ 253,537.00	530	y		5
3. Environmental Health							
Inspections							
	Director	\$ -					5
	Water Supply's Private	\$ 6,000.00	\$ 30,000.00	656	y		3
	Waste Water General	\$ 92,000.00	\$ 460,000.00	657	y		5
	Waste Water solid bio	\$ 1,440.00	\$ 7,200.00	658	y		2
	Food facilities - Retail food general	\$ 400,150.00	\$ 2,000,750.00	630	y		5
	Childcare facilities					This looks like providing da	3
	Tattoo Parlors	\$ 5,925.00	\$ 29,625.00	643	y		1
	Complaint investigation (see food retail 630)					No budget items	3
	Solid and hazardous waste general		\$ 14,000.00	668	y		2
	Vector surveillance (Rodents Insects) General	\$ 6,751.60	\$ 33,758.00	613	y		2
	mosquitoes	\$ 6,388.40	\$ 31,942.00	614	y		2
	Rodents		\$ -	615	y	No budget items	2
	Industrial Hygiene	\$ 2,440.00	\$ 12,200.00	622	y		2
	Land use general (County has a program)	\$ 69,232.00	\$ 346,160.00	650	y		0
	Other						
4. Emergency Preparedness and Communicable Disease Prevention, Investigation and Control							
	Disease investigation and control	\$ 11,349.40	\$ 56,747.00	617	y		5
	epidemiologist	\$ -				Not Defined	3
	epidemiologist	\$ -				Not Defined	3
	Disease Prevention foodborne complaints (see food retail 630)		\$ -	618		No budget items	2
	Public Health Emergency preparedness grant (see IT)	\$ 185,368.20	\$ 926,841.00	520	y		5
	Cities Readiness Initiative Program					Several grant	3
	Workplace Safety and Security Program (Should this be in HR?)					Several grant	2
	Communicable Disease Pandemic and Bioterrorism Response					Several grant	5