Larimer County
Community Health Improvement Plan

2014 - 2018

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Acknowledgements

Larimer County Department of Health and Environment (LCDHE) gratefully acknowledges the following individuals and organizations who gave their time and expertise to the community health improvement planning process.

- Health Assessment and Planning Partnership Initiative Leadership Team
  - *Annette Alfano, University of Colorado Health*
  - *Mary Atchison/Monica Buhlig, Kaiser Permanente*
  - *Deborah Campbell, United Way/COMPASS*
  - *Bruce Cooper, Health District of Northern Larimer County*
  - *Sue Hewitt, Health District of Northern Larimer County*
  - *Adrienne LeBailly, Larimer County Department of Health and Environment*
  - *Traci Oddy/Leslie Martin, McKee Medical Center*
  - *Carol Plock, Health District of Northern Larimer County*
  - *Mark Richards, Larimer County Board of Health*
  - *Lorann Stallones, Colorado State University*
  - *Avie Strand, Larimer County Department of Health and Environment*
  - *Collette Thompson, University of Colorado Health*
- Mental and Emotional Well-Being Task Force Members
  - *Mary Atchison, Kaiser Permanente*
  - *Kaycee Headrick, Boys and Girls Club of Larimer County*
  - *Ashley Kasprzak, TEAM Fort Collins*
  - *Anne Kirkner, Sexual Assault Victim Advocate Center*
  - *Laurie Klith, The Center for Family Outreach*
  - *Marissa Martinez, Alliance for Suicide Prevention*
  - *Brownie McGraw, citizen volunteer*
  - *Jan Moraczewski, LCDHE - Tobacco Program*
  - *Emily Peterson, Touchstone Health Partners*
  - *Nathanial Riggs, CSU/Human Development and Family Studies*
  - *Nicole Teel, University of Colorado Health*
  - *Bev Thurber, Early Childhood Council of Larimer County*
  - *Melanie Voegeli-Morris, Poudre School District*
  - *Lin Wilder , Health District of Northern Larimer County/ Mental Health and Substance Abuse Partnership*
  - *Danielle Willis, Northern Colorado AIDS Project*
- Raising Healthy Children Steering Committee
  - *Joyce DeVaney, League of Women Voters*
  - *Linda Fellion, Early Childhood Council of Larimer County*
  - *Martha Hargraves, Colorado School of Public Health*
  - *Brownie McGraw, Mental Health and Substance Abuse Partnership*
  - *Angela Mead, Larimer County Department of Human Services*
  - *Kathy Schlepp, Thompson School District*
  - *Ashley Schwader, Poudre School District*
  - *Kim Sharpe, Healthier Communities Coalition of Larimer County*
  - *Avie Strand, Larimer County Department of Health and Environment*
  - *Lise Youngblade, CSU/Human Development and Family Studies*
- Other contributors:
  - *Estes Valley Community Services Coalition*
  - *Partnership for Healthy Youth*
  - *Lee Thielen, Larimer County Board of Health*
  - *Janna West-Kowalski, Colorado School of Public Health, Center for Public Health Practice*

LCDHE extends thanks to the numerous individuals who responded to the Capacity Assessment Survey, participated in the Community Leader Meetings, and offered their input through the Community Survey and to the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment for their guidance during this process.

LCDHE also thanks the Larimer County Board of Health for their support of this effort.

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Introduction

Larimer County's Community Health Improvement Plan (CHIP) was designed to reflect community needs and values. The CHIP provides a set of goals and specific objectives, and will include evidence-based strategies to address the health needs of Larimer County residents, focusing on two priority areas:

- *Mental and Emotional Well-Being*
- *Raising Healthy Children*

The process to create the five-year CHIP began after Colorado passed the Public Health Reauthorization Act in 2008, which required each local public health agency to complete a Community Health Assessment and create a Health Improvement Plan focusing on high priority areas. This effort involved compiling county-level health data to assess community health status, assessing capacity of public health partners to address community health issues, gathering input from key individuals and the community at-large, and prioritizing actions. This process took into consideration other community efforts working to improve the lives and health of Larimer County residents. Numerous organizations and individuals were involved in the various work groups and committees that informed the community health assessment and developed the CHIP. It will take the entire community to create a healthy community for Larimer County residents to live, work, learn, and play.

The Larimer County CHIP is intended to be a "living" document, and will be updated as the CHIP work continues. For more information or to review the community health assessment document, please visit Larimer County Department of Health and Environment's website at: http://www.larimer.org/health/

How the community developed the local plan

The Larimer County Community Health Improvement Plan (CHIP) was developed in conformance with the Colorado Health Assessment and Planning System (CHAPS) of the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment (CDPHE). CHAPS provides guidance to local public health agencies in meeting assessment and planning requirements of Colorado's Public Health Reauthorization Act. The table below shows the eight steps in CHAPS and the timeline followed by Larimer County.

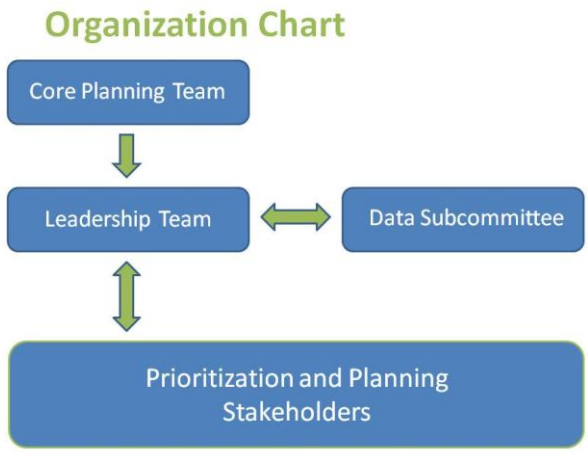
2011 - 2012	I. Plan the process
	II. Engage stakeholders
	III. Assess community health
	IV. Assess system capacity
2013	V. Prioritize issues
	VI. Create a PHIP*
2014 - 2018	VII. Implement, promote and monitor the plan
	VIII. Inform and participate in statewide PHIP

* CHAPS uses the acronym "PHIP" to refer to a Public Health Improvement Plan. In Larimer County, we refer to our local plan as a Community Health Improvement Plan, or "CHIP".

Planning the Process and Engaging Stakeholders (CHAPS Steps I-II)

From its inception, the Larimer County CHIP effort was designed to reflect community needs and values. Community involvement was deemed essential to the success of the initiative and resulting plan. Accordingly, efforts were made to align timelines and share data with local hospitals, which are required to complete a community health needs assessment every three years to maintain their non-profit status. A core planning team from the Larimer County Department of Health and Environment (LCDHE) initiated the effort in 2011 and hired a part-time Project Manager to coordinate assessment and planning activities. A Leadership Team, comprised of both health department staff and key community partners, provided guidance to the effort throughout. A subcommittee of the Leadership Team provided expertise on local health data for the community health assessment. A much larger group of community stakeholders made recommendations about priority focus areas for health improvement and assisted with the development of the CHIP.

The figure below shows the organizational structure of the effort, called Health Assessment and Planning Partnership Initiative.



Assessing Community Health (CHAPS Step III)

The Community Health Assessment focused on improving our understanding of the current health status of Larimer County residents and the capacity of our local public health system to address public health needs. The first step in the assessment process was to review other recently completed community assessments. Based on this review, we concluded that: 1) existing assessments offered information about our community that would help us understand some strengths and challenges, and 2) a *comprehensive*, *county-wide* community *health* assessment had not been completed in the recent past.

Between March and June 2012, the data subcommittee focused on compiling health data from secondary sources, using the following guidelines:

- Use the most current available data
- Include social determinants that affect health status when available
- Where there are multiple sources of data, choose the source with the best assurance of reliability, validity, and ongoing availability
- Seek data sources that illuminate trends
- Use sources that can be considered representative of the county as a whole (avoid using state or city-level data to describe county health status or issues)
- Document data gaps, if any

- Include measures for which there is comparable state and national data and/or established benchmarks, whenever possible

Data for more than 300 indicators were collected. Once local health data were compiled, the Leadership Team adopted a framework modeled after the *National Prevention Strategy: America's Plan for Better Health and Wellness (NPS)*. The NPS focuses on four Strategic Directions and seven Priorities to achieve the overarching goal to increase the number of Americans who are healthy at every stage of life. This goal and the framework were adapted to reflect our local issues. A comparison between the NPS and the framework adopted in Larimer County is shown in *Table 2*.

Table 2

NATIONAL PREVENTION STRATEGY GOAL: Increase the number of Americans who are healthy at every stage of life.	**LARIMER COUNTY GOAL:** Increase the number of Larimer County residents who are healthy at every stage of life.
Four Strategic Directions: • Healthy and Safe Community Environments • Clinical and Community Preventive Services • Empowered People • Elimination of Health Disparities	**Six Strategic Directions:** • Promoting a Healthy Social Environment • Promoting a Healthy Physical Environment • Strengthening Public Health and Health Care Prevention Efforts • Improving Access to Preventive Services and Treatment • Raising Healthy Children • Promoting Healthy Aging
Seven Priorities: • Active Living • Healthy Eating • Reproduction and Sexual Health • Injury and Violence Free Living • Mental and Emotional Well-Being • Preventing Drug Abuse and Excessive Alcohol Use • Tobacco Free Living	**Nine Health Issues:** • Active Living • Healthy Eating • Healthy Sexuality and Reproduction • Injury and Violence Free Living • Mental and Emotional Well-Being • Preventing Drug Abuse and Excessive Alcohol Use • Protecting Environmental Quality • Tobacco Free Living • Reducing Infectious Diseases

The data were summarized in a slide set and made available to local health partners and the general public on LCDHE's website (http://www.larimer.org/health/public_health_plan.htm).

Assessing System Capacity (CHAPS Step IV)

To assess system capacity, 37 community health partners were surveyed in December 2012, to determine their: 1) interest in contributing to a community-wide effort addressing each of the fifteen topic areas; and 2) interest and capacity to implement specific evidence-informed strategies for each potential priority area. Survey data were analyzed and results were included in the community health assessment summary slides.

A summary of capacity survey findings is shown in *Table 3*.

Table 3

Potential Health Priority Area	Overall Interest*	Evidence- Informed Strategy: Interest	Evidence -Informed Strategy: Capacity
Healthy Eating	89%	High	Low
Mental and Emotional Well-Being	84%	Medium	Medium/Low
Strengthening Prevention Efforts	83%	Medium/Low	Low
Injury and Violence Free Living	82%	Medium	Low
Active Living	81%	High	Low
Promoting a Healthy Social Environment	81%	High	Low
Raising Healthy Children	77%	High	Medium/Low
Improving Access to Care	73%	High	Low
Preventing Drug Abuse & Excessive Alcohol Use	72%	Medium/High	Low
Promoting Healthy Aging	69%	Medium/High	Low
Tobacco Free Living	68%	High	Low
Reducing Infectious Diseases	66%	High	Medium/Low
Protecting Environmental Quality	63%	Medium	Medium/Low
Promoting a Healthy Physical Environment	63%	High	Medium/Low
Healthy Sexuality and Reproduction	56%	High	Low

* Percent of respondents who were at least moderately interested.

Prioritizing Issues (CHAPS Step V)

The process for selecting priorities occurred from January through early March of 2013. Input about priority areas for focus of the CHIP was obtained through two sources: a web-based Community Survey open to all interested persons (165 responses were received), and two

half-day Community Leader Input meetings (39 individuals attended and voted). Both groups reviewed the assessment summary and system capacity survey results and were asked to select the highest priorities from the list of fifteen topics. In addition, survey respondents and meeting participants were given the opportunity to provide qualitative input offering additional contextual information about which issues should be considered highest priority.

Respondents were asked to consider the following criteria when recommending priorities:

- Significance of the issue to our community's health
- Ability to impact the issue
- Local capacity to address the issue

Quantitative and qualitative input from both the Community Survey and the Community Leader Input meeting was relayed to the Leadership Team, who endorsed two focus areas ranked highly by these two groups for the final selection: *Mental and Emotional Well-Being (MEWB)* and *Raising Healthy Children (RHC)*. The Leadership Team also recommended that the CHIP 1) focus on prevention, 2) use evidence-informed strategies for improving health, and 3) target resources for populations disproportionately affected to advance health equity.

Creating a CHIP (CHAPS Step VI)

After priorities were established, work teams were created in order to develop the CHIP. For the *Mental and Emotional Well-Being* priority, LCDHE facilitated the formation of a task force comprised of representatives from organizations with expertise in health/mental health promotion. This approach was adopted to avoid duplication of existing efforts of the Mental Health and Substance Abuse Partnership (MHSAP), which was formed in Larimer County in 1999 to address unmet mental health needs among residents. The MHSAP is comprised of mental health professionals and organizations that aim to identify and treat individuals with mental illness. The MEWB Task Force intentionally focused promoting emotional wellness and preventing mental health problems to complement MHSAP's strategies to identify, treat, and improve care coordination efforts for mental illness and substance abuse disorders.

For the *Raising Healthy Children* priority area, LCDHE worked with existing child- and youth-focused coalitions to obtain input for the CHIP. Together, these groups span the geographic boundaries of the county and include organizations that address health needs of children from

before birth through young adulthood. Input about the goals, objectives, strategies, and planned activities for the CHIP were sought from each group, and oversight and guidance was provided by the *Raising Healthy Children* Steering Committee. The Steering Committee was comprised of local experts in child and adolescent health who recommended further analysis of community assets and gaps in services, interventions, and health promotion activities before selecting objectives and evidence-informed strategies for this population.

The work teams began meeting in June 2013 and concluded with their recommendations in November 2013.

Community vision and values

The overarching goal for the CHIP, to "increase the number of Larimer County residents who are healthy at every stage of life" reflects the vision and values of the community. Throughout each step of the assessment and planning process, community partners emphasized the importance of focusing on prevention and employing evidence-informed strategies for improving health and promoting equity in health. For our community, achieving health equity requires understanding where disparities in health exist and a commitment to working to reduce them.

County public health system capacity and performance assessment

In addition to the two priority areas established through the community process, LCDHE has identified a need to improve internal capacity to provide leadership in assessment, planning, evaluation, and communication about community health improvement efforts throughout the county.

CAPACITY PRIORITY: ASSESSMENT, PLANNING, AND COMMUNICATION Background: Raising healthy children and achieving/maintaining mental and emotional wellbeing are broad and complex issues. Selecting the most effective strategies to address these priority areas will require concerted effort by multiple organizations working together across sectors towards the same goal. LCDHE can support this community-wide effort by continuing to act as an organizing body for partners in community health improvement and by providing tools, guidance, and data for evaluating and communicating progress.	
Goal 1: Increase LCDHE's ability to lead in the measurement, communication, planning, and evaluation of community health in Larimer County.	
Objective 1.1: By December 2014, develop an infrastructure to support LCDHE's increased ability to lead in measuring, communicating, planning, and evaluating community health in Larimer County.	
Strategy	**Activity**
1.1.1 Improve current health planning and evaluation infrastructure within LCDHE	1.1.1a Increase capacity for planning and evaluation by securing funding and creating a Health Improvement Planner position. 1.1.1b Develop a plan to increase internal staff capacity for measurement, planning, quality improvement, and evaluation at all levels of organization
1.1.2 Lead efforts to measure and communicate community health status	1.1.2a Acquire and maintain a web platform (Network of Care) to track, monitor, and report on local health data and indicators 1.1.2b Continue to work in collaboration with community partners to update the community health assessment 1.1.2c Continue to work in collaboration with community partners to address current gaps in data

	1.1.2d Establish a process and schedule for monitoring and communicating about community health status
1.1.3 Lead efforts to evaluate CHIP progress	1.1.3a Work with community partners to define a limited number of desired health outcomes and set targets for improvement 1.1.3b Establish a process and schedule for updating the CHIP (at least annually) and communicating progress
1.1.4 Focus on promoting health equity	1.1.4a Examine existing data sources for information about health disparities 1.1.4b Develop a plan for collecting information that will improve our understanding about where disparities exist 1.1.4c Establish a process and schedule for measuring, monitoring, and communicating about health disparities

Goals and strategies for improving the health of the local community

Priority Area #1: Mental and Emotional Well-Being

Improving mental health is a top priority of numerous national, state, and local efforts. The Affordable Care Act will provide one of the largest expansions of insurance coverage for mental health and substance use disorders in a generation. Mental health is one of Colorado's Ten Winnable Battles, and is a priority focus for the current Larimer County Strategic Plan. The Community Mental Health and Substance Abuse Partnership (MHSAP) began in 1999 as a partnership between three community agencies in Larimer County and now represents 35 agencies, all working together to improve the delivery of services for mental illness and substance abuse disorders.

Increasing recognition of the importance of mental and emotional well-being in communities has given rise to these efforts. Chronic stress may account in part for poorer health seen in low-income and minority populations, and in persons chronically abused (physical/sexual/ emotional). In Larimer County, more hospitalizations occur for mental health problems than heart disease and stroke combined. For a more detailed description of Larimer County's mental and emotional well-being, please refer to the *Larimer County Community Health Assessment 2012* report which can be accessed at: www.larimer.org/health.

The MEWB Task Force has recommended that the CHIP use the four National Prevention Strategy recommendations as a framework for promoting mental and emotional well-being in Larimer County.

PRIORITY: MENTAL AND EMOTIONAL WELL BEING

Background: The Mental and Emotional Well-Being Task Force defines mental and emotional well being as having the personal, family, and community resources to thrive, achieve one's full potential, engage productively with others, and show resilience with life stressors. A focus on promoting mental and emotional wellness complements existing efforts to identify and treat individuals with mental illness, and aims to reduce the number of people who experience mental health problems. The National Prevention Strategy makes four recommendations (see below) for achieving mental and emotional well-being at the community level. The task force has recommended the following approach: 1) assess the current level of achievement of these recommendations, 2) identify gaps, 3) implement evidence-informed strategies for addressing the gaps.

Goal 2: Implement the National Prevention Strategy's four recommendations[1] for improving Mental and Emotional Well-Being in communities:

- **Promote positive early childhood development, including positive parenting and violence-free homes;**
- **Facilitate social connectedness and community engagement across lifespan;**
- **Provide individuals and families with the support necessary to maintain positive mental well-being;**
- **Promote early identification of mental health needs and access to quality services.**

Objective 2.1: By December 2014, Larimer County will complete a multi-year action plan to improve mental and emotional wellness in our community.

Strategy	Activity
2.1.1 Establish infrastructure and process for community partners to work together to develop multi-year action plan	2.1.1a Form a MEWB Steering Committee to plan the organizational structure and process for implementing the CHIP 2.1.1b For each recommendation, identify an existing group or convene a new work team 2.1.1.c Establish regular meeting schedule and convene meetings
2.1.2 Complete analysis of assets and gaps for each NPS recommendation	2.1.2a LCDHE and MEWB Steering Committee develop a process for completing assets and gaps analysis 2.1.2b With guidance from LCDHE, work teams complete community assets and gaps analysis
2.1.3 Identify objectives and select strategies	2.1.3a Once gaps are identified, work teams and MEWB Steering Committee select objectives for health improvement 2.1.3b Work teams identify potential evidence-informed strategies to address priority objectives 2.1.3c Identify existing and needed resources and potential lead organization(s) for strategies 2.1.3d Work teams and MEWB Steering Committee select strategies for implementation and identify evaluation benchmarks

[1] Source: National Prevention Council, *National Prevention Strategy: America's Plan for Better Health and Wellness* (2011). Available at: www.healthcare.gov/preventioin/nphpphc/strategy/report.pdf.

2.1.4 Prepare a multi-year plan for implementing strategies	2.1.4a Develop and document multi-year action plan 2.1.4b Revise CHIP to include measureable objectives for Years 2 – 5, based on multi-year action plan
Objective 2.2: By June 2015, Larimer County will complete a plan for evaluating the impact of selected strategies to improve mental and emotional well-being.	
2.2.1. Develop evaluation plan	2.1.1a Select appropriate measures for evaluating impact of strategies in multi-year action plan 2.1.1b Develop a process and schedule for collecting measurement data

Priority Area #2: Raising Healthy Children

By deciding to focus on *Raising Healthy Children*, Larimer County community partners recognized that investing in prevention at the earliest stages of life can have a positive impact on a person's physical, cognitive, mental, and emotional health throughout the lifespan. The body and brain of a child are greatly affected during development, from prenatal exposures, to infancy and early childhood experiences, to educational enrichment from parents and schools, to the physical and emotional transformations during adolescence. Positive exposures in childhood bring health benefits that last a lifetime for the individual and benefit the entire community. Programs and policies directed at children can address multiple health risks simultaneously, and reduce poor health outcomes linked to social circumstances.

Although our community has invested in children and youth, we lack much of the local data needed to measure and track improvements in the health status, behaviors, and conditions of our population ages 0 – 18. To address this, our community partners and the RHC Steering Committee recommend a focus on improving or expanding collection of county-level health data for this population, collecting qualitative information about areas of highest need or gaps in existing services, and using information gathered from these sources to inform a process for selecting health improvement objectives for the *Raising Healthy Children* priority focus. For a more detailed description of the data that are available regarding the health of children in Larimer County, please refer to the *Larimer County Community Health Assessment 2012* report which can be accessed at: www.larimer.org/health.

PRIORITY: RAISING HEALTHY CHILDREN Background: Larimer County is fortunate to have many valuable resources for promoting healthy child development and supporting children and families in need. However, we recognize that we can have an even greater impact by coordinating efforts and focusing on common goals and at-risk children.	
Goal 3: To advance the safety, well-being, resilience, and healthy development of children and youth in Larimer County.*	
Objective 3.1: By May 2014, Larimer County will document existing sources of county-level data about health behaviors and conditions for children and youth (ages 0-18).	
Strategy	**Activity**
3.1.1 Improve our ability to measure the health status and health behavior of Larimer County children and adolescents, and where disparities in health exist	3.1.1a Continue to convene with community partners who have begun to work on strategies for improved data collection 3.1.1b Research and document existing sources of county-level data about health behaviors and conditions for children and youth ages 0-18 3.1.1c Interview key informants (qualitative data) to identify assets and gaps in knowledge 3.1.1d Ensure that school districts participate in the Healthy Kids Colorado Survey done every two years 3.1.1e Conduct a supplemental child-focused survey of parents who participated in the 2013 Community Health Survey (Health District) 3.1.1f Identify other organizations also working on this issue for opportunities to collaborate (United Way)
Objective 3.2: By December 2014, Larimer County will complete a multi-year action plan that includes evidence-informed strategies to promote raising healthy children in our community.	
3.2.1 Establish infrastructure and process for community partners to work together to develop multi-year action plan	3.2.1a Reconvene the Raising Healthy Children Steering Committee to plan the organizational structure and process for implementing the CHIP 3.2.1.b Establish regular meeting schedule and convene meetings
3.2.2 Complete analysis of assets and gaps in services for children and youth	3.2.2a Interview key informants (qualitative data) to identify assets and gaps in services and perceived areas of high need 3.2.2b Convene community partners who work with children and youth to present information gathered from all sources (quantitative and qualitative) to get reaction and identify additional assets and gaps
3.2.3 Identify objectives and select strategies	3.2.3a Convene community partners to get input about which objectives should be prioritized for action 3.2.3b LCDHE and Steering Committee identify potential evidence-informed strategies to address objectives 3.2.3c LCDHE, Steering Committee, and community partners select objectives and strategies for implementation and evaluation benchmarks 3.2.3d Identify existing and needed resources and lead organization(s)

3.2.4 Prepare a multi-year plan for implementing strategies	3.2.4a Develop and document multi-year action plan
Objective 3.3: By June 2015, Larimer County will complete a plan for evaluating the impact of selected strategies to promote raising healthy children.	
3.3.1. Develop evaluation plan	3.3.1a Select appropriate measures for evaluating impact of strategies in multi-year action plan 3.3.1b Develop a process and schedule for collecting measurement data

* Adapted from US DHHS Strategic Plan

Timeline for Implementation

The following timeline outlines the major planned milestones for CHIP Year One (2014). The timeline will be continually revised with additional detail as work on the CHIP progresses.

2014

CHIP Year One: Building Infrastructure and Selecting Evidence-Informed Strategies

Activity/Milestone	Month
BOH reviews CHIP	January
LCDHE hosts CHIP kick-off with community partners	March
LCDHE initiates formation of steering committees and work groups	March
Steering committees and work groups meet	March, and continue to meet monthly/quarterly
Complete assets and gaps analyses	April - June
Select objectives and interventions	July
Develop multi-year action plan, which includes evidence-informed strategies, lead organization, and potential resources	August - December

2015 – 2018

CHIP Years Two – Five: Implementing Evidence-Informed Strategies for Health Improvement

- Marketing campaign to introduce CHIP and multi-year action plan to general public
- Implement multi-year action plan
- Establish performance measures and collect data
- Continue to work in collaboration with community partners

2018

CHIP Year Five: Evaluating Progress, Revising Community Health Assessment, and Revisiting CHIP Priorities

- Evaluation (likely to occur simultaneous with implementation of multi-year action plan)
- Update community health assessment and review priorities in 2018 to inform the next 5-year plan

Partners for Implementation

The following community partners helped inform the development of the CHIP and will be integral to the process for identifying and implementing evidence-informed strategies that will lead to improvements in community health as it relates to the two CHIP priorities:

- Alliance for Suicide Prevention
- Boys and Girls Club of Larimer County
- Coalition for Activity and Nutrition to Defeat Obesity (CanDo/University of Colorado Health)
- Colorado State University
- Crossroads Safehouse
- Early Childhood Council of Larimer County
- Estes Valley Community Services Coalition
- Health District of Northern Larimer County
- Healthier Communities Coalition of Larimer County
- Healthy Hearts (University of Colorado Health)
- Healthy Kids Club (University of Colorado Health)
- Injury Prevention Program (University of Colorado Health)
- Kaiser Permanente
- League of Women Voters
- Lutheran Family Services Rocky Mountains
- Mental Health and Substance Abuse Partnership
- Northern Colorado AIDS Project
- Park School District
- Partners Mentoring Youth
- Partnership for Healthy Youth
- Planned Parenthood of the Rocky Mountains
- Poudre School District
- Sexual Assault Victim Advocate Center (SAVA)
- TEAM Fort Collins
- The Center for Family Outreach
- Thompson School District
- Tobacco Free Larimer County (LCDHE)
- Touchstone Health Partners

Integration with Statewide Plan

This plan follows the Colorado Health Assessment and Planning System (CHAPS) created by the Office of Planning and Partnerships at CDPHE and aligns with the assessment and planning goal of the statewide health improvement plan.

Financial Resources

Larimer County Department of Health and Environment continually seeks ways to develop and sustain funding sources for the delivery of Core Services and additional programming to meet the needs of the community.