

Background

- In rural Colorado, physicians are often the only access point for healthcare, managing everything from clinical care to social needs
- Public health departments provide critical services - immunizations, outbreak investigation, housing and food assistance – but remain underutilized by clinicians
- A CDPHE survey found only 29% of physicians could name 3 or more services their public health department offers
- This disconnect leads to fragmented care, missed opportunities to address social determinants of health, and delays in outbreak detection
- Barriers to collaboration include
 - *Institutional* – high clinical workload, limited staff
 - *Systemic* – disconnected EHR systems, minimal public health training
 - *Interpersonal* – lack of familiarity between providers and public health staff

Goals

- Increase rural clinicians' awareness of local public health services and reporting requirements
- Strengthen collaboration between healthcare providers and public health departments to improve patient and community outcomes
- Highlight barriers and solutions to integration, including systemic, institutional, and interpersonal challenges
- Empower clinicians to use public health resources to address social determinants of health
- Measure impact through pre- and post-surveys assessing knowledge, confidence, and willingness to collaborate

Project Details

Setting: Steamboat Springs, Colorado (Routt County) – a rural LIC site where physicians often serve as the sole healthcare access point for patients

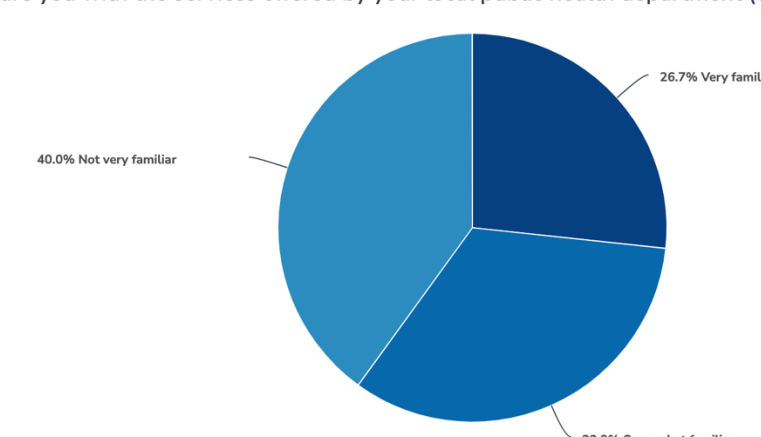
Target Audience: Local clinicians and care teams at rural practices

Intervention Components:

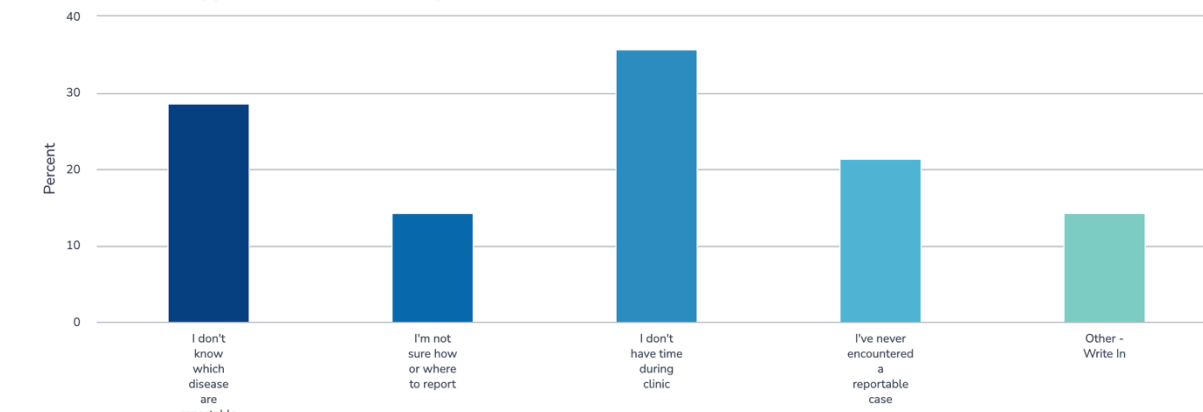
- Met with the Routt County Public Health Director and nurse multiple times throughout the year to identify where the gaps are
- Investigated how individual clinics interact with the Public Health Department and CDPHE, if at all
- Delivered an educational presentation at the quarterly Outpatient Service Line Meeting
- Administered pre- and post-surveys to assess baseline knowledge and changes after the session

Pre-Survey

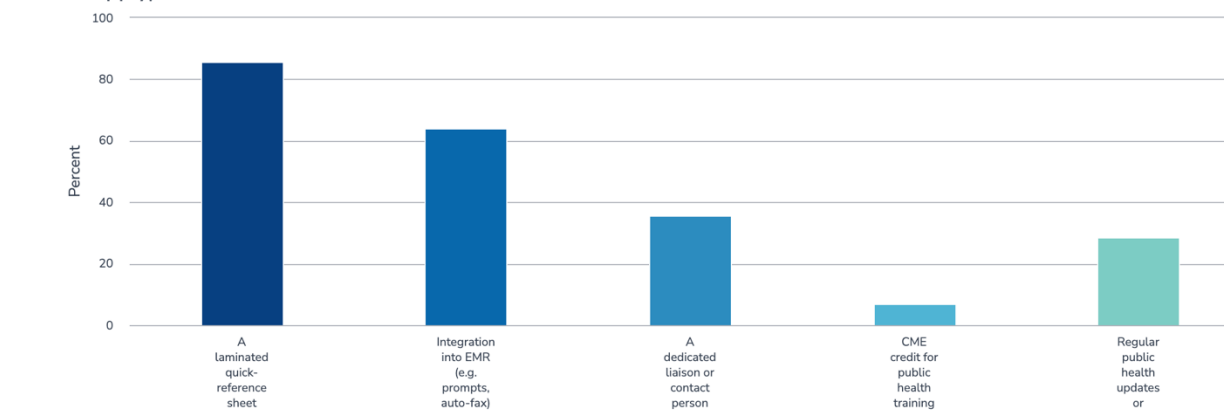
How familiar are you with the services offered by your local public health department (e.g. Routt County Public Health)



9. What is your biggest barrier to reporting a disease to public health? (Select one)

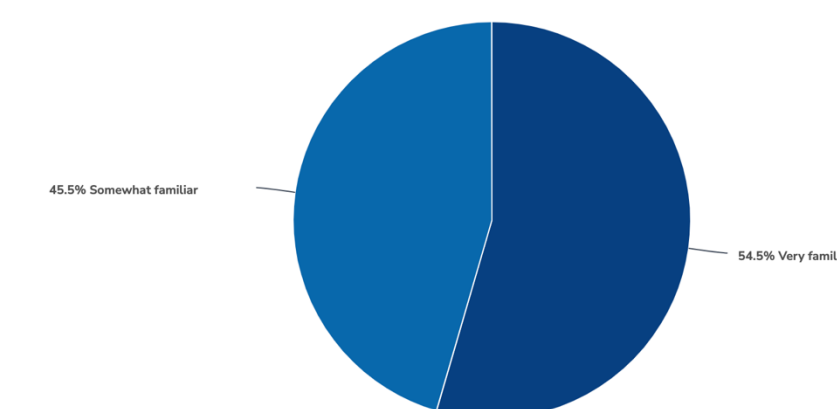


10. Would any of the following help you feel more prepared to engage with public health or report diseases? (Select all that apply)

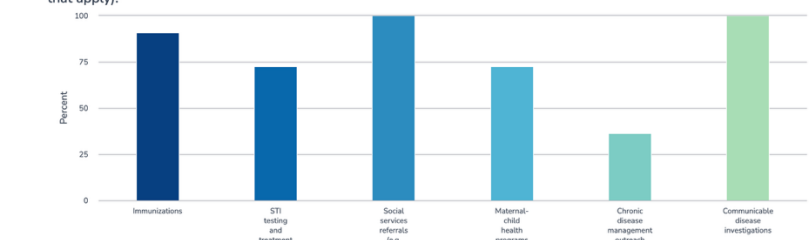


Post-Survey

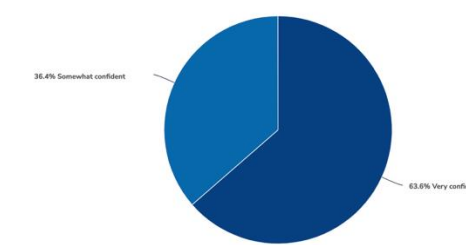
1. How familiar are you now with the services offered by your local public health department (e.g. Routt County Public Health)



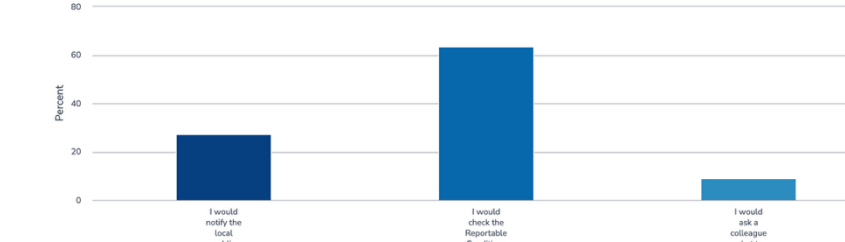
2. After this session, which of the following public health services are you confident you could refer a patient to? (Select all that apply)



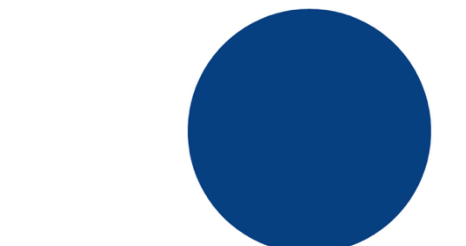
5. After today's training, how confident are you in your ability to report a disease to the public health department if needed?



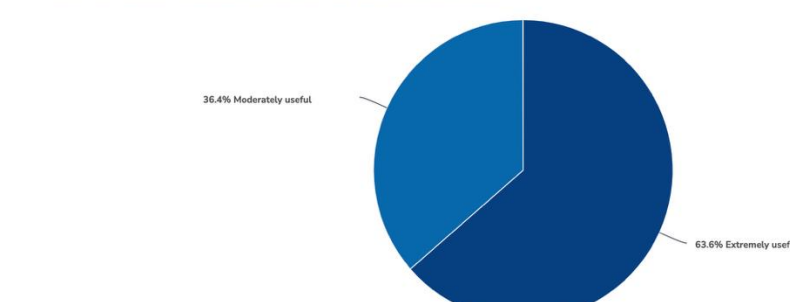
6. What would be your first step if a patient presented with a reportable condition (e.g. tuberculosis, syphilis, pertussis)?



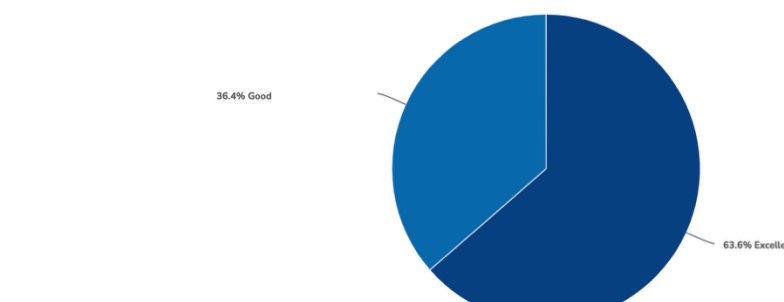
7. Has this presentation made you more likely to engage with your local health department?



10. How useful was today's session to your clinical practice?



11. Please rate the clarity and delivery of the presentation



Conclusions

When rural providers and public health departments work together – not just in parallel – patients and communities thrive. Education, awareness, and shared tools can turn fragmented care into coordinated, population-level impact.

Future Work

- **Transition to local leadership:** Routt County Public Health will continue leading this initiative to ensure sustainability
- **Ongoing education:** Service line meetings will be updated to include the 2026 CDPHE Reportable Conditions table once released
- **Regional Expansion:** Plan to extend collaboration to Moffat County and neighboring regions, as many residents seek care at Steamboat clinics

References

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