



COYAC
Colorado Youth Advisory Council

Memo

TO: Legislators and Staff
Colorado Youth Advisory Council Review Committee

FROM: Sarah E. Moss, MPA, Director; and Brenda Morrison, Program Manager
Colorado Youth Advisory Council

DATE: August 2, 2022

SUBJECT: 2022 interim committee members and policy proposals

On behalf of the students of the Colorado Youth Advisory Council (COYAC), we are pleased to submit the names of student members for the 2022 interim committee and the policies they will present.

COYAC interim committee members

- Gabrielle (Gabby) Hooper (she/her), Senate District 4
- Scarlett Jeffries (she/her), Senate District 15
- Leigh Schmidt (she/her), Senate District 22
- Siddharth (Sidd) Nareddy (he/him), Senate District 24
- Skye O'Toole (she/her), Senate District 33
- Alternate: Sun Richardson (she/her), Senate District 35
- Alternate: Bhavya Surapaneni (she/her), Senate District 30

Students lead the COYAC policy work. During Fiscal Year 2021-22, COYAC students discussed dozens of problems, divided themselves into committees, and conducted research and outreach. The problem/solution memos on the following pages are their own work products. The students choose which members will serve on the interim committee.

As the students generate the policy ideas, COYAC staff supports the students similarly to the way Legislative Council staff supports legislators. COYAC staff provides:

- Training on government roles and structures, the policy process, and research methods
- Timelines and work plans
- Templates and examples
- Recommendations for research sources and outreach meetings
- Planning and logistics for virtual meetings and in-person meetings including the fall retreat and winter day at the State Capitol
- Public speaking training

Below is a timeline of the COYAC process.

Students

Interim/Members

- Present policies at interim committee
- Review applications and lead orientation

Retreat

- Bring problem statements
- Create policy committees, chairs, work plans

Training/Research

- Advise staff of needed training
- Present ideas to COYAC members for feedback

Research/Outreach

- Research the problem and potential solutions
- Meet with experts and organizations

Outreach/Writing

- Draft problem/solution memos; get feedback from COYAC members

Writing/Rehearsal

- Finalize problem/solution memos
- Rehearse for interim committee

Jul

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

Staff

Members/Retreat

- Prepare membership materials
- Plan retreat logistics
- Support students' executive committee

Training/Research

- Suggest organizations for students to consult
- Arrange trainings

Training/Research

- Suggest organizations for students to consult
- Arrange trainings

Legislative Session

- Plan Day at the Capitol logistics
- Monitor COYAC bills so students can testify

Support Research

- Suggest organizations for students to consult

Interim Committee

- Email problem/solution memos

In 2021-22, COYAC students formed committees to:

- Study indigenous issues and tribal-State of Colorado relations with the intent of making COYAC more welcoming and inclusive for tribal representatives
- Study making Eid a State of Colorado holiday
- Study the availability of physical space in schools for religiously observant students to meet prayer obligations
- Address equity in education
- Address mental and physical health for youth
- Address substance abuse for youth
- Review applications from new members
- Serve as small group leaders/mentors to welcome new members
- Lead COYAC as an executive committee

On the following pages are COYAC members' policy proposals for legislators at the 2022 interim committee:

1. [Disciplinary Equity in Education: Co-Creation and Accountability in Restorative Planning](#)
2. [Increasing Completion of Financial Aid Applications](#)
3. [Increasing the Number of Licensed Psychologists for Youth](#)
4. [Reforming Intervention Response to Substance Abuse in Secondary Schools](#)
5. [Youth Participation in Updating Educational Standards](#)
6. [Youth Public Health: Eating Disorders and Weight Discrimination](#)
7. [Youth Sexual Health: HIV Education and Prevention](#)



Disciplinary Equity in Education: Creating Collaborative Proposals and Modifying Discipline Regulation Laws

Problems

1) Colorado students of color, students with disabilities, students from low-income families, and English learners are overrepresented in school discipline.

The data below reflects percentages of students in Colorado schools in the 2017-18 school year for the specified group and data point.

	White	Hispanic / Latino	American Indian / Alaska Native	Black / African American	Asian / Pacific Islander	Two + Races
All students ¹	53.4%	33.7%	0.7%	4.6%	3.5%	4.2%
Suspended ²	41.2%	41.9%	1.0%	9.5%	1.4%	5.0%
Expelled ³	40.5%	40.3%	1.9%	9.8%	2.0%	5.6%

¹ Student October Preschool (PK) Through Grade 12 Pupil Counts by Race/Ethnic Group. Colorado Department of Education. (2022, January 3). Retrieved July 7, 2022, from <https://www.cde.state.co.us/cdereval/2021-2022statepupilcountsbyraceethnicity>

² Civil Rights Data Collection. (2018). *One or More Out of School Suspensions*. Office for Civil Rights. Retrieved from https://ocrdata.ed.gov/assets/downloads/2017-2018/Discipline/Discipline/One-or-More-Oos-Suspensions/One-or-More-OoS-Suspensions_by-disability-and-no.xlsx

³ Civil Rights Data Collection. (2018). *Expulsions with and without Educational Services*. Office for Civil Rights. Retrieved from https://ocrdata.ed.gov/assets/downloads/2017-2018/Discipline/Discipline/Expulsions-w-and-wo-ed-service/Expulsions-w-and-wo-ed-service_by-disability-and-no.xlsx

Looking more in-depth, 71% of 10th graders in the U.S. that received a suspension graduated high school compared to 94% of non-suspended tenth-graders.⁴ From there, research shows that, per each of the 67,000 high school dropouts nationwide caused by suspension, \$163,000 is lost in tax revenue and \$364,000 in social costs including criminal justice and healthcare expenses, totaling over \$5 billion.⁵

Suspended and expelled students are more likely to be left without supervision, fall behind in coursework, and be incarcerated, especially with the rise of arrests in schools.⁶ These students often get trapped in a cycle of being imprisoned and lacking education to provide for themselves when they are released, risking reentry. This can be reflected in the demographics of Coloradans in prison: 46% white, 31% Hispanic, 18% Black, and 3% Native American, highly disproportionate compared to the state population that is 71% white, 20% Hispanic, 5% Black, and 1% Native American.⁷

Suspended students are 51% more likely to be arrested two or more times than their non-suspended peers.⁸ The money tracks with these patterns, too: Colorado spends \$8,489 per pupil in the school system⁹ compared to the cost per inmate in the Colorado prison system at \$37,788.¹⁰ By suspending and expelling students at such high rates, more are entered into a system of perpetual poverty and racial inequity, unable to succeed in the real world without the education they missed while imprisoned.

Similar disparities exist for other groups of students. While data on Colorado discipline practices are difficult to find, the passage of HB-1376 Supportive learning environments for K-12 students will simplify this.¹¹ From the national data that is available, students from low-income families

⁴ Rumberger, R. W., & Losen, D. J. (2016, June 2). *The High Cost of Harsh Discipline and its Disparate Impact*. The Center for Civil Rights Remedies. Retrieved June 30, 2022, from <https://files.eric.ed.gov/fulltext/ED566130.pdf>

⁵ The Civil Rights Project at UCLA. (2016, June 1). *School suspensions cost taxpayers billions*. Retrieved July 7, 2022, from

<https://www.civilrightsproject.ucla.edu/news/press-releases/featured-research-2016/school-suspensions-cost-taxpayers-billions#:~:text=These%20estimates%20show%20that%20over%20care%20and%20criminal%20justice%20expenses>

⁶ American Civil Liberties Union. (2022). *School-to-Prison Pipeline*. Retrieved July 7, 2022, from <https://www.aclu.org/issues/juvenile-justice/juvenile-justice-school-prison-pipeline>

⁷ Vera Institute of Justice. (2019, December). *Incarceration trends in Colorado*. Retrieved June 30, 2022, from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-colorado.pdf>

⁸ Rosenbaum, J. (2020). Educational and Criminal Justice Outcomes 12 Years After School Suspension. *Youth & Society*, 52(4), 515–547. <https://doi.org/10.1177/0044118X17752208>.

⁹ Colorado Legislative Council Staff. (2020). *School Finance in Colorado*. Retrieved June 30, 2022, from https://leg.colorado.gov/sites/default/files/2020_booklet_-_final.pdf

¹⁰ National Institute of Corrections. (2021, October 21). *Colorado 2019*. Retrieved June 29, 2022, from <https://nicic.gov/state-statistics/2019/colorado-2019>

¹¹ Colorado General Assembly. (2022, May 11). *Supportive learning environments for K-12 students*. Retrieved July 7, 2022, from <https://leg.colorado.gov/bills/hb22-1376>

are 1.75 times as likely as other students to be suspended.¹² More detailed data show that Colorado is one of only two states that has “overrepresentation of English Learners in every category of exclusionary discipline (each with less than two times the English Learner enrollment rate)” and this report found that “eighteen states indicated overrepresentation of English Learners with disabilities in their discipline data,” including Colorado.¹³ Nationally, students with disabilities are twice as likely to receive an out-of-school suspension than students without disabilities.¹⁴

2) School discipline laws leave room for bias.

Colorado school discipline laws encourage, but do not require, schools and districts to consider if the student has a disability when suspending or expelling a student in grades 3-12.¹⁵ In the 2017-2018 school year, 21.9% of the students who received one or more out of school suspensions were served under the Individuals With Disabilities Act.¹⁶ For students in preschool through second grade, the law mandates consideration of a student’s disability status and documentation of previous disciplinary interventions prior to suspension or expulsion.

For students who are ages third grade and older and do not have this protection, administrative and school biases can make suspensions and expulsions a less safeguarded and legally protected process. Additionally, without the mandate for documentation of alternative methods of correction attempted before suspending or expelling a student, older students are left at risk of being unfairly suspended or expelled when a less invasive approach could have worked better for the student in the long term. Furthermore, HB-1032 encourages, but does not require, alternative practices as a first approach to discipline including Restorative Justice and Positive Behavioral Interventions and Support that have been shown to reduce reoffense rates.¹⁷

¹² Barrett, N., McEachin, A., Mills, J. N., & Valant, J. (2017, November 20). *What are the Sources of School Discipline Disparity By Student Race and Family Income?*. Education Research Alliance for New Orleans. Retrieved July 7, 2022, from <https://educationresearchalliancenola.org/files/publications/111417-Barrett-McEachin-Mills-Valant-What-Are-the-Sources-of-School-Discipline-Disparities-by-Student-Race-and-Family-Income.pdf>

¹³ Whitford, D.K., Katsiyannis, A., Counts, J. et al. Exclusionary Discipline for English Learners: A National Analysis. *Journal of Child and Family Studies*, 28, 301–314 (2019). <https://doi.org/10.1007/s10826-018-1278-y>.

¹⁴ U.S. Department of Education. (2022, June 24). *School Climate and Discipline: Know the Data*. Retrieved June 30, 2022, from <https://www2.ed.gov/policy/gen/guid/school-discipline/data.html>

¹⁵ National Center on Safe Supportive Learning Environments. (2022). *Colorado School Discipline Laws & Regulations: Grounds for Suspension or Expulsion*. Retrieved June 3, 2022, from, https://safesupportivelearning.ed.gov/discipline-compendium?state=Colorado&sub_category=Grounds%20for%20Suspension%20or%20Expulsion

¹⁶ Office for Civil Rights/Civil Rights Data Collection. (2018). *One or More Out of School Suspensions*. Retrieved from https://ocrdata.ed.gov/assets/downloads/2017-2018/Discipline/Discipline/One-or-More-Oos-Suspensions/One-or-More-OoS-Suspensions_by-disability-and-no.xlsx

¹⁷ Colorado Department of Education. (2015, November). *Alternatives to Zero Tolerance: Best Practices Summary*. Retrieved June 30, 2022, from <https://www.cde.state.co.us/dropoutprevention/bestpracticesalternativestozerotolerance>

Solutions

1) Mandate a resolution proposal when disproportionate disciplinary data is found.

During annual data collection, a district or charter school that identifies significant disparities, with specific margins dependent on district and relevant population size, in disciplinary action taken between racial, ethnic, ability, socioeconomic, or language groups, must submit to the Colorado Department of Education a plan to reduce these differences. A designated CDE official will then review this proposal and submit feedback to the district or charter school and provide resources to aid in its full execution. Annually, each district will revisit and review its data and execution of proposals to ensure that the district is using resources effectively and appropriately to meet the goals. If disparities still remain among the same student group or in different groups, the submitted proposal and its execution, a CDE official will determine the next steps to effectively minimize these differences.

2) For grades 3-12, expand factors for consideration before intervention.

Colorado should expand the grades kindergarten to second grade requirements. For all grades, consider a student's age, disciplinary history, disability status, seriousness of the violation, safety threat posed by the violation, and possible alternative interventions before suspension/expulsion. Colorado should also expand to grades 3-12 the requirement to document any alternative attempts at discipline before suspending or expelling. This will allow for an easier pathway to solutions other than suspension and expulsion and can reduce the likelihood of sending students to the school-to-prison pipeline.



Increasing Completion of Financial Aid Applications

The Free Application for Federal Student Aid (FAFSA) is a federal program that awards need-based financial aid to students.¹⁸ Students complete the FAFSA during their senior year of high school and each year while they are enrolled in higher education. The FAFSA is free to complete.

The Colorado Application for State Financial Aid (CASFA) is a state-run program that awards need-based financial aid to Colorado students (as defined by SB22-1155¹⁹) enrolled in in-state, public, post-secondary education. The Colorado Department of Higher Education (CDHE) states that one of its goals for CASFA is to reduce the inequality in the awarding of funds for higher education.²⁰ The program allows undocumented immigrants, U.S. citizens, and permanent residents to apply for financial aid, while the FAFSA requires that applicants have legal documentation.

Problem

Too few Colorado students complete federal and state financial aid applications.

¹⁸ Federal Student Aid. How Financial Aid Works. Federal student aid: An office of the U.S. Department of Education. <https://studentaid.gov/h/understand-aid/how-aid-works>

¹⁹ In-state tuition for Colorado High School graduates. In-state Tuition For Colorado High School Graduates | Colorado General Assembly. (2022, April 28). Retrieved June 30, 2022, from <https://leg.colorado.gov/bills/hb22-1155>

²⁰ Colorado Department of Higher Education. Colorado application for state financial aid. <https://cdhe.colorado.gov/colorado-application-for-state-financial-aid>

Many students in Colorado do not complete the FAFSA, and even fewer complete the CASFA.²¹ During the 2021-2022 school year, only about 42 percent of Colorado 12th graders completed the FAFSA,²² compared to the national average of 57 percent (for the high school class of 2021).²³ This means that Colorado students are leaving financial aid unclaimed—about \$30 million in federal aid, according to a state report.⁴ It is important to increase FAFSA and CASFA completion rates because these programs provide aid that makes higher education accessible to those who cannot pay for it themselves, especially people in historically disadvantaged and low-income communities; for the 2015-16 school year, 91.3 percent of students from low-income families who completed financial aid applications received federal financial aid for higher education.²⁴ Even with so much aid available, FAFSA completion declined more among low-income students between 2019 and 2020 than among higher-income students, as did enrollment in higher education.²⁵

Solutions

1) Colorado should require completion of the FAFSA or CASFA for high school graduation.

In 2021, the Colorado legislature passed an incentive program for schools and districts that require FAFSA or CASFA completion for high school graduation²⁶ (HB21-1330 Higher Education Student Success²⁷); however, this policy is not a statewide requirement. The Colorado Legislature should implement a requirement that high school seniors complete the FAFSA or the CASFA to graduate from high school. It is necessary to provide students with a choice between FAFSA and CASFA because students who are undocumented immigrants are not eligible to apply for FAFSA funds.

²¹ Colorado Department of Higher Education. (2022). Financial aid application working group report. https://higher.ed.colorado.gov/Publications/Reports/Legislative/1330/2022_FA_WorkingGroup_Report.pdf

²² Data Insight Partners. (2022, June 17). Colorado. FAFSA Tracker - National. <https://national.fafsatracker.com/schoolView/6>

²³ National College Attainment Network. National FAFSA completion rates for high school seniors and graduates. <https://www.ncan.org/page/NationalFAFSACompletionRatesforHighSchoolSeniorsandGraduates>

²⁴ National Center for Education Statistics. (2020). *Percentage of full-time, full-year undergraduates receiving financial aid, and average annual amount received, by type and source of aid and selected student characteristics: Selected years, 1999-2000 through 2015-16*. https://nces.ed.gov/programs/digest/d20/tables/dt20_331.35.asp

²⁵ DeBaun, B. (2021, July 19). FAFSA Completion Declines Nearly 5%; Nation Loses 270K FAFSAs Since 2019. *National College Attainment Network*. <https://www.ncan.org/news/573024/FAFSA-Completion-Declines-Nearly-5-Nation-Loses-270K-FAFSAs-Since-2019.htm>

²⁶ Watson, M. (2022, April 15). Colorado students leave \$30 million in aid unclaimed. RED. <https://red.msudenver.edu/2022/colorado-students-leave-30-million-in-financial-aid-unclaimed/>

²⁷ Colorado General Assembly. (2021, June 8). HB21-1330 Higher Education Student Success. Retrieved June 30, 2022, from <https://leg.colorado.gov/bills/hb21-1330>

Students may opt out of completing either form, which would require them to submit a signed opt-out form to the state; this option is meant for students who do not plan to enter higher education directly after high school (for example, those who enter the workforce or the military).

A CDHE working group on financial aid recommended this policy as a long-term solution to the lack of completion.⁴ Other states have similar policies. In 2021, Texas implemented a requirement that students in 12th grade complete either the FAFSA, the Texas Application for State Financial Aid, or an opt-out form that requires a parent's signature.²⁸ Louisiana successfully increased its FAFSA completion rate from 47 percent before passing a FAFSA requirement in 2015 to an average of 80 percent between 2019 and 2021; Alabama, California, and New Hampshire have also passed such requirements, but they have yet to be implemented.⁴

2) The Colorado Department of Higher Education should provide financial aid toolkits in multiple languages to every high school.

In order to complete the FAFSA and CASFA, students need information about both aid applications. CDHE has information about the FAFSA on its website,²⁹ but this information is difficult to find, has broken links, and has not been updated since 2019. The website does not include any information about the CASFA. The state should require that CDHE send updated electronic resources to counselors at every school. These should include resources to help students and families complete the aid applications, including information about different types of financial aid, eligibility requirements, and answers to frequently asked questions.

²⁸ Texas Education Agency. Financial aid requirement.

<https://tea.texas.gov/academics/college-career-and-military-prep/financial-aid-requirement>

²⁹ Colorado Department of Higher Education. Get your piece of the pie!.

<https://cdhe.colorado.gov/get-your-piece-pie>



COYAC
Colorado Youth Advisory Council

Increasing the Number of Licensed Psychologists for Youth

Problems

1) Colorado has a youth mental health crisis.

Data from the 2021 Healthy Kids Colorado Survey (HKCS) suggest that students across Colorado are severely struggling with their mental health. 39.6% of surveyed teens reported symptoms of depression (defined as experiencing feelings of sadness or hopelessness almost every day for at least 2 weeks) that prevented them from engaging in their usual activities; 46.8% reported that their stress levels are not manageable most days; 17.1% reported seriously considering suicide in the past year; and 7.2% reported attempting suicide in the past 12 months.³⁰ Not a single one of these statistics represents an improvement from HKCS survey results in 2017 or 2019.

It is undeniable that COVID-19 has worsened people's mental health. Nationally, psychologists reported seeing a 74% rise of anxiety in their patients and a 60% rise in depression while treating people during the pandemic.³¹ In 2019, 1,287 Coloradans lost their lives to suicide; this number rose to 1,302 in 2020.³²

The mental health of students in rural areas is at an even greater risk, with almost half of Colorado's rural communities lacking access to a mental health provider.³³ Additionally, the

³⁰ Colorado Department of Public Health and Environment. (2021). *2021 HKCS Results - Key Takeaways by Topic.pdf*, *Healthy Kids Colorado Survey*.

https://drive.google.com/file/d/1GPp_4xOOHKNNombUj3wbRfMBnAOTXd3w/view

³¹ American Psychological Association (2022, November). *Telehealth Survey Summary - American Psychological Association (APA)*. <https://www.apa.org/news/press/releases/2020/11/telehealth-survey-summary.pdf>

³² Centers for Disease Control and Prevention. (2022, March 1). *Stats of the State - Suicide Mortality*. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

³³ Lopez, Meghan. (2022, May 31). Nearly Half of Colorado's Rural Counties Are without a Mental Health Provider. *The DenverChannel, KMGH-TV*.

Colorado Department of Public Health and Environment found that while 33% of white Coloradans who died by suicide received mental health treatment, only 20.5% of Black Coloradans and 22.3% of Hispanic Coloradans received the same treatment.³⁴ This data signifies that access to mental health treatment varies across minority populations, putting them at a greater risk for mental health struggles.

2) Colorado has a shortage of licensed psychologists in schools.

The National Association of School Psychologists recommends a ratio of one school psychologist for every 500 students so that schools can provide comprehensive mental health services to students and families.³⁵ However, during the 2021-2022 school year, the Colorado Department of Education found that 124 of the 188 designated school districts in Colorado had zero licensed school psychologists. Of the remaining 64 districts, 31 districts had a student-to-psychologist ratio of over 1,000 students for every 1 licensed psychologist.³⁶ This is detrimental to the wellbeing of students because lower student-to-psychologist ratios allow students to develop stronger relationships with their school psychologists and therefore improve patient outcomes.³⁷

3) It is difficult to become a licensed psychologist in Colorado.

In Colorado, there are simply not enough licensed psychologists to meet the demands for professional mental health support.³⁸ The lack of available psychologists is correlated with the lengthy and expensive education required to pursue psychology degrees in the state of Colorado. Specifically, it can take up to 10 years and 3,000 hours of supervised counseling to become a licensed psychologist in Colorado.³⁹ The education necessary for these degrees can cost up to \$109,000 for Colorado residents.⁴⁰ Considering that the cost of living in Colorado is a top concern for residents, these numbers pose barriers to college students seeking to pursue careers

<https://www.thedenverchannel.com/news/local-news/nearly-half-of-colorados-rural-counties-are-without-a-mental-health-provider>

³⁴ Phu, Kimberly. (2021, January 26). *Suicide in Colorado*. Colorado Health Institute.

<https://www.coloradohealthinstitute.org/research/suicide-colorado>

³⁵ National Association of School Psychologists (NASP). *Shortage of School Psychologists*.

<https://www.nasponline.org/research-and-policy/policy-priorities/critical-policy-issues/shortage-of-school-psychologists>

³⁶ Colorado Department of Education. (2022). *District Psychologist Report 2021-2022*.

https://www.cde.state.co.us/cdereval/2021-22districtpsychologistreport_pdf

³⁷ Norcross, John C., and Michael J. Lambert. (2018). *Psychotherapy Relationships That Work III*. Edited by Jesse Owen, vol. 55, Oxford University Press. Retrieved 23 June 2022

<https://psycnet.apa.org/fulltext/2018-51673-001.html>

³⁸ Brown, Jennifer. (2021, December 11). Colorado Has Half a Billion Dollars to Fix Its Mental Health System, but First It Needs Workers. *The Denver Post*.

<https://www.denverpost.com/2021/12/12/mental-health-costs-worker-shortage/>

³⁹ Careers in Psychology. (2021, September 6). *How to Become a Psychologist in Colorado*.

<https://careersinpsychology.org/how-to-become-a-psychologist-in-colorado/>

⁴⁰ Taming The High Cost of College. (2020, March 26). *Net Price of Colorado Colleges by Income*.

<https://tamingthehighcostofcollege.com/net-price-of-colorado-colleges-by-income/>

in psychiatry.⁴¹ Thus, the time and cost it takes to become a licensed psychologist contributes to the inability of schools to hire counselors that will sufficiently support the mental health needs of their students.

Solutions

1) Offer financial relief for students studying psychology or psychiatry.

Colorado should provide financial relief for people pursuing a career in psychology or psychiatry. This financial relief will incentivize becoming a psychologist to increase the number of available professional mental health professionals in Colorado. This proposed financial relief should come in the form of four years of free college for psychology undergraduates so that aspiring psychologists have a more financially-friendly option to obtain their degrees. By making education more affordable for aspiring psychologists, Colorado will take a step towards meeting the demand for professional mental health support across the state. Even covering just half of the cost that it takes to get a psychiatric license would greatly increase the number of people who could seize this opportunity.

2) Create a grant program for schools to offer competitive wages to school psychologists.

Colorado should establish a grant program to be reviewed every year based on previous efficacy. With this grant in place, school districts would be required to attempt to hire additional school-based psychologists. These psychologists would focus on the mental health of students and serve as free psychologists for students who cannot afford or find access to private practitioners. To apply for the grant, districts would first need to prove that they do not already have the funding to offer competitive wages to potential candidates for the position. The availability of these additional school-based psychologists would make access to professional help for mental health easier for those seeking it.

This program would operate similarly to Colorado's Quality Teacher Recruitment Program ([SB 13-260](#)), which authorizes the Colorado Department of Education to award grants to organizations working with school districts to recruit and retain qualified teachers in areas with teacher shortages.⁴²

⁴¹ Montoya, Austin. (2021, December 14 Dec). Watch: The Cost of Living Is Top of Mind for Coloradans. *Colorado Health*, The Colorado Health Foundation.

<https://coloradohealth.org/insights/good-health/watch-cost-living-top-mind-coloradans>

⁴² Colorado Department of Education. (2022, April 13). Quality Teacher Recruitment Grant Program. <https://www.cde.state.co.us/educatortalent/qtrp>



Reforming Intervention Response to Substance Abuse in Secondary Schools

Problems

1) Substance Abuse is pervasive among Colorado Youth.

According to a 2022 study ranking states based on the frequency of substance abuse, Colorado ranked 7th for rate of overall substance abuse and 2nd for the percent of adults in need of treatment but not receiving it.⁴³ The issue applies to youth as well, as the rates of marijuana, alcohol, cigarette, and illicit drug use among Colorado youth are higher than the national and regional rates.⁴⁴

2) Schools currently lack adequate, uniform substance abuse intervention programs.

Many substance abuse programs used in schools in the past are aimed at prevention rather than intervention, such as the Caring School Community Program, Guiding Good Choices Program (formerly Preparing for the Drug-Free Years), Life Skills Training Program, and numerous others, as per the National Institutes of Health's listings for universal programs for drug abuse prevention.⁴⁵ While prevention is necessary, intervention is also key, and there is no established systematic, uniform approach that all schools in the state of Colorado adhere to. A study of secondary schools in St. Louis County, Missouri, found that a common intervention method for substance abuse consists of exclusionary discipline policies such as in-school suspension or being taken out of classes, and that schools tend to be more punitive than juvenile courts in their

⁴³ Kiernan, J. S. (2022, May 04). Drug Use by State: Problem Areas. Retrieved from <https://wallethub.com/edu/drug-use-by-state/35150#methodology>

⁴⁴ Substance Abuse and Mental Health Services Administration. U.S. Department of Health & Human Services. (2002–2004 and 2017–2019). Center for Behavioral Health Statistics and Quality, *National Survey on Drug Use and Health*.

⁴⁵ Universal Programs. (2021, March 03). Retrieved from <https://nida.nih.gov/publications/preventing-drug-use-among-children-adolescents/chapter-4-examples-research-based-drug-abuse-prevention-programs/universal-programs>

substance abuse intervention methods. The study also found high instances of differential enforcement of offenses and due process violations.⁴⁶

Without a specific evidence-based program for intervention, there is no protocol and no uniformity in how schools handle cases of substance abuse. Thus, intervention and referral to treatment greatly rely on the resources a school has available, which allows socioeconomic and other barriers to prevent students using substances from receiving high-quality care and treatment. Studies have found links between adolescent substance abuse and socioeconomic status, including adequacy of school environment and resources.⁴⁷ It is more critical than ever for intervention to be uniform and equal for youth from all walks of life. The Colorado Department of Education cites that early intervention in substance abuse by youth can change a youth's outcomes, in accordance with Principles of Substance Abuse Prevention for Early Childhood from the National Institute on Drug Abuse within the National Institutes of Health (NIH).⁴⁸ Early intervention through a common protocol/program is long overdue in Colorado schools.

3) Crisis services that youth are encouraged to access are underfunded and thus unable to provide services to all the youth that require them.

The Colorado Crisis Services is a hotline that serves Colorado citizens in the midst of behavioral health crises, including those of mental health, substance abuse, and emotional crises.⁴⁹ In 2022, the State of Colorado enacted [HB22-1052](#) Promoting Crisis Services to Students. This bill increased the accessibility of Colorado Crisis Services; however, the bill did not increase funding for the hotline, which requires more funding to increase its staff. In 2020, after the onset of the COVID-19 pandemic, Colorado Crisis Services began receiving calls at such a high volume that they could not help many of the individuals who sought out help. The number of calls that Colorado Crisis Services received increased by 55% from 2017 to 2020, largely a ramification of worsening mental health during the pandemic.⁵⁰ The length of time on hold also increased from 36 seconds to 1.5 minutes from 2017 to 2020, and call abandonment rates increased by 329% from 2017. With a hotline that so many Coloradans, especially youth, are reliant on to receive

⁴⁶ Schwartz S. (1984 Summer). A study of drug discipline policies in secondary schools. *Adolescence*.19(74):323-33. PMID: 6331713.

⁴⁷ Gerra, G., Benedetti, E., Resce, G., Potente, R., Cutilli, A., & Molinaro, S. (2020, February 18). *Socioeconomic Status, Parental Education, School Connectedness and Individual Socio-Cultural Resources in Vulnerability for Drug Use Among Students*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7068584/>

⁴⁸ National Institute on Drug Abuse, National Institutes of Health. (2021, August 03). *Principles of Substance Abuse Prevention for Early Childhood*. Retrieved from <https://nida.nih.gov/publications/principles-substance-abuse-prevention-early-childhood/table-contents>

⁴⁹ Colorado Crisis Services. (2022, June 16). Retrieved from <https://coloradocrisiservices.org/>

⁵⁰ Newman, A. Z. (2020, December 08). People are using Colorado Crisis Services 55% more in 2020 compared to 2017. *KUSA-TV 9News*. Retrieved from <https://www.9news.com/article/news/investigations/colorado-crisis-services-calls-up-55-percent-2020-compared-2017/73-44a1c727-43c1-4177-a943-b618ffb6e16c>

help for substance abuse and mental health, it's imperative that calls can be answered quickly and efficiently, but with current funding levels this is not achievable.

Solutions

1) Perform a needs assessment to gauge the current state of intervention programs in Colorado secondary schools.

There is a lack of information about substance-abuse intervention/prevention training among school counselors in Colorado. Colorado should perform a needs assessment to gauge how Colorado high schools are handling substance abuse and where change is needed. The United States Department of Health and Human Services has created a systematic process to conduct a needs assessment for issues of behavioral health within a state to identify community needs.⁵¹ Colorado could use this needs assessment to identify the current state of substance abuse intervention and training in schools. Colorado could use this information to implement a screening/intervention program such as Screening, Brief Intervention, and Referral to Treatment (SBIRT).

2) Implement a screening program, such as the SBIRT (Screening, Brief Intervention, and Referral to Treatment) program, in secondary schools at the district level.

The SBIRT-SBHC (Screening, Brief Intervention, and Referral to Treatment - School Based Health Centers) program is a research-based approach to identify substance use among adolescents and refer afflicted individuals to treatment.⁵² The Colorado Department of Human Services (CDHS) allocates federal substance abuse block grant funding to the program, and the funding is administered to School-Based Health Centers by the Colorado Department of Public Health and Environment (CDPHE). Colorado should allocate additional funding to implement SBIRT, but to all school districts and schools in Colorado rather than solely those with School-Based Health Centers. The federal block grant that funds SBIRT-SBHC does not cover the usage of the SBIRT method in settings outside of School-Based Health Centers. Schools can use the Screening, Brief Intervention, and Referral to Treatment program if district officials are trained in the method and then train officials at each individual school, so students struggling with substance abuse have an individual in their school who can help them overcome their addiction or circumstances.

⁵¹ Substance Abuse and Mental Health Services Administration. U.S. Department of Health & Human Services. (n.d.). How States Can Conduct a Needs Assessment. Retrieved from <https://www.samhsa.gov/section-223/certification-resource-guides/conduct-needs-assessment>

⁵² Colorado Department of Human Services. Screening, Brief Intervention and Referral to Treatment (SBIRT) - School-Based Health Center (SBHC) Project. (n.d.). Retrieved from <https://cdhs.colorado.gov/screening-brief-intervention-and-referral-to-treatment-sbirt-school-based-health-center-sbh>

The SBIRT program, in its initial form through SBIRT-SBHC, aimed to “institutionalize SBIRT as a standard of care” in SBHCs. This program can be further applied outside of school-based health centers, still serving as a standard of care while reaching more adolescents who need intervention and treatment. SBIRT-SBHC worked to decrease health disparities, primarily through Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards.⁵³ Socioeconomic barriers pose an issue with the current state of intervention and disciplinary measures in schools, so SBIRT’s ability to overcome these barriers is a distinctive feature of the program.

3) Increase funding for Colorado Crisis Services, which is currently underfunded and understaffed.

It is critical to fund the Colorado Crisis Services to provide short wait times for those who require their services. HB 22-1052 Promoting Crisis Services to Students requires that schools print the Colorado Crisis Services information on student IDs, and this may increase calls. Colorado Crisis Services has not yet released data on call volume for the past year, and when the stipulations of the bill have been enacted, the crisis hotline will need to be funded and staffed well enough to handle more students who rely on its support services.

If the state legislature appropriates funding to the Colorado Crisis Services, youth will be able to access support and treatment services in a more timely manner, which will benefit not only those struggling with substance abuse but also with mental health and other behavioral issues. Despite being a \$33 million program, the Colorado Crisis Services has four different modalities—crisis line, walk-in, mobile, and respite—to cover the needs of all who seek care, further funding is required.⁵⁴

⁵³ School-Based Health Center (SBHC) Project. (n.d.) *Screening, Brief Intervention and Referral to Treatment (SBIRT)*.

⁵⁴ Colorado Behavioral Health Administration. (n.d.) Crisis program. Retrieved from <https://bha.colorado.gov/behavioral-health/crisis>



Youth Participation in Updating Educational Standards

Problem

1) Committees to update educational standards lack student representation.

In the current process of updating educational standards, one-third of the standards are revised every two years. Review committees collaborate with Colorado Department of Education (CDE) staff and other community members to make revisions to the state educational standards. The review committee Frequently Asked Questions (FAQ) section states that all stakeholders in the process can apply. However, there is little to no participation from the biggest stakeholders in the process: the youth. In the FAQ section, examples of stakeholders that could apply are “educators at all grade levels, parents, administrators, professors, business owners, etc.”⁵⁵ There is no direct acknowledgment of youth participation on the review committees in this statement, nor is there any acknowledgment anywhere else on the website.

From records dating back to 2008, there has not been a single student involved with the state standards review and revision committee.⁵⁶ While youth may also participate in this process by submitting feedback to the CDE for the review committee, the number of youth who take this opportunity to provide feedback is low. The average number of respondents is five to six students, versus over 800,000 students whose education the process impacts. From this data and the website, it is evident that while the opportunity may exist for youth to participate, students hardly use this process. As a result, an important perspective is left out in updating educational standards.

This is especially detrimental when it comes to fields of education such as the Comprehensive Health Education standards. For example, Comprehensive Health is a rapidly changing field, and

⁵⁵ Colorado Department of Education. (Updated 2022, June 12). *Frequently Asked Questions about the Colorado Academic Standards Review and Revision*. https://www.cde.state.co.us/standardsandinstruction/faq_casrevision

⁵⁶ Dr. Joanna Bruno, Director of Colorado Department of Education Standards and Instructional Support (email and phone call)

as additional mental health concerns and resources arise, youth have limited input in advising on updating the Colorado educational standards.

Solutions

1) Create designated seats for youth on the review committees.

To ensure that youth in Colorado have the opportunity to advise the Department of Education as they update education standards, Colorado should establish two designated seats for youth on the review and revision committees. More than 20 states involve youth in the decision-making process through designated positions in state departments of education; these positions range from students in advisory positions to fully voting members of the state board of education.⁵⁷ Experts have found that the youth perspective allows for the creation of programs/policies that are far more effective at meeting the ultimate goal of supporting students.⁵⁸

One of the designated seats on the review committee should be reserved for youth in urban areas and the other should be reserved for youth in rural areas, which will aid in providing a diverse youth perspective. Youth participation is vital to the effectiveness of establishing designated seats on the review and revision committees. Colorado should fund each seat with a stipend to encourage youth participation. Creating designated seats for youth will ensure that the biggest stakeholder, students, can contribute their perspectives in updating educational standards.

2) Colorado must encourage youth participation in updating educational standards.

In addition to creating seats for youth to participate in updating education standards, it is equally important to promote the opportunity. The Colorado Department of Education should inform schools about this opportunity for youth to serve on the review committee and request that schools nominate students for these positions. The necessary advertisement and communication of this opportunity would require a 0.5 full-time employee in the Communication Department of the Colorado Department of Education to coordinate these efforts. One of the primary avenues for encouraging youth participation is from teachers and other educators who have a solid understanding of the youth.⁵⁹ By informing schools of this opportunity for youth, educators from these schools are able to advocate for youth participation.

⁵⁷ Colletti, G. (2018, December). *Involving Students in State Education Governance*. National Association of State Boards of Education. https://nasbe.nyc3.digitaloceanspaces.com/2018/12/Colletti_Student-Voice-Final.pdf

⁵⁸ Shafer, L. (2016, August 18). *Giving Students a Voice*. Usable Knowledge, Harvard Graduate School of Education. <https://www.gse.harvard.edu/news/uk/16/08/giving-students-voice>

⁵⁹ University of Florida, Institute of Food and Agricultural Sciences Extension. (n.d.) *Involving Youth in Community Development*. *Involving Youth in Community Development*. https://sfyl.ifas.ufl.edu/archive/hot_topics/families_and_consumers/youth_and_community_development.shtml



COYAC
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Youth Public Health: Eating Disorders and Weight Discrimination

Problems

1) Eating disorders pose a deadly public health risk to Colorado youth.

Disordered eating is one of the deadliest mental illnesses, second only to opioid overdose.⁶⁰ 9% of the US population will have an eating disorder in their lifetime, and 26% of those afflicted will attempt suicide.⁶¹ The frequency of eating disorders is even higher in Colorado.⁶² The cultural roots of eating disorders begin early: by age 10, 81% of students report having a fear of being “fat,” and 42% of 1st through 3rd grade girls want to be thinner.⁶³ In this manner, elementary-aged students already perceive stigma around weight before entering middle and high school; this creates the pathway to disordered eating. In a sample of 8,330 students grades 7-11, 35-57% reported using laxatives, fasting, or self-induced vomiting to control their weight.⁶⁴ These disordered eating behaviors are pervasive and common. Even more, the proportion of youth engaging in disordered eating is significantly larger than that of the general adult population, suggesting a focused public health risk to young people.

⁶⁰ Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. *Archives of General Psychiatry*, 68(7), 724.

<https://doi.org/10.1001/archgenpsychiatry.2011.74>

⁶¹ Crow, S. J., & Peterson, C. B. (2003). The economic and social burden of eating disorders. *Eating Disorders*, 383–423. <https://doi.org/10.1002/0470867183.ch6>

⁶² CBSDenver. (2015, March 17). *Colorado ranks high in adolescent eating disorders, stereotypes still persist*. Retrieved June 20, 2022, from

<https://denver.cbslocal.com/2015/03/17/colorado-ranks-high-in-adolescent-eating-disorders-stereotypes-still-persist/>

⁶³ McNutt, S. W., Hu, Y., Schreiber, G. B., Crawford, P. B., Obarzanek, E., & Mellin, L. (1997). A longitudinal study of the dietary practices of black and White Girls 9 and 10 years old at enrollment: The NHLBI Growth and Health Study. *Journal of Adolescent Health*, 20(1), 27–37. [https://doi.org/10.1016/s1054-139x\(96\)00176-0](https://doi.org/10.1016/s1054-139x(96)00176-0)

⁶⁴ Boutelle, K. (2002). Weight control behaviors among obese, overweight, and Nonoverweight Adolescents. *Journal of Pediatric Psychology*, 27(6), 531–540. <https://doi.org/10.1093/jpepsy/27.6.531>

BIPOC and LGBTQIA2S+ students are even more likely to suffer from an eating disorder. Black teens are 50% more likely to experience symptoms of Bulimia Nervosa, yet are less likely than white teens to be screened for the disorder when seen by a doctor.⁶⁵ Moreover, when compared to their white peers, Asian students report more intentional weight control, body dissatisfaction, and purging.⁶⁶ Despite increased reports of disordered eating symptoms, BIPOC are almost half as likely to receive eating disorder treatment; a disparate gap exists in eating disorder prevention and care in BIPOC communities. Finally, LGBTQ+ identifying students also report eating disorders more than their straight peers. Gay men and youth are several times more likely to report binge-eating symptoms and twelve times as likely to report purging than straight men.⁷ Additionally, transgender youth often restrict eating to reduce body dysmorphia. Transgender students report eating disorders four times the rate of their cisgender peers, and 32% of all transgender students report restricting food purposely to modify their body without hormone therapy.⁶⁷ Overall, eating disorders are killing Colorado's youth.

2) Colorado's health curriculum can exacerbate eating disorders.

Fifteen percent of the patients in the inpatient eating disorders treatment program for children and adolescents at Rogers Memorial Hospital, a front-running eating disorder treatment clinic, reported health classes as a trigger for their disorder.⁶⁸ This is echoed in Colorado. In 2019, parents rallied across the state to discuss the impacts of nutritional health education on their children. One father stated his daughter, who had body image concerns before her health class, "spent 10 weeks in the eating disorder unit at Children's Hospital Colorado" following graded calorie counting for her health class.⁶⁹ When interviewed, Colorado's young adults reported being weighed in front of their classmates, setting weight-loss goals, counting calories, and being asked to deem foods "good" or "bad" in their school health classes. Many of the youth surveyed stated these activities sparked negative self-perception about their bodies. This is likely due to the fact that Colorado's current nutritional health curriculum was created without eating disorder specialists, contributing to content that promotes unhealthy attitudes and behaviors towards food.⁷⁰ Colorado must create balance in educating on nutritional health without encouraging eating disorders.

⁶⁵ Becker, A. E., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders*, 33(2), 205–212. <https://doi.org/10.1002/eat.10129>

⁶⁶ Uri, R. C., Wu, Y.-K., Baker, J. H., & Munn-Chernoff, M. A. (2021). Eating disorder symptoms in Asian American college students. *Eating Behaviors*, 40, 101458. <https://doi.org/10.1016/j.eatbeh.2020.101458>

⁶⁷ Eating disorder statistics: General & Diversity stats: Anad. National Association of Anorexia Nervosa and Associated Disorders. (2022, June 8). Retrieved June 19, 2022, from <https://anad.org/eating-disorders-statistics/>

⁶⁸ Rogers Behavioral Health. (n.d.). *School can trigger eating disorders for some students*. Retrieved March 18, 2022, from <https://rogersbh.org/about-us/newsroom/blog/school-can-trigger-eating-disorders-some-students>

⁶⁹ Wingerter, M. (2019, December 21). Parents ask state to warn Colorado teachers that nutrition lessons can be triggering to students prone to eating disorders. *The Denver Post*. Retrieved October 18, 2021, from <https://www.denverpost.com/2019/12/22/colorado-education-eating-disorders/>

⁷⁰ Colorado Department of Education. (n.d.) Colorado Academic Standards: History and Development. Retrieved October 18, 2021, from <https://www.cde.state.co.us/standardsandinstruction/cas-historyanddevelopment>.

3) Weight-based teasing affects students' mental health.

Nationwide, 30% of young girls and 25% of young boys report being bullied for their weight.⁷¹ Only 22% of students report being bullied in general nationwide: this indicates an increased concern around weight-based teasing in the context of bullying behavior.⁷² Surprisingly, body image is more strongly correlated with weight-based bullying than weight status itself, suggesting that self-perception around weight plays a significant role in teasing.⁷³ Both underweight and overweight youth report increased teasing compared to their “normal” peers: the most commonly reported sources of criticism were peers, teachers, and family.¹⁶

Youth who are bullied for their weight face adverse outcomes, with notable drops in school performance and increased rates of suicidal ideation.⁷⁴ Youth who report weight-based teasing from their peers are more than three times as likely to experience suicidal ideation.¹³ Moreover, youth bullied for their weight are less likely to seek healthcare in the future and more likely to be classified as obese later in life.⁷⁵ Finally, teachers can, too, incur harmful self-image: 28% of teachers said that becoming obese is the worst thing that can happen to a person, creating stigma around weight.⁷⁶ Currently, only three states include weight or physical appearance in their definition of bullying, with 47 states under-protecting young people.⁷⁷

4) Weight-based discrimination is legal and common.

Weight is not protected from discrimination under the Americans With Disabilities Act nor any other federal law. This legality contributes to a high incidence of weight-based discrimination in

⁷¹ Ha, E. (2020, April 20). Policymakers. UConn Rudd Center for Food Policy & Health. Retrieved March 18, 2022, from <https://uconnruddcenter.org/research/weight-bias-stigma/weightbias-policymakers/#:~:text=Although%20most%20s tates%20in%20the.at%20risk%20for%20being%20bullied>

⁷² U.S. Department of Education National Center for Education Statistics . (n.d.). The NCES Fast Facts Tool provides quick answers to many education questions (National Center for Education Statistics). Home Page. Retrieved June 20, 2022, from <https://nces.ed.gov/fastfacts/display.asp?id=719>

⁷³ Reulbach, U. (n.d.). Weight, body image and bullying in ... - Wiley Online Library. Retrieved March 18, 2022, from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jpc.12159>

⁷⁴ Krukowski, R.A., West, D.S., Philyaw Perez, A., Bursac, Z., Phillips, M.M., & Raczynski, J.M. (n.d.). Overweight children, weight-based teasing and academic performance. *International Journal of Pediatric Obesity*. Retrieved March 18, 2022, from <https://pubmed.ncbi.nlm.nih.gov/19922042/>

⁷⁵ Puhl, R. M., & King, K. M. (2013, January 21). Weight discrimination and bullying. *Best Practice & Research Clinical Endocrinology & Metabolism*. Retrieved March 18, 2022, from <https://www.sciencedirect.com/science/article/abs/pii/S1521690X12001182>

⁷⁶ Bias, prejudice, discrimination, and obesity. (2003). *Handbook of Obesity*, 84–89. <https://doi.org/10.1201/b14234-7>

⁷⁷ Ha, E. (2020, April 20). Policymakers. UConn Rudd Center for Food Policy & Health.. Retrieved March 18, 2022, from <https://uconnruddcenter.org/research/weight-bias-stigma/weightbias-policymakers/#:~:text=Although%20most%20s tates%20in%20the.at%20risk%20for%20being%20bullied>

the workforce. In fact, 1 in 10 women and 1 in 20 men report being denied a job offer due to their weight.⁷⁸ In a 2009 survey, 93% of employers reported they would hire an “average weight” employee over an obese employee with the same qualifications. Beyond hiring, weight-based discrimination impacts pay: heavy women earn on average \$9,000 less than their average-weight peers in the same job position.⁷⁹ Of obese individuals, 17% report being pressured to resign from their role due to their weight.⁸⁰ Finally, employers under-insure overweight employees. Despite the Affordable Care Act claiming obesity as a pre-existing condition, 26% of obese individuals were denied health insurance at work due to their weight status.²² This is because the Affordable Care Act allows employers to charge employees an extra 30% on individual or family coverage benefits if healthcare goals are not met: these goals include BMI as a metric.⁸¹ Before 2006, employees could not be penalized for missing a target; now, they face financial setbacks due solely to weight discrimination. Currently, about half of employers offer wellness programs, and 25% of these wellness programs focus on weight loss under the Affordable Care Act.⁸² Studies show that these programs have no statistically significant reduction on the weight status or healthcare costs of participating employees, but can inversely reduce morale and encourage crash dieting.⁸³ Weight-based discrimination is prevalent among workers in hiring, pay, and healthcare coverage, indicating that Colorado is not encouraging youth and adults to feel supported at any weight.

Weight-based discrimination is also significant in healthcare. In studies, 24% of nurses say they are “repulsed” by obese persons.¹⁵ A similar study found that doctors perceive obese individuals as “annoying” and “undisciplined.” Subsequently, doctors reported feeling less willing to help obese individuals over their normal-weight peers.⁸⁴ Finally, 61% of obese adults report inappropriate comments around their weight when seeking surgery in emergency situations.⁸⁵

⁷⁸ Norton, A. (2008, April 9). Weight discrimination common, U.S. survey finds. Reuters. Retrieved March 18, 2022, from <https://www.reuters.com/article/us-weight-discrimination/weight-discrimination-common-u-s-survey-finds-idUSTO N97652720080409>

⁷⁹ Eastern Kentucky University. (2020, July 21). Overweight and underpaid: Weight discrimination at work. Retrieved March 18, 2022, from <https://safetymanagement.eku.edu/blog/overweight-and-underpaid-weight-discrimination-at-work/>

⁸⁰ Council on Size and Weight Discrimination. (n.d.). Statistics. Retrieved March 18, 2022, from <http://cswd.org/statistics-2>

⁸¹ James, J. (2013, May 16). Workplace Wellness Programs (updated): Health Affairs Brief. Health Affairs. Retrieved June 20, 2022, from <https://www.healthaffairs.org/doi/10.1377/hpb20130516.373854>

⁸² Centers for Disease Control and Prevention. (2019, May 29). CDC: Half of Workplaces Offer Health/Wellness Programs. Centers for Disease Control and Prevention. Retrieved June 20, 2022, from <https://www.cdc.gov/media/releases/2019/p0422-workplaces-offer-wellness.html>

⁸³ Lewis, A., Khanna, V., & Montrose, S. (n.d.). Employers should disband employee weight control programs. *American Journal of Managed Care*. Retrieved June 20, 2022, from <https://www.ajmc.com/view/employers-should-disband-employee-weight-control-programs>

⁸⁴ Schvey, N. (2010, April 1). Weight bias in health care. *Journal of Ethics | American Medical Association*. Retrieved June 20, 2022, from <https://journalofethics.ama-assn.org/article/weight-bias-health-care/2010-04>

⁸⁵ Rudd Center for Food Policy and Obesity at UConn. (n.d.) Weight Bias in Clinical Care: Improving Health Care for Patients with Overweight and Obesity. Retrieved June 20, 2022, from <https://uconnruddcenter.org/wp-content/uploads/sites/2909/2020/07/CME-Complete-with-links.pdf>

This stigma has a tangible impact, with 12% of women stating they have delayed or canceled healthcare visits due to concerns of being judged for their weight status. This weight-based discrimination in healthcare perpetuates poor health outcomes. In a recent study, 41% of adults reported they would be embarrassed or upset if they felt their weight was stigmatized by their provider and 19% reported that they would avoid future doctors appointments.²⁷ By creating discomfort in medical settings for overweight individuals, they are less likely to seek future care when needed. Overweight individuals who experience bias in their healthcare settings are 6.67 times more likely to become obese: health discrimination has tangible consequences.²⁷

Individuals experience immense discrimination based on weight in the workforce and in healthcare. The cumulative effects of weight-based stigma on are shown to increase mortality and reduce life span.⁸⁶ Even more, weight-based discrimination can instill a sense of worth tied to weight in youth, increasing the risk of eating disorders in young adults. Experiences of weight-based discrimination has been shown to increase incidence of all types of eating disorders.⁸⁷ By failing to address weight-based discrimination, Colorado fails to adequately prevent disordered eating.

5) Insufficient data exist on the impact of eating disorders and weight discrimination.

There is little state-specific data on eating disorders and weight-based teasing. Currently, eating disorders are not included in the Healthy Kids Colorado Survey, Colorado's primary data source on youth behavior. Weight-based teasing is also not considered as a bullying metric. Additional data must be collected on the impact of eating disorders and weight-based teasing on Colorado's youth and adults.

Solutions

1) Colorado must review health class standards regarding eating disorders.

Considering the harm done by the current health class curriculum on body image, Colorado should form an advisory committee to advise the Colorado Department of Education regarding eating disorders. The committee should provide recommendations to the Colorado Department of Education on current health and physical education standards and provide revisions and recommendations to promote healthy body image and reduce the impact of eating disorders

⁸⁶ Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, 26(11), 1803–1811. <https://doi.org/10.1177/0956797615601103>

⁸⁷ Star, A., Hay, P., Quirk, F., & Mond, J. (2015, February 7). Perceived discrimination and favourable regard toward underweight, normal weight and obese eating disorder sufferers: Implications for obesity and eating disorder population health campaigns. *BMC Obesity*. Retrieved July 18, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511013/>

during the scheduled six-year standards review. The committee should create a report for the education committees of the House of Representatives and the Senate regarding the committee's recommendations for implementing eating disorder-informed education in elementary and secondary education. The department should hire a consultant to perform the research and coordination of the committee required to draft the report for the committee.

This commission should be composed of two medical eating disorder experts, one urban parent with lived experience in eating disorders, one rural parent with lived experience in eating disorders, one rural student, one urban student, two community members with lived experience with eating disorders, one urban educator, and one rural educator. Moreover, considering community concern surrounding the depiction of global foods in current health curriculum with regard to weight and health, the commission should hold diverse representation.

2) State definitions of bullying must include weight-based teasing.

Current definitions of bullying in Colorado fail to include weight-based teasing. Colorado must add weight-based teasing to anti-bullying laws to protect students from harmful bullying and to allow schools legal grounds to have consequences for students who bully others based on weight. Drafting a weight-based teasing law further demonstrates a commitment to reducing weight-based discrimination in Colorado. Over two-thirds of parents support laws to ban weight-based teasing.⁸⁸ With such wide support, Colorado should implement laws on weight-based teasing.

3) Weight must become a factor protected from discrimination in Colorado.

Acknowledging the pervasive impact of weight-based discrimination, Colorado law must prohibit weight-based discrimination in the workforce, healthcare coverage, and public accommodations. Currently, federal law does not protect against weight discrimination; the Americans with Disabilities Act bans discrimination if a medical condition has resulted in obesity, such as diabetes or heart disease, but does not protect against discrimination based only on weight itself. The Equal Employment Opportunity Commission has defined severe obesity as a disability that cannot be discriminated against, but this again does not protect against purely weight-based discrimination. Thus, Coloradans are still subject to extreme discrimination based on weight. In the United States, 81% of adults support policies to protect individuals from weight-based discrimination, illustrating pervasive public support.¹⁶ Michigan enacted the

⁸⁸ Puhl, R. M., & Luedicke, J. (2013, November 12). Parental support for policy measures and school-based efforts to address weight-based victimization of overweight youth. *Nature News*. Retrieved March 18, 2022, from <https://www.nature.com/articles/ijo2013207>

Elliott-Larsen Civil Rights Act.⁸⁹ The cities of San Francisco, California; Madison, Wisconsin; and Urbana, Illinois have also introduced weight as a discrimination-protected class.⁹⁰ Colorado must adopt policy against weight-based discrimination for all to promote a culture of acceptance around weight status.

4) Colorado must improve awareness and data around eating disorders.

Due to the lack of comprehensive data on the impact of eating disorders in Colorado, Colorado should create the Office of Disordered Eating Prevention under the Department of Public Health and Environment's Preventative Services Division. Under this office, a grant program will be administered subject to available money to facilitate further research of disordered eating and its impacts in Colorado, allowing for future policy to be drafted with state-specific data. The Office should also create and maintain a resource bank as a repository for data, research, and statistical information regarding eating disorders in Colorado. Moreover, the office will facilitate public outreach and awareness programs regarding eating disorders and their prevention similar to the Office of Suicide Prevention. Finally, the department should issue a report to the General Assembly every five years summarizing eating disorder research facilitated and prevention measures undertaken.

⁸⁹ Herrera, R. (2019, July 16). Weight-based discrimination: The State of the law and why it should be rethought. *OnLabor*. Retrieved June 20, 2022, from

<https://onlabor.org/weight-based-discrimination-the-state-of-the-law-and-why-it-should-be-rethought/>

⁹⁰ *City and County of San Francisco. (n.d.) San Francisco Police Code ARTICLE 33: PROHIBITING DISCRIMINATION BASED ON RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, PLACE OF BIRTH, SEX, AGE, RELIGION, CREED, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, WEIGHT, OR HEIGHT.*

Retrieved June 20, 2022, from https://sf-hrc.org/sites/default/files/Police_Code_Article%2033_6-13-2016_1.pdf



COYAC
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Youth Sexual Health: HIV Education and Prevention

Problems

1) HIV significantly affects youth.

HIV (human immunodeficiency virus) first surged in Colorado in 1982. By 1990, young adults had become disproportionately impacted by the disease, with the median age of diagnosis falling below age 25.⁹¹ Today, young people remain impacted by HIV, with 17.4% of new diagnoses being made before age 25. The majority of these diagnoses are the result of needle-sharing in drug use. With over 13,000 individuals living with HIV in the state of Colorado and over 460 new diagnoses made each year, protecting our youth against HIV must be a priority. Still, 22% of our HIV diagnoses are made late, meaning after the onset of AIDS, limiting access to important, often life-saving, care.⁹² Moreover, HIV disproportionately impacts BIPOC communities. In 2019, Black Americans represented 40% of HIV-affected people despite comprising only 13% of the general population; Hispanic individuals make up 25% of people with HIV and only 18.5% of the general population.⁹³ HIV hits women of color harder than any other population: the rate of new HIV infection for Black women is 11 times that of their white counterparts.⁹⁴ In this manner, HIV also disproportionately affects youth of color.

Severe stigma persists around HIV in younger populations. More than a quarter of young adults have stated they avoid shaking hands with individuals with HIV, and 30% report they prefer not to interact with HIV-positive individuals. When 90% of HIV-positive young adults report losing friendships or family as a result of their diagnosis, it is evident that harmful stigma persists

⁹¹ Colorado Encyclopedia. (2017, March 30). AIDS in Colorado. Retrieved March 22, 2022, from <https://coloradoencyclopedia.org/article/aids-colorado>

⁹² AIDSVu. (2020, December 2). Colorado. Retrieved March 22, 2022, from <https://aidsvu.org/local-data/united-states/west/colorado/>

⁹³ U.S. Department of Health & Human Services. (2022, January 26). Impact on racial and ethnic minorities. Retrieved March 22, 2022, from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic-minorities>

⁹⁴ Kaiser Family Foundation. (2020, February 07). Black Americans and HIV/AIDS: The basics. Retrieved March 22, 2022, from <https://www.kff.org/hivaids/fact-sheet/black-americans-and-hivaids-the-basics/>

surrounding HIV.⁹⁵ HIV is a significant issue for Colorado’s young adults, particularly those of color.

2) Not enough youth know how HIV is transmitted and prevented.

Not enough young people know how HIV is transmitted, leading to the perpetuation of stigma and the under-use of preventive care. Currently, 41% of HIVnegative Generation Z respondents said that they were either not at all informed or only somewhat informed about HIV.⁵ Even more, knowledge of HIV has been declining: amongst HIV-negative millennials, only 23% were uninformed about HIV.⁹⁶ This lack of knowledge has real implications for HIV positive individuals, both medically and societally. Primarily, this under-awareness has proven to reduce the number of people who are aware of their HIV status. While amongst the general population, 88% of HIV positive people are aware of their status, only 55% of HIV positive youth are aware of theirs. Youth were the least likely age group to be aware of their status due to not knowing the symptoms or causes of HIV.⁹⁷

A recent study found that nearly 28% of millennials avoid having physical contact with someone with HIV, despite the fact that there is no way for HIV to be transmitted through physical touch.⁵ Lack of awareness about HIV directly leads to societal stigmatization of HIV-positive people, and by extension, groups at high risk of HIV positivity, such as men who have sex with men and drug users.⁹⁸ Lack of education on HIV often leads heterosexuals to misconstrue it as a gay disease, which in turn reduces safe sex practices amongst heterosexuals, leading to a higher rate of HIV transmission in that demographic.

3) Youth are unaware of HIV treatment such as PrEP and PEP and how to access it.

Young adults do not have the crucial knowledge needed to access life-saving PrEP and PEP care. PrEP is a daily medication that reduces the risk of contracting HIV by 99% when taken correctly.⁹⁹ PEP is an emergency medication taken within 72 hours of exposure to HIV, which

⁹⁵ Merck. (2019, November 25). New survey of young adults uncovers low levels of accurate knowledge about HIV. Retrieved April 14, 2022, from <https://www.multivu.com/players/English/8614851-merck-owning-hiv/>

⁹⁶ Macapagal, K., Kraus, A., Korpak, A. K., Jozsa, K., & Moskowitz, D. A., (2020 January). Prep awareness, uptake, barriers, and correlates among adolescents assigned male at birth who have sex with males in the U.S. *Archives of Sexual Behavior*, 49(1), 113-124. <https://doi.org/10.1007/s10508-019-1429-2>. Retrieved March 22, 2022, from <https://pubmed.ncbi.nlm.nih.gov/31602584/>

⁹⁷ Centers for Disease Control and Prevention. (2022, January 12). Knowledge of status. Retrieved March 22, 2022, from <https://www.cdc.gov/hiv/group/age/youth/status-knowledge.html>

⁹⁸ Hosseinzadeh, H., & Hossain, S. Z. (2011). Functional analysis of HIV/AIDS stigma. *Health Education & Behavior*, 38(6), 584–595. <https://doi.org/10.1177/1090198110386180>

⁹⁹ Brown, J. (2020, November 18). As HIV infection rates rise in Colorado, pharmacies can now prescribe preventative pills. *The Colorado Sun*. Retrieved March 22, 2022, from <https://coloradosun.com/2020/11/18/as-hiv-infection-rates-rise-in-colorado-pharmacies-can-now-prescribe-preventative-pills>

reduces risk of contracting the disease by 80%.¹⁰⁰ Both constitute important ways to reduce HIV. Today, only 16% of Coloradans who need PEP are prescribed the medication; among youth, this number is even lower.¹⁰¹ In recently surveyed gay youth, only 54% knew what PrEP was, with a lower awareness in youth of color. Moreover, amongst 15-17 year olds, only a slight majority of respondents had heard of PrEP before, and 56.1% of those were unaware of how to use it.¹⁰² In another study of Black and Latine 13-17 year olds, only 38% of respondents were aware of PrEP, and those who did tended to be people who had previously received HIV testing, as well as Black respondents.¹⁰³ Latinx respondents tended to have lower PrEP awareness than both Black and white youth.

Without comprehensive knowledge of the medications, Colorado youth cannot protect themselves against HIV and AIDS. Additionally, aware youth struggle to find PrEP and PEP when needed. Youth report primary concerns as fear of their HIV status or prescription being shared with their parents and apprehension surrounding the cost of the treatments.¹⁰⁴ In Colorado, youth can consent independently to HIV testing, but their results may be shared with their guardians.¹⁰⁵ This may introduce a deterrent to youth from seeking HIV testing. General unawareness of PrEP and PEP alongside fears of confidentiality in testing and prescription reduces the use of life-saving medication among youth.

Solutions

1) Colorado should require HIV, PrEP, and PEP education during health class.

Colorado is one of six states that does not provide mandatory HIV education to public school students, leaving students across the state with a lack of knowledge about HIV and its associated harms and treatments.¹⁰⁶ Given that lack of information contributes to HIV spread among youth,

¹⁰⁰ Centers for Disease Control and Prevention. (2021, May 25). PEP. Retrieved March 22, 2022, from <https://www.cdc.gov/hiv/basics/pep.html>

¹⁰¹ U.S. Department of Health & Human Services. (n.d.). Ahead HIV dashboard. Retrieved March 22, 2022, from <https://ahead.hiv.gov>

¹⁰² Macapagal, K., Kraus, A., Korpak, A. K., Jozsa, K., & Moskowitz, D. A., (2020 January). Prep awareness, uptake, barriers, and correlates among adolescents assigned male at birth who have sex with males in the U.S. *Archives of Sexual Behavior*, 49(1), 113-124. <https://doi.org/10.1007/s10508-019-1429-2>. Retrieved March 22, 2022, from <https://pubmed.ncbi.nlm.nih.gov/31602584/>

¹⁰³ U.S. National Library of Medicine. (n.d.). Home - PMC - NCBI. National Center for Biotechnology Information. Retrieved March 22, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/>

¹⁰⁴ Gupta, S. (2020, June 8). Prep awareness and engagement lowest in adolescents with greatest risk for HIV. Infectious Disease Advisor. Retrieved April 14, 2022, from <https://www.infectiousdiseaseadvisor.com/home/topics/hiv-aids/use-of-prep-still-very-low-among-high-risk-youth-in-the-united-states/>

¹⁰⁵ The Center for HIV Law and Policy. (n.d.). Colorado. Retrieved April 14, 2022, from <https://www.hivlawandpolicy.org/states/colorado>

¹⁰⁶ Guttmacher Institute. (2022, April 1). Sex and HIV education. Retrieved April 14, 2022, from <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>

education is the best remedy to these afflictions. Studies show that HIV education in high school drastically reduces the transmission of HIV amongst youth and the vulnerability youth have to HIV.¹⁰⁷ Furthermore, several studies have found that HIV education decreases stigma around homosexuals and drug-users, two groups in society that already suffer societal rejection. One study found a direct link between HIV related education and the overestimation of HIV transmission via casual contact: the more education one had, the less likely they were to believe that HIV could be transmitted through touch, and the less likely they were to discriminate against men who have sex with men and injectable drug users.¹⁰⁸ In other words, HIV education is integral in protecting youth against the dangers of HIV and making society safer for everyone. Colorado must require HIV education, including both HIV risk from sexual contact and needle-sharing, as part of health class curriculum. Health educators must also teach students about PrEP and PEP resources and access.

2) Colorado must fund the Colorado Department of Public Health and Environment to create a youth-led space intended to prevent HIV and raise awareness of PrEP, PEP, and HIV testing for youth.

Recognizing young adults' unawareness of HIV and HIV prevention, Colorado must fund the Preventative Services Division of the Colorado Department of Public Health & Environment (CDPHE) to create a youth-led space with the mission of educating about HIV and expanding PrEP access. The youth leadership board will create materials highlighting PrEP and PEP while being rooted in youth experience: the youth leadership board will direct the department in creating materials. The campaigns should focus on positive, encouraging messaging surrounding prevention to reduce stigma around HIV-positive status and provide students with accurate and understandable information on how to access free HIV care. Materials may include social media outreach, pamphlets, videos, or any other means the youth board sees fit. The board should hold diverse representation and be composed of youth from across the state. Colorado should fund the department to create other HIV awareness measures specifically targeted towards youth, such as the beforeplay advertisements the department has previously sponsored.

¹⁰⁷ Ethier, K. (2021, April 8). Schools are vital in the fight against youth HIV infection. HIV.gov. Retrieved April 14, 2022, from <https://www.hiv.gov/blog/schools-are-vital-fight-against-youth-hiv-infection>

¹⁰⁸ Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Sawires, S. R., Ortiz, D. J., Szekeres, G., & Coates, T. J. (2008, August). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. *AIDS*, 22(Suppl 2), S67–S79. doi: <https://doi.org/10.1097%2F01.aids.0000327438.13291.62>. Retrieved April 14, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835402/>

3) Colorado must modify Colorado Revised Statutes Title 25. Health § 25-4-409. Minors--treatment--consent to provide confidentiality in HIV testing for youth.

Considering Colorado doctors currently may reveal the results of HIV testing to guardians, young people are hesitant to seek diagnosis. Confidentiality has been proven to increase HIV testing among gay youth.¹⁰⁹ Young adults report fear of HIV testing due to stigma associated with HIV-positive status; removing the fear of shared diagnosis may reduce the fear of testing, Colorado must ensure young adults are protected in seeking STD testing, prevention services, or STI treatment and from having their STD status shared with guardians from age 12 and up, rather than the age of 13. Youth must also have confidentiality ensured in HIV-associated medical care.

Colorado must remove this clause from § 25-4-409 be removed: “a health care provider shall counsel the minor on the importance of bringing his or her parent or legal guardian into the minor's confidence regarding the consultation, exam, or treatment.” This clause should be removed to avoid pressuring youth into sharing a medical status they may not feel comfortable divulging with a parent. Additionally, this importance may be negated in the homes of youth without accepting parents, diminishing the importance of scaffolded, individualized care based on personal circumstance. States that passed similar laws include Illinois, Idaho, Hawaii, Delaware, California, Alabama, New Hampshire, North Dakota, Vermont, and Washington.¹¹⁰

4) Colorado must fund PrEP, PEP and HIV testing at no cost for youth statewide (in the vein of the Colorado Family Planning Initiative) to provide PrEP, PEP and HIV testing at no cost for youth statewide.

Colorado must fund family planning clinics and school clinics to provide young Coloradans with PrEP, PEP and HIV testing free of charge, without proof of insurance. This model would be similar to the Colorado Family Planning Initiative (CFPI), a highly effective state program to help people access long-acting reversible contraception.¹¹¹ A similar program with a focus on preventing HIV could raise rates of PrEP usership and lower the number of Coloradans with HIV.

¹⁰⁹ Nelson, K. M., Underhill, K., & Carey, M. P. (2020, February). Consent for HIV testing among adolescent sexual minority males: Legal status, youth perceptions, and associations with actual testing and sexual risk behavior. *AIDS Behavior*. doi: <https://doi.org/10.1007%2Fs10461-019-02424-9>. Retrieved April 14, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690807/#:~:text=As%20the%20vast%20majority%20of,providers%20and%20pharmacies%20out%20of>

¹¹⁰ Centers for Disease Control and Prevention. (2021, January 8). Minors' consent laws. Retrieved April 14, 2022, from [https://www.cdc.gov/hiv/policies/law/states/minors.html#:~:text=CDC%20assessed%20the%20statutes%20and,Distriict%20of%20Columbia%20\(jurisdictions\)](https://www.cdc.gov/hiv/policies/law/states/minors.html#:~:text=CDC%20assessed%20the%20statutes%20and,Distriict%20of%20Columbia%20(jurisdictions))

¹¹¹ Colorado Department of Public Health & Environment. (n.d) Colorado's success with long-acting reversible contraception (Larc). Retrieved April 14, 2022, from <https://cdphe.colorado.gov/fpp/about-us/colorados-success-long-acting-reversible-contraception-larc>

This program would provide PrEP and PEP statewide upon request at low-or-no cost without proof of insurance as rooted in family planning health clinics. To facilitate this, the Colorado Department of Public Health and Environment will receive funds to disperse through a grant program. As under the Colorado Family Planning Initiative, clinics can seek funding through the grant program to hire staff, increase hours, reach out to community partners, purchase PrEP and PEP, improve infrastructure, and engage training in PrEP and PEP care. To supervise grant applications and funding, CDPHE would need additional staff. Colorado should prioritize funding to clinics serving youth, rural, low-income, and BIPOC populations, all of which tend to be at higher risk for contracting HIV.

The Colorado Family Planning Initiative reduced unwanted pregnancies by 15% and nearly halved teen abortion.¹¹² By emulating this model to distribute PrEP and PEP, Colorado could similarly impact HIV. In 2019, only 3,659 people across Colorado took at least one day of prescribed PrEP.¹¹³ When the Centers for Disease Control and Prevention report over 24,310 people are eligible for treatment, current treatment use is overwhelmingly low.¹¹⁴ By offering an inclusive, large-scale grant program to family planning clinics under the CFPI model, Colorado could improve PrEP and PEP usage and prevent HIV in Colorado.

¹¹² Colorado Department of Public Health & Environment. (n.d.). Taking the unintended out of pregnancy. Retrieved June 22, 2022, from https://drive.google.com/file/d/1Bfk7CS8I5W92iCS0g8_COTBmi8a-JxZ4/view

¹¹³ Colorado Department of Public Health & Environment. (n.d.). HIV in Colorado: 2020. Workbook: HIV in Colorado. Retrieved June 22, 2022, from https://cohealthviz.dphe.state.co.us/t/STIHIVViralHepatitisPublic/views/HIVinColorado/PublicFacing?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

¹¹⁴ Donnelly, J. A., Deem, T. T., Duffy, M. A., Watkins, A. K., Al-Tayyib, A. A., Shodell, D. J., Thrun, M., Rowan, S. E., &. (2019 January-March). Applying national estimates of adults with indications for pre-exposure prophylaxis to populations of men who have sex with men and people who inject drugs in Colorado: Modeling study. *JMIR Public Health and Surveillance*, (5)1, e11113. doi: <https://doi.org/10.2196/11113>. Retrieved June 22, 2022, from <https://publichealth.jmir.org/2019/1/e11113/>