

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Department of Public Health and Environment  
Executive Director – James B. Martin**

## **Strategic Plan FY 2008-09**

# STATE OF COLORADO

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Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

Coloradans:

Each year the staff at the Colorado Department of Public Health and Environment works to provide high-quality, cost-effective public health and environmental protection services to the citizens of the state.

In what will be the third year under the leadership of Gov. Bill Ritter, this department will continue to advance many of the goals identified by the governor, such as protecting watersheds from oil and gas drilling, making the state one of the top 10 in providing childhood immunizations, reducing the rate of obesity (particularly among children), and addressing the EPA's more stringent ozone standards. And, importantly, this department will be partnering with other state agencies to further develop and advance the governor's Climate Action Plan.

With the passage of SB 08-194 (Public Health Reorganization), the Department also will be working with local public health agencies and public health partners to establish a statewide, comprehensive public health plan that helps to organize the public health system in a way that promotes the availability of core public health services – with a consistent standard of quality – to every person in Colorado.

For more about the department and its 2008-09 strategic directions, please read on.

| James. B. Martin  
Executive Director

## ***Introduction***

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive directors are appointed by the Governor. The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado. James B. Martin serves as executive director of the Department.

The Department is organized into 10 divisions that fall under three broad groupings: health programs, environmental programs and administration. Chief State Medical Officer Ned Calonge heads up the Department's five health divisions, plus the Office of Emergency Preparedness and Response and the Office of Health Disparities. Director Martha Rudolph leads the Department's four environmental divisions, plus the Office of Environmental Integration and Sustainability.

The Division of Administration includes the Executive Director's Office, business services, human resources, legal and regulatory affairs, and policy and external affairs (which includes the offices of communications and local liaison.) Support services include building operations, telecommunications, internal audit and management analysis.

In addition, the Department also serves as staff to five state appointed boards or commissions: Colorado Board of Health, Air Quality Control Commission, Water Quality Control Commission, Solid and Hazardous Waste Commission, and the Water and Waste Water Facility Operators Certification Board.

The Department serves the people of Colorado by providing high-quality, cost-effective public health and environmental protection services. The Department focuses on evidence-based best practices in the public health and environmental fields and plays a critical role in educating our citizens so they can make informed choices. In addition to maintaining and enhancing our core programs, we continue to identify and respond to emerging issues that could affect Colorado's public and environmental health.

The Department pursues its mission through broad-based health and environmental protection programs, including disease prevention; control of disease outbreaks; health statistics and vital records; health facilities licensure and certification; health promotion; maternal, child, adolescent, and women's health; tuberculosis prevention and treatment; refugee health assessment; prevention and treatment of sexually transmitted infections including HIV; nutrition services; suicide and injury prevention; emergency medical services; disease prevention and intervention services for children and youth; minority health improvement and health disparities reduction; laboratory and radiation services; and emergency preparedness. The Department's environmental responsibilities span a full array of activities,

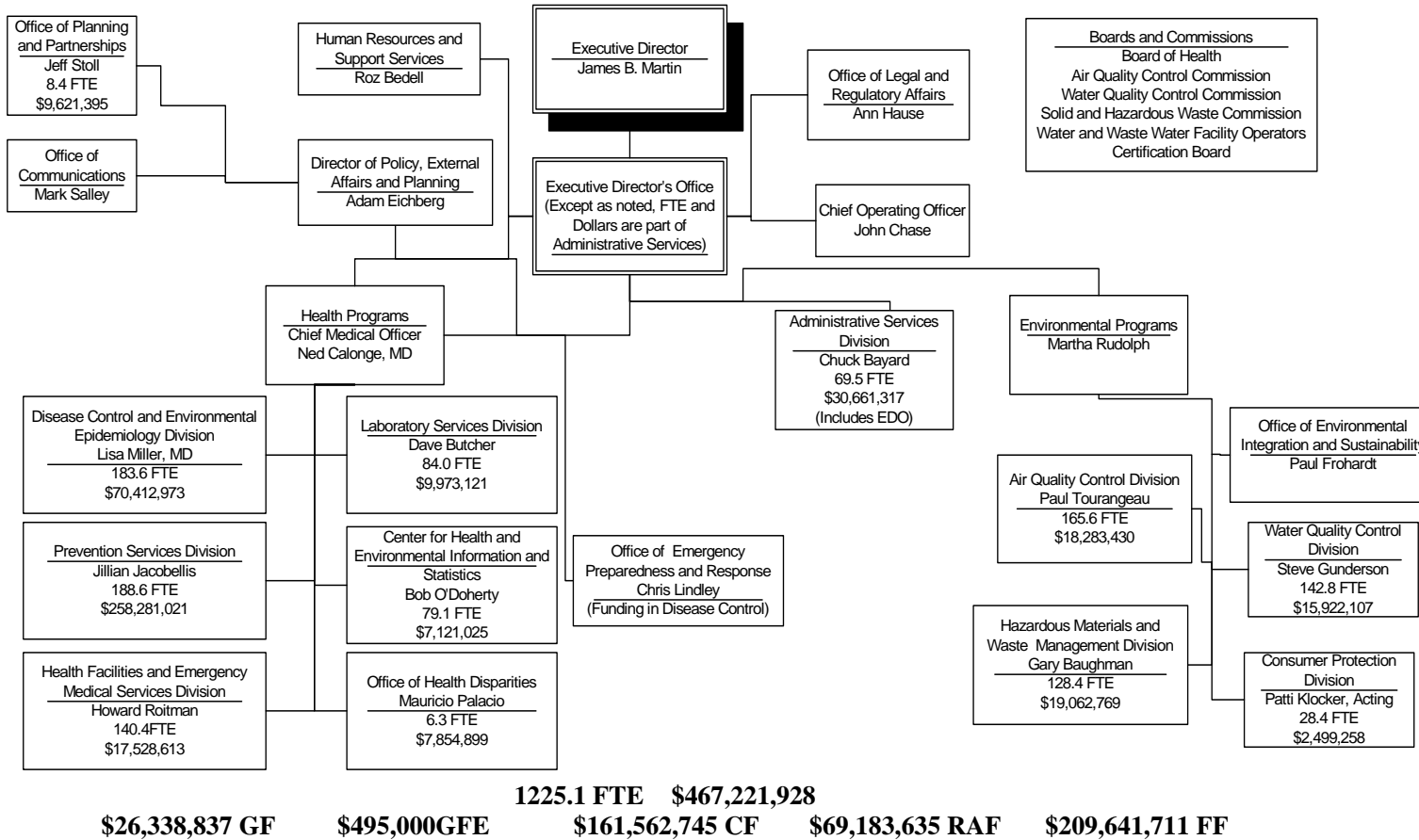
including air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention; environmental leadership; and consumer protection.

The Department has a staff of approximately 1,225 employees, with the vast majority working at the Department's offices in Glendale. There are small satellite offices in Grand Junction and Pueblo. The Department receives approximately 95 percent of its \$470 million funding from fees, grants and other non-general fund sources.

### ***Statutory Authority***

The statutory authority for the Department of Public Health and Environment is found in Title 25 of the Colorado Revised Statutes (2008).

# Organizational Chart



## ***Mission***

The mission of the Colorado Department of Public Health and Environment is to protect and improve the health of Colorado's people and the quality of its environment.

## ***Vision***

*Colorado will be the healthiest state with the highest quality environment.*

The Department will continue to work closely with our local public health and environmental health partners to make Colorado the healthiest place to live, and a place that offers its residents and visitors the highest quality environment. The Department will serve as the recognized leader that sets the agenda for public health and environmental quality in the state. The Colorado Department of Public Health and Environment will be a model of efficiency in governmental processes by using creative and innovative means to achieve desired health and environmental improvements. The Department is the place to work to make a difference in public health and environmental quality.

## ***Objectives***

The Colorado Department of Public Health and Environment aims to achieve its vision and accomplish its mission through these six key objectives:

1. Building a strong public health system
2. Having an effective climate change strategy
3. Encouraging and leading Coloradans to healthier lifestyles from birth to old age
4. Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies
5. Protecting and improving air and water quality across the state
6. Eliminating health inequities in Colorado

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Local Capacity for Essential Public Health Services

#### *Objective 1. Building a strong public health system*

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent of local agencies that have the capacity to provide each of the 10 essential public health services.	Benchmark	50%	NA	50%	0%	50%	0%
	Actual	52.5%	NA	57.5%	9.5%		

*Strategy:*

In 2002, the state public health system and all local public health systems (54 jurisdictions) were evaluated using the National Public Health Performance Standards State and Local Instruments. The assessment measures performance for 10 essential public health services. The Colorado Public Health Performance Improvement Collaborative (CPHPIC) identified the Essential Services #1 and #9 (Monitoring and Evaluation) as having the highest potential for impacting the overall level of attainment.

*Evaluation of Prior Year Performance:*

There have not been sufficient funds available to repeat the NPHPS Assessments since 2002. The Department will attempt to perform an assessment by 2010 in conjunction with the Public Health Reauthorization Act implementation.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Greenhouse Gas Reduction

*Objective 2. Having an effective climate change strategy*

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent reduction in statewide greenhouse gas emissions (base year=2005)	Benchmark	0%	NA	0%	0%	0%	0%
	Actual	0%	NA	0%	0%	0%	0%

*Strategy:*

The State of Colorado has committed to a 20 percent reduction in greenhouse gas emissions from 2005 levels by 2020. The Department will play a key role in reaching that goal. Last year the Department developed its own plan to implement Colorado's Climate Action Plan announced by the Governor in November, 2007. In 2009, the Department will propose regulations to the Air Quality Control Commission to require mandatory reporting of greenhouse gas emissions from large stationary sources. This will greatly facilitate the Department's efforts to update the inventory of greenhouse gas emissions. Working with other State agencies the Department will also launch the beginning stages of an agricultural sequestration offset program in 2009. Through this program, farmers and ranchers will obtain carbon credits for sequestering carbon dioxide and reducing emissions of nitrous oxide and methane, which they can sell to those wishing or needing to offset their greenhouse gas emissions. As the Department carries the Climate Action Plan forward in future years, it will work with other State agencies to implement greenhouse gas emission reduction initiatives in the transportation and energy sectors.

*Evaluation of Prior Year Performance:*

The Colorado Climate Action Plan was developed in November 2007. This plan has an incremental implementation, and no significant reductions in greenhouse gas emissions are expected during the planning and implementation phase. The Colorado



Climate Action Plan will help the State of Colorado achieve the standards set in Executive Order D-004-08, which established a statewide greenhouse gas emissions reduction goal of 20 percent below 2005 levels by 2020 and 80 percent below 2005 levels by 2050.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Adult Tobacco Use in Colorado

*Objective 3.* Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	CY 2006 Actual		CY 2007 actual		CY 2008 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	17.5%	NA	16.8%	-4.0%	18.4%	9.5%
	Actual	17.9%	NA	18.7%	4.5%		

*Strategy:*

State Tobacco Education Prevention and Partnerships (STEPP) implements three evidence-based strategies designed to increase the number of tobacco users who make quit attempts. These include the Colorado Quitline, the Colorado Clinical Guidelines Collaborative, and mass media campaigns encouraging smokers to quit.

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Medical and Research Center in Denver. The QuitLine is the cornerstone of the state's cessation efforts and serves more than 3,000 callers a month. Beginning December 15, 2005, the State of Colorado made nicotine replacement therapy (NRT) available in the form of nicotine patches to all QuitLine participants. During Fiscal Year 2007-2008, the Colorado QuitLine served 38,128 participants, with over 35 percent successfully quitting tobacco use, whereas it has been found only 4 percent of smokers succeed when trying to quit on their own.

The Colorado Clinical Guidelines Collaborative (CCGC) provides training and materials on evidence-based interventions and programs to health care providers and systems. CCGC trains healthcare providers to use and document proven tobacco cessation interventions. The program is designed to encourage providers to talk to their patients about quitting smoking and encourage referrals to the Colorado QuitLine.

*Evaluation of Prior Year Performance:*

Through the evidence-based strategies employed by STEPP to help adults quit smoking, such as the Colorado QuitLine – the number of smokers has decreased significantly in Colorado. The adult smoking rate has dropped from 22.3 percent in 2001 to 17.9 percent in 2006. The smoking rate for 2007 is 18.7 percent; however, the change between 2006 and 2007 is not statistically significant. The population survey methodology samples a small portion of the entire adult population in Colorado. Sampling results in some potential measurement error that leads to a range of results (confidence interval) around a point estimate (e.g., the reported prevalence). If the ranges between two years overlap, then the difference in point estimates is said to not be statistically significant.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Tobacco Use in Colorado in High School Students

*Objective 3.* Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	CY 2006 Actual		CY 2008 Anticipated		CY 2010 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	NA	13.9%	0%	13.2%	-5.0%
	Actual	14.6%	NA	Data Not Yet Available			

*Strategy:*

STEPP utilizes six strategies to prevent and reduce tobacco use among youth and young adults: the school-based K-12 initiative; a collegiate initiative; a youth empowerment program; a youth cessation program; tobacco prevention and cessation programs designed to target youth populations disparately affected by tobacco; and media campaigns.

Under the K-12 and collegiate initiatives, funded lead agencies award a portion of their grants to fund schools and colleges throughout Colorado. These lead agencies provide technical assistance, training, expertise and support to ensure the programs are implemented according to specific criteria. Under the youth empowerment initiative, led by Get R!EAL, schools and community-based organizations establish youth-led coalitions. The coalitions are designed to empower youth ages 12-18 to engage in tobacco control activities while de-normalizing the tobacco industry. Not-On-Tobacco (N-O-T) is a youth smoking cessation program administered by the American Lung Association. N-O-T's school-based, 10-session curriculum uses multiple strategies to help teens stop smoking. STEPP administers the Tony Grampsas Youth Services Tobacco Initiative (TTI) to serve young people at higher risk for tobacco use. These programs address tobacco related disparities by providing tobacco and secondhand smoke education, prevention, and/or cessation services for children, youth and young adults (ages 0-24) and their parents and caregivers.

A variety of media formats are used to deliver tobacco-use prevention messages to youth. The main youth prevention campaign, “Own Your C,” is a TV advertising campaign to drive youth to a tobacco prevention web site. Another campaign, “Quit Doing It” encourages young adults to quit smoking and sends them to a web-based text-messaging cessation tool, “FixNixer”.

*Evaluation of Prior Year Performance:*

Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 14.6 percent in 2006, thus surpassing the Center for Disease Control’s Healthy People 2010 goal of 16 percent. The surveillance instrument for this performance measure is implemented every two years; thus, data will not be available until 2009.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Tobacco Use in Colorado in Pregnant Women

*Objective 3.* Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	CY 2006 Actual		CY 2007 Anticipated		CY 2008 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10%	NA	9.9%	-1.0%	9.8%	-1.0%
	Actual	Data Not Yet Available*	NA	Data Not Yet Available			

\*Data availability lags 18 months from the end of the year.

*Strategy:*

To encourage pregnant women to stop smoking, STEPP has developed a marketing campaign specifically for pregnant women. Campaign materials, such as brochures, posters and “mommy” kits, are sent to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) clinics and local health agencies. In addition, print advertisements were produced for local health agencies to place in their local newspapers.

The 5 A’s (Ask, Advise, Assess, Assist, Arrange) counseling has been found to double or triple quit rates among pregnant smokers. The 2As+R, (Ask, Advise and Refer) method, a promising practice, concentrates on referring pregnant women who smoke to the free Colorado QuitLine, which can double the chance of successfully quitting.

The Colorado Clinical Guidelines Collaborative (CCGC), with funding through STEPP, has expanded outreach to health care sites throughout the state for systems implementation of smoking cessation counseling to reduce low birthweight births in Colorado. Additionally, CCGC has tailored the smoking cessation guideline for pregnant women.

The Baby and Me Tobacco Free Initiative has been funded by the Colorado Foundation on Health to provide incentives (vouchers for free diapers) for low-income pregnant women who complete smoking cessation and participate in carbon dioxide monitoring during pregnancy and after the delivery of the baby. This intervention, funded for two years, includes 18 counties in year one and 23 counties in year two. The goal is to obtain additional funding so that implementation can be statewide and all counties can be offered this program. The Rocky Mountain Health Plan is administering this program in Colorado and implementing the intervention through local health agencies or community-based organizations.

*Evaluation of Prior Year Performance:*

The Fiscal Year 2006-07 data for this performance measure will not be available until 2009.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 6. Adult Obesity in Colorado

*Objective 3.* Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Obesity in Colorado: Obesity (Adults).	Benchmark	19%	NA	19%	0%	19%	0%
	Actual	18.5%	NA	19.3%	4.3%		

*Strategy:*

Preventing and reducing the adult obesity rate in Colorado involves complex social, environmental and individual behavior change. Active partnerships are the key to addressing the obesity epidemic in Colorado. These partnerships involve the Colorado Department of Public Health and Environment, LiveWell Colorado, Colorado Health Foundation, voluntary organizations (e.g. American Cancer Society), healthcare systems (e.g. Kaiser Permanente), various community groups, local public health agencies and many others. Strategies to address obesity include promoting physical activity and healthier eating via worksite wellness programs, implementing active community environments where adults and families can safely walk, bike and play, and promoting healthier dining options such as the Smart Meal program with restaurants. Other activities in development include social marketing and media campaigns.

*Evaluation of Prior Year Performance:*

The current adult rate for obesity is 19.3 percent (FY 07-08). This rate is slightly higher than the benchmark (19.0 percent). This rate may be higher due to a statistical variance or it may be an actual increase. If it is an actual increase, the adult obesity rate is following a national upward trend. However, Colorado is ranked the lowest state in the nation for obesity.



## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Obesity in Colorado Children

*Objective 3.* Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Obesity in Colorado: Overweight (Children)	Benchmark	15%	NA	15%	0%	14%	-6.7%
	Actual	14.8%	NA	13.0%	-12.2%		

*Strategy:*

Colorado is promoting physical education and healthier meal options in schools. Active partnerships between various state and local agencies and community groups are also promoting active community environments where children can safely walk, bike and play. Breastfeeding for infants is also promoted which helps to lead to healthier weights in children and youth.

*Evaluation of Prior Year Performance:*

Colorado met and exceeded the benchmark for overweight rates in children (15.0 percent benchmark and 13.0 percent actual). The decrease in Colorado follows a national trend for child overweight rates that show a rate that is either not increasing or decreasing slightly.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 8. Tuberculosis Treatment

*Objective 4.* Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies

Performance Measure	Outcome	CY 2006 Actual	CY 2007 Actual	CY 2008 Approp.	CY 2009 Request
The percent of contacts to active Tuberculosis cases for whom preventive therapy is appropriate that complete treatment within established timeframes.*	Benchmark	78%	78%	78%	78%
	Actual	72%	67%		

*Strategy:*

The Tuberculosis Program staff and community partners conduct contact investigations in accordance with the Centers for Disease Control and Prevention guidelines. These contact investigations identify persons who may have been exposed to active pulmonary or pharyngeal tuberculosis. These persons are evaluated and, for those identified with latent tuberculosis infection, put on preventive therapy if appropriate. Completion of preventive therapy substantially reduces the risk that TB infection will progress to active disease, thus interrupting further transmission.

*Evaluation of Prior Year Performance:*

The strategies identified to improve the percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate have generally been effective over the last six years. The percent of contacts completing treatment within the established time frame had steadily increased, from 64% in 2001 to 72 percent in 2006. In 2007, a total of 217 contacts initiated treatment, however only 146 (67 percent) completed treatment, representing a decrease of 5 percent in the treatment completion rate. Because the strategies in place

to improve treatment completion rates have not changed dramatically over the past six years, this decrease is likely due to external factors such as contact investigations taking place among transient populations, and/or cultural beliefs related to the importance of preventive therapy.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 9. Infants Born HIV Negative to HIV Positive Women

*Objective 4.* Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Percentage of HIV positive pregnant women identified during their pregnancy, which do not give birth to HIV positive babies.	Benchmark	95%	95%	95%	95%
	Actual	100%	84%		

*Strategy:*

The STI/HIV Section uses laboratory reports, health care provider reports and epidemiologic investigations to identify women who are or may be infected with HIV. Women identified as being infected with or exposed to HIV are contacted to assure their knowledge of this and are informed of appropriate steps to take to address their exposure or infection.

Working with community partners and health care providers, STI/HIV Section staff assures that HIV positive pregnant women receive medication and social services to support the treatment regimen necessary to prevent perinatal HIV transmission.

*Evaluation of Prior Year Performance:*

This strategy is consistent with current science and practice. The most effective mechanism to prevent HIV in babies born to HIV infected women is the identification of these women early in their pregnancy and getting them on an effective treatment regimen throughout the pregnancy. During FY2008 one HIV positive baby was born due to the mother not being tested during pregnancy.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 10. Attainment of Ozone Standards

*Objective 5. Protecting and improving air and water quality across the state*

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Incidents	Change	Incidents	Change	Incidents	Change
Percentage of Colorado Counties that are in attainment of the federal ozone standards.	Benchmark	86%	No Change	86%	No Change	86%	No Change
	Actual	86%					

*Strategy:*

The Air Quality Control Division focuses its efforts on identifying, evaluating and implementing measures that reduce ozone-creating emissions. For the Denver Metro Area/North Front Range counties, as directed by the Governor, a plan to reduce summertime ozone concentrations and to bring this area into compliance with the federal ozone health standards is under development. This plan will be presented to the Air Quality Control Commission for its consideration and adoption. Adopted emission control measures will be implemented in the coming years, and additional strategies will be evaluated as well. Because the federal standards have become more stringent, this will be a 15+-year effort (which began back in 2002). The Air Division is also evaluating emission-reducing strategies for the rapidly growing oil and gas industry and other large emitting sources across the State in order to ensure that clean counties do not fall into nonattainment.

*Evaluation of Prior Year Performance:*

For the Denver Metro Area/North Front Range counties, a broad mix of mandatory and voluntary ozone-reducing emission control programs have been implemented in past years, and more are under development in 2008. A plan has been drafted by the Division, the Regional Air Quality Council, and the North Front Range Transportation/Air Quality Planning Council for public review. A

public hearing by the Air Quality Control Commission will occur during the Fall 2008. The Air Division also has developed additional oil and gas emission control measures for public hearing in 2009.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 11. Small Water Systems Meeting All Standards

*Objective 5.* Protecting and improving air and water quality across the state

Performance Measure	Outcome	FFY 2007 Actual		FFY 2008 Anticipated		FFY 2009 Anticipated	
		<u>% of systems</u>	<u>Change</u>	<u>% of systems</u>	<u>Change</u>	<u>% of systems</u>	<u>Change</u>
The percentage of small community water systems (population less than 10,000) that provide drinking water that meets all health based standards.	Benchmark	New Measure	NA	89.0%	NA	90%	1.1%
	Actual	89.6%	NA				

*Strategy:*

The Water Quality Control Division will achieve the proposed benchmark by providing technical and financial assistance to public water systems and by taking enforcement action when necessary. Additionally, the Division has launched the Colorado Radionuclides Abatement and Disposal Strategy (CORADS) project to provide targeted assistance to small communities with naturally occurring uranium and radium problems in their drinking water supply.

*Evaluation of Prior Year Performance:*

There was no change in the actual data from the previous year. Please note that the data is based on a federal fiscal year. With the implementation of the CORADS project it is anticipated that an increase in compliance will be achieved.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 12. Tobacco Use Across Ethnic Groups in Colorado

*Objective 6. Eliminating health inequities in Colorado*

Performance Measure	Outcome	CY 2006 Actual	CY 2007 Actual	CY 2008 Anticipated.	CY 2009 Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	17.5%	16.8%	18.4%	18.2%
	Actual	17.9%	18.7%		
Tobacco Use in Colorado: Smoking, African American (current adult smokers)	Benchmark	New Measure	New Measure	24.5%	24.2%
	Actual	22.3%	24.2%		
Tobacco Use in Colorado: Smoking, Hispanic (current adult smokers)	Benchmark	New Measure	New Measure	22.9%	22.7%
	Actual	20.3%	23.1%		



*Strategy:*

As shown in the chart above, the percent of African Americans and Hispanics who smoke is higher than in the general population. The Office of Health Disparities and the Prevention Services Division are working together and with community groups and health care agencies to reduce tobacco use in these disparately affected populations. Strategies for reducing tobacco use in these populations include the following:

- Integrate representatives of disparately affected populations by working with local health agency coalitions to establish health disparities subcommittees or work groups.
- Integrate representatives of disparately affected populations in key decision-making bodies and processes such as the Tobacco Review Committee, Tobacco Disparities Subcommittee, STEPP Tobacco Disparities Strategic Plan Committee, and the Tobacco Planning and Evaluation Group Subcommittee.
- Increase the proportion of health care providers who receive regular training in culturally proficient tobacco prevention and cessation services by providing technical assistance and culturally proficient approaches to community health clinics and statewide tobacco partners conducting healthcare provider trainings.
- Educate community leaders and individuals in disparately affected populations to reduce initiation, use and exposure to tobacco.
- Support STEPP's media campaigns by placing statewide media at the community level; coordinating educational campaigns and activities with other state, local, and agency initiatives; and participating in media focus groups for marketing campaigns.

*Evaluation of Prior Year Performance:*

Since these are new measures, performance in the prior year, relative to a benchmark, has not been evaluated. The changes in smoking prevalence shown in the table is not statistically significant. The population survey methodology samples a small portion of the entire adult population in Colorado. Sampling results in some potential measurement error that leads to a range of results (confidence interval) around a point estimate (e.g., the reported prevalence). If the ranges between two years overlap, then the difference in point estimates is said to not be statistically significant. However, longer-term trends (2001-2005) show significant

improvements in the overall smoking prevalence. This improvement has been due to reductions in cigarette smoking by non-minority populations.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 13. Colorectal Cancer Screening Across Ethnic Groups in Colorado

#### *Objective 6. Eliminating health inequities in Colorado*

Performance Measure (Note: these cancer measures are collected during even-numbered years)	Outcome	CY 2006 Actual	CY 2008 Anticipated.	FY 2010 Anticipated
Colorectal Screening: Proportion of adults 50+ Fecal occult blood test (FOBT) in past year Endoscopy (colonoscopy & sigmoidoscopy) in past 5 years	Benchmark	New Measure	70%	75%
	Actual	18.8% (FOBT); 47% (endoscope)		
Colorectal Screening: Proportion of African American adults 50+	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	27.2% (FOBT); 46.7% (endoscope)		
Colorectal Screening: Proportion of Hispanic adults 50+	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	15.2% (FOBT); 38.8% (endoscope)		

*Strategy:*

The Office of Health Disparities and the Prevention Services Division are working together and with community groups and health care agencies to encourage people over age 50 to have colorectal screens because these tests find polyps before they become cancerous and finding cancer early saves lives. The particular emphasis of these programs is to encourage screenings in populations that are disparately effected or less likely to be screened. Strategies for increasing participation in screening include the following:

- Coordinate with the Colorado Cancer Coalition and other partners on implementation strategies.
- Participate in the Colorectal Cancer task force of the Colorado Cancer Coalition.
- Coordinate with the Colorado Colorectal Cancer Screening Program to increase outreach with Office of Health Disparities partners and networks.
- Ensure that 1-800 numbers and relevant referral information for colorectal screening programs are used by partners.

*Evaluation of Prior Year Performance:*

Since this is a new measure, performance in the prior year has not been fully evaluated.

As shown in the chart above, the percent of Hispanics who choose to have colorectal screenings is lower than in the general population and both the general population and Hispanics are significantly behind African Americans. Both of these trends are far below the target of 75 percent. Although African American's are significantly ahead, all groups are still significantly below the desired goal of 75 percent screening.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 14. Cervical Cancer Screening Across Ethnic Groups in Colorado

#### Objective 6. Eliminating health inequities in Colorado

Performance Measure (Note: these cancer measures are collected during even years)	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Anticipated.	Anticipated
Cervical Cancer Screening: Proportion of women 18+ (Pap test within past 3 years)	Benchmark	New Measure	88%	92%
	Actual	85.3%		
Cervical Cancer Screening: Proportion of African American women 18+ (Pap test within past 3 years)	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	89.4%		
Cervical Cancer Screening: Proportion of Hispanic women 18+ (Pap test within past 3 years)	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	85.7%		

*Strategy:*

The Office of Health Disparities and the Prevention Services Division are working together and with community groups and health care agencies to encourage women over age 18 to have cervical cancer screenings because Early detection significantly increases the likelihood of survival. The particular emphasis of these programs is to encourage screenings in populations that are disparately effected or less likely to be screened. Strategies for increasing participation in screening include the following:

- Coordinate with the Women’s Wellness Connection to increase outreach to underserved communities, including racial and ethnic communities statewide.
- Utilize the Office of Health Disparities networks, including those served through contracts from the Health Disparities Grant Program.
- Provide guidance and technical support (direct or via grantees) with provider education and participate in annual provider trainings.
- Participate in the Community Navigator quarterly conference calls.
- Coordinate with the Office of Health Disparities to maintain open channels of communication and community input from community discussions and town hall meetings.

*Evaluation of Prior Year Performance:*

Since these are new measures, performance in the prior year has not been evaluated.

As shown in the chart above, the percent of African American women who choose to have cervical cancer screenings seems slightly higher than in the general population and among Hispanic women. However this difference may not be statistically significant due to sampling methods. The data indicates a need for increased screening among all women.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 15. Breast Cancer Screening Across Ethnic Groups in Colorado

*Objective 6. Eliminating health inequities in Colorado*

Performance Measure (Note: these cancer measures are collected during even years)	Outcome	CY 2006 Actual	CY 2008 Anticipated .	CY 2010 Anticipated
Breast Cancer Screening: Proportion of women 40+ (mammogram within past 3 years)	Benchmark	New Measure	80%	85%
	Actual	72.0%		
Breast Cancer Screening: Proportion of African American women 40+ (mammogram within past 3 years)	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	68.0%		
Breast Cancer Screening: Proportion of Hispanic women 40+ (mammogram within past 3 years)	Benchmark	New Measure	Performance benchmarks need to be established in the upcoming fiscal year.	Performance benchmarks need to be established in the upcoming fiscal year.
	Actual	66.4%		

*Strategy:*

The Office of Health Disparities and the Prevention Services Division are working together and with community groups and health care agencies to encourage women over 40 to have mammograms to screen for breast cancer. Screening is important because early detection significantly increases the likelihood of survival. The particular emphasis of these programs is to encourage screenings in populations that are disparately effected or less likely to be screened.

Strategies for increasing participation include the following:

- Coordinate with the Women’s Wellness Connection to increase outreach to underserved communities, including racial and ethnic communities statewide.
- Utilize the Office of Health Disparities networks, including those served through contracts from Health Disparities Grant Programs.
- Provide guidance and technical support (direct or via grantees) through participating in provider trainings and education.
- Participate in the breast cancer task force.
- Participate in the Community Navigator quarterly conference calls.
- Coordinate with the Office of Health Disparities to maintain open channels of communication and community input from community discussions and town hall meetings.
- Ensure that 1-800 numbers and relevant referral information for breast cancer screening programs are used by partners.

*Evaluation of Prior Year Performance:*

As shown in the chart above, actual participation in breast cancer screenings is significantly lower than the benchmark goal of 85 percent. Additionally, the data show that African American and Hispanic women are slightly less likely to be screened than women in the general population. However this difference may not be statistically significant given sampling methods. This data indicates the need to increase participation in breast cancer screening.



# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Department of Public Health and Environment  
Administration and Support  
Director – James Martin**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Division of Administration and support oversees and supports the activities of the other 10 divisions within the Colorado Department of Public health and environment. The division includes the Executive Director's Office, business services, human resources, legal and regulatory affairs, and policy and external affairs.

The division is organized into the following sections, offices and programs:

**The Policy and External Affairs Section** includes the offices of communications, and Planning and Partnerships. The policy and external affairs work includes coordination with the Governor's policy office and working with the legislature on bills and other policy decisions. The Office of Communications not only communicates directly with the significant elements of the state's mass media channels, but also maintains an active customer-sampling network of key opinions and concerns, which are provided directly to the executive director. Senior management experience in this section affords the executive director with a sounding board for most key decisions and policy statements prior to being released from the Department. Public affairs efforts in each division are guided and monitored by the Office of Communications. The program's mission is critical to ensuring the Department "speaks with one voice." The Office of Planning and Partnerships assures access to essential public health and environmental services to everyone in Colorado regardless of residence. The principle objective is to assure access to ten basic services for all citizens. The policy and external affairs section reports directly to the Executive Director, and supports all Departmental performance objectives and measures.

**The Administrative Services Section** is the Department's business office. This division provides timely and accurate procurement, budgetary, expense and revenue information for Department operations. The section includes building operations, accounting, budget, contracts and procurement, and internal audit and management analysis. These functions are inherently critical to operating the department and other state agencies. The facilities group provides a positive and employee/customer friendly work environment to the Department.

**The Human Resources Program** provides direct personnel services to represent the Department and its employees while ensuring the workplace is a positive, work-enhancing environment with equal opportunity and respect for all individuals.

**The Environmental Leadership Program (ELP)** supports the Departmental priority of pollution prevention. The focus of the ELP is to encourage facilities to continually improve operations and minimize their environmental impact. The ELP is designed to offer the regulated community an alternative option for being in compliance other than the traditional command-and-control model. One of the

basic requirements for being admitted to the program is that the applicant be practicing pollution prevention and agree to take on two additional pollution prevention projects while in the program.

Added to the Division via HB05-1262, the Health Disparities Grant Program (HDGP) was created from tobacco tax funds (Amendment 35) in Section 24-22-117, C.R.S for the purpose of funding statewide initiatives that address prevention, early detection, and treatment of cancer, cardiovascular disease and pulmonary diseases in underrepresented populations. The Office of Health Disparities (OHD) was assigned the administration of the HDGP with the goal of developing a comprehensive approach that will bring together stakeholders at the community and state levels who are interested in impacting cancer, cardiovascular disease (including diabetes and other precursors) and/or chronic disease in underrepresented populations. The OHD serves in a coordinating, educating and capacity building role for state and local public health programs and community-based organizations.

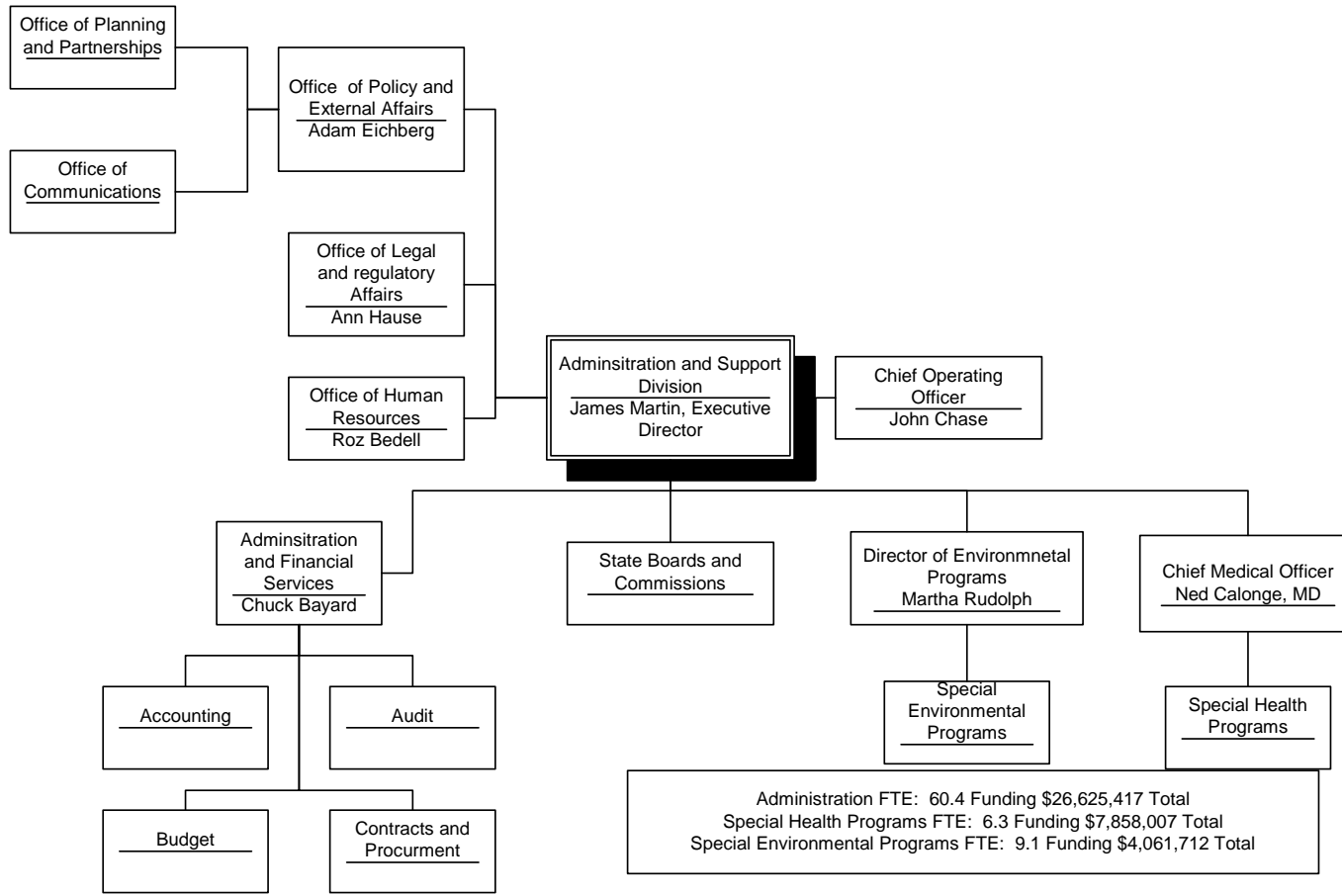
### ***Statutory Authority***

The statutory authority for the Department of Public Health and Environment, Administration and Support Division, is found in Title 25, Article 1 of the Colorado Revised Statutes (2008).

The statutory authority for the Department of Public Health and Environment, Office of Health Disparities is found in Title 25, Article 4, and Section 2204 through 2207 of the Colorado Revised Statutes (2008).

The statutory authority for the Department of Public Health and Environment, Environmental Leadership Program is found in Title 25, Article 6.7 of the Colorado Revised Statutes (2008).

**Organizational Chart**



Administration FTE: 60.4 Funding \$26,625,417 Total  
 Special Health Programs FTE: 6.3 Funding \$7,858,007 Total  
 Special Environmental Programs FTE: 9.1 Funding \$4,061,712 Total

**75.8 FTE    \$38,516,216**

Deleted: 548

## ***Mission***

Provide quality administrative and financial services at best value to support the mission of the department and the interests of the public health

## ***Vision***

A seamless Administrative Services Division that allows our customers to secure and manage resources (financial and material), and hire, retain and develop human resources so that they can serve the citizens of Colorado by protecting the public health. We intend to achieve this mission and vision by adhering to the following core values:

- *Focused on meeting the needs of Divisions, programs, community partners and the public*
- *Responsive, cost-effective and efficient*
- *Easily understandable and simple to use*
- *Continually improving*

## ***Objectives***

The Administration and Support Division aims to achieve its vision and accomplish its mission through the following key objectives:

1. Identify innovative ways to hire and retain staff in the department in order to have a highly productive, skilled and motivated workforce
2. Identify and implement changes / enhancements that would improve processes and increase productivity
3. Staff have the training, tools and resources they need to be effective
4. Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media
5. Support and facilitate the greening government policies and practices in all aspects of conducting the department's business

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Average Time to Hire

*Objective 1:* Identify innovative ways to hire and retain staff in the department in order to have a highly skilled, productive and motivated workforce.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Days	Change	Days	Change	Days	Change	Days	Change
Average time to fill vacant positions	Benchmark	45	0%	45	0%	45	0%	42	-6%
	Actual	54	20%	60	11%				

*Strategy:*

Strategies to reduce the time it takes to hire staff into vacant positions and to retain good staff includes:

- Assure that staff in Human Resources are fully trained and can perform the steps of the process adequately
- Consult with department managers to educate them on the process and their responsibilities
- Advise using internal promotions where possible rather than open competitive exams
- Use interns in positions that may become permanent appointments
- Use referral lists to make multiple hires when there is more than one suitable candidate

*Evaluation of Prior Year Performance:*

The actual performance was 20 percent higher than the benchmark for average number of days to fill vacant positions in 2007 and 11 percent higher in 2008. The fact that it is taking longer on average to fill vacant positions relates to the following:

- Inadequate staffing in Human Resources - this is being addressed through a Decision Item request for another professional FTE in HR

- More turnover of our experienced managers, and thus an increased need to educate them about the selection process – this is being addressed through internal supervisory training
- Increased number of requests to fill positions: in 2007, there were 221 announcements issued by Human Resources and this number increased to 275 in 2008 – this indicates a higher number of FTE are needed in HR to respond to this volume

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Internal Promotions versus Outside Hires

*Objective 1:* Identify innovative ways to hire and retain staff in the department in order to have a highly skilled, productive and motivated workforce.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Ratio	Change	Ratio	Change	Ratio	Change	Ratio	Change
Rate/ratio of internal promotion vs. outside hires	Benchmark	20%	0	22%	10%	25%	13.6%	27%	8%
	Actual	20%	0	15%	7%				

*Strategy:*

The strategies used to prepare employees for internal promotions and thereby improve retention include the following:

- Leadership Development Program and supervisory training to prepare aspiring employees for supervisory and management level jobs
- Mentoring of employees by experienced employees to help with career advancement
- Rewards and Recognition program to recognize outstanding achievements and motivate employees

*Evaluation of Prior Year Performance:*

The HR unit is building workforce capacity by using the above strategies to increase internal promotions. The employee engagement survey showed that a major concern of employees who are not in supervisory or management positions is career advancement. We can improve our retention by improving our rate of internal promotions. The above percentages are calculated on the number of promotions/number of all job announcements. The denominator (number of all announcements) has increased from 221 in 2007 to 275 in 2008 due to having to reannounce positions where there was not an adequate number of acceptable applications (n=30) and new FTE in the department (n=25).



## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Employee Satisfaction

*Objective 1:* Identify innovative ways to hire and retain staff in the department in order to have a highly skilled, productive and motivated workforce.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change
Employee survey ratings of general satisfaction, adequacy of training, growth opportunities. Shown as the percent of employees indicating "Satisfied" or "Very Satisfied"	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Increasing Productivity

*Objective 2:* Identify and implement changes / enhancements that would improve processes and increase productivity.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of changes or enhancements that were made to administrative processes that improve service delivery, quality of data or produce efficiencies.	Benchmark	NA	NA	4	NA	5	25%	6	25%
	Actual	NA	NA	4	NA				

*Strategy:*

The division will continue the Administrative Services Partnership Group and will continue to identify issues that need to be addressed and determine the appropriate enhancements that need to be put into place. These issues or enhancements could include increased involvement of budget office staff as change requests are being developed at the division level, systems changes such as the Long Bill annotation process or loan request standardization. The evaluation of the success of these enhancements will be evaluated by the next performance measure, a survey evaluating the effectiveness of the enhancements.

*Evaluation of Prior Year Performance:*

The division implemented four enhancements to administrative processes during FY 2007-08. The first was the development of the Administrative Services Partnership Group that is comprised of leaders in each of the administrative and financial services sections (budget, accounting, purchasing and fiscal staff) to identify issues that cross section lines where enhanced communication and coordination will be beneficial to both division and departmental staff. From this group, three training sessions (accounts

payable processes; capitalized assets; and reappropriated funds training/grant masters) were developed to help enhance administrative procedures and to educate departmental staff on critical issues.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Customer Satisfaction on Process Enhancements

*Objective 2:* Identify and implement changes/enhancements that would improve processes and increase productivity.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change
Customer service Survey to determine effectiveness of implemented enhancements. Shown as the percent of department staff indicating "Satisfied" or "Very Satisfied"	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 6. Improvements Shown through Data Collection

*Objective 2:* Identify and implement changes/enhancements that would improve processes and increase productivity.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent accuracy	Change	Percent accuracy	Change	Percent accuracy	Change	Percent accuracy	Change
Data collection to show improvement in Departmental performance on administrative tasks, such as accurately predicting accounts payables. Shown as percent of accurate payables predictions.	Benchmark	NA		NA		New Measure. Develop tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.



## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Training, Tools and Resources

*Objective 3:* Staff has the training, tools and resources they need to be effective.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Department wide employee survey to determine if they are receiving sufficient tools, training and resources to be successful in their jobs. Shown as the percent of employees indicating "Satisfied" or "Very Satisfied"	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 8. Information Sharing with the Office of State Planning and Budget and the Joint Budget Committee

*Objective 4:* Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change
Surveys of JBC and OSPB staff and officials to determine quality of annual budget request and associated follow up requests. Shown as percentage of customers surveyed that indicated "satisfied" or "very satisfied".	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

This information would include the budget requests, accounting and purchasing information (RFP's, SCO reports), press releases, reports and legislative actions.

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 9. Information Sharing with Controller's Office

*Objective 4:* Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change
Surveys of Controller's Office staff to determine quality of accounting reports. Shown as percentage of customers surveyed that indicated "satisfied" or "very satisfied".	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 10. Information Sharing with Vendors and Contractors

*Objective 4:* Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change	Percent Satisfaction	Change
Surveys of vendor's contractors to determine quality of contracts and procurement activities. Shown as percentage of customers surveyed that indicated "satisfied" or "very satisfied".	Benchmark	NA		NA		New Measure. Develop survey tool and identify baseline		To be determined based on baseline identified	
	Actual	NA		NA					

*Strategy:*

The division will develop a survey tool in FY 2008-09 and gather baseline data on satisfaction. Once the satisfaction level is determined, the division will set benchmarks for future years. Based on the survey results the division will develop strategies to increase overall satisfaction of employees and customers.

*Evaluation of Prior Year Performance:*

This is a new measure, and thus there is no data available to evaluate prior year performance.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 11. Successful Legislative Initiatives

*Objective 4:* Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Measure	Change	Measure	Change	Measure	Change	Measure	Change
Legislative initiatives that were on the department's agenda that passed.	Benchmark	NA	NA	85%	NA	85%	0%	85%	0%
	Actual	NA	NA	90.9%	NA				

*Strategy:*

The Department will develop a legislative agenda that identifies the most pressing needs of the department and will work with the Governor's office and legislators to ensure an understanding of the importance of the bills for the protection of public health and the environment.

*Evaluation of Prior Year Performance:*

The Department had a very successful legislative session in 2008. Ten of the 11 bills on the Department's agenda passed.



## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 12. Board of Health Rule Adoption

*Objective 4:* Information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		Percent Passed	Change	Percent Passed	Change	Percent Passed	Change	Percent Passed	Change
Rules adopted by Board of Health to identify core public health services	Benchmark	NA	NA					Rules Adopted	
	Actual	NA	NA	Not yet Accomplished		Not yet Accomplished			

*Strategy:*

The Department will work with the Board of Health to create and adopt rules, which identify core public health services that will be provided by local health departments. By working with local public health nurses and local health organizations, the Department works to assure access to essential public health and environmental services to everyone in Colorado regardless of residence. The principle objective is to assure access to ten basic services for all citizens. These services are:

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards to the community
- Research for new insights and innovative solutions to health problems
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population based health services
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Enforce laws and regulations that protect health and ensure safety
- Mobilize community partnerships to identify and solve health problems
- Inform, educate, and empower people about health issues
- Develop policies and plans that support individual and community health efforts

*Evaluation of Prior Year Performance:*

This is a new measure and will be reviewed once data has been received.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 13. Greening Government through Hybrid or Alternative Fuel Vehicles

*Objective 5:* Support and facilitate the greening government policies and practices in all aspects of conducting the department's business.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		# Of Vehicles	Change	# Of Vehicles	Change	# Of Vehicles	Change	# Of Vehicles	Change
Number of department fleet vehicle purchases that are hybrids or alternative fuel vehicles.	Benchmark	14		10		8		8	
	Actual	16		10					

*Strategy:*

Continue to evaluate all replacement purchases to ensure that the vehicles purchased match the need of the division. This will reduce the excess amounts of trucks and SUV's. If trucks or SUV's are needed, they will be replaced with hybrid SUV's or flex fuel trucks.

*Evaluation of Prior Year Performance:*

By reviewing the needs of the divisions before purchasing vehicles, the department was able to purchase over 80 percent hybrid and alternative fuel vehicles over the past two years.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 14. Greening Government through Reduction in Miles Driven

*Objective 5:* Support and facilitate the greening government policies and practices in all aspects of conducting the department's business.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		# Of Miles	Change	# Of Miles	Change	# Of Miles	Change	# Of Miles	Change
Percent reduction in miles driven for departmental business annually.	Benchmark	2,001,280	2%	1,813,160	2%	1,794,010	2%	1,758,130	2%
	Actual	1,850,163	7.5%	1,830,626	1%				

*Strategy:*

Encourage the use of public transportation for state business. The department will also encourage the use of state owned vehicles rather than reimbursing employees for using their own vehicles. Using state vehicles will save money.

*Evaluation of Prior Year Performance:*

Total miles driven went down 1 percent from FY 2007 to FY 2008.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 15. Greening Government through Paper Use Reduction

*Objective 5:* Support and facilitate the greening government policies and practices in all aspects of conducting the department's business.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Approp.		FY 2010 Request	
		# Of Cases of Paper	Change	# Of Cases of Paper	Change	# Of Cases of Paper	Change	Percent	Change
Number of cases of paper purchased.	Benchmark	3311	2%	3070	2%	3009	2%	2949	2%
	Actual	3133	5.4%						

*Strategy:*

- Only purchase replacement printers capable of duplex printing
- All copiers in the department have a shut down feature that limits the total number of copies that can be made in one month
- The print shop now has the capability to make CD's so fewer hard copies are needed
- Regulation is sent to public through email rather than sending hard copies

*Evaluation of Prior Year Performance:*

Paper reduction from FY 2006 to FY 2007 was at 5.4 percent. Since FY 2004 paper reduction at the department is 17.5 percent, however, the department spent 4 percent more for paper in 2007 compared to 2004 even though paper use has gone down considerably. The average per case cost in 2004 was \$23.01 and in 2007 was \$29.06.

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
and Environment**

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**Department of Public Health and Environment  
Center for Health and Environmental Information and Statistics  
Director –Bob O’Doherty**

## **Strategic Plan FY 2009-10**

## ***Introduction:***

The Center for Health and Environmental Information and Statistics provides the systems, data and analysis required for assessment, program planning, and evaluation for the department. The Division gathers and analyzes health data, including the Behavioral Risk Factor Surveillance System (BRFSS), provides birth and death certificates, administers the Medical Marijuana Registry, and provides desktop, applications and network support for the department. The division is divided into three sections: (1) Vital Records, (2) Health Statistics, and (3) Information Technology Services.

Vital Records serves the public with efficient registration and certification of vital events. The Vital Records section is divided into two areas: registration and certification. The registration area maintains birth, death, marriage, divorce, fetal death, and induced pregnancy termination records and provides training on vital records rules, regulations, and statutes to individuals and local agencies. The certification area issues certified copies of birth and death certificates, corrects and updates records, and administers the Voluntary Adoption Registry. The Vital Records section is primarily cash funded with most cash funds deriving from the Vital Statistics Cash Fund.

The Health Statistics Section uses birth and death certificate data to examine indicators of health for all age groups. Those indicators measured by birth certificate data include: prenatal care, low birth weight, maternal smoking during pregnancy, and teen births. Death rates for unintentional injury, motor vehicle crashes, suicide, chronic liver disease, homicide, lung and colon cancer, pneumonia, and falls are derived from death certificate data. The Behavioral Risk Factor Surveillance System provides data on smoking, alcohol use, regular physical activity, overweight, high cholesterol, high blood pressure, and diabetes, use of pap smears and mammograms, and insurance status. The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based surveillance system designed to collect state-specific health data on maternal experiences before, during, and after pregnancy that may be related to infant health outcomes. The Survey Research Unit within the Health Statistics Section collaborates with various programs within CDPHE and with outside agencies, academic institutions and community research groups on all aspects of survey research including sampling, design, questionnaire construction, data collection, data management, analysis, and report writing. The Public Health Informatics Unit is within the Health Statistics Section, which is primarily funded by federal grants and contracts.

The Information Technology Section (ITS) is responsible for technology planning, application development and maintenance, server operations and maintenance, computer systems security, networking, and Internet connectivity. The section provides research, installation and maintenance on products and services to support a network environment for over 80 Windows servers, 10 Novell

servers, over 50 Cisco switches and network devices, and the Department's Voice-over-IP (VoIP) phone system. The section supports all data communication access to outside agencies (5,000 users) and department customers (1,200 users) in multiple locations, emphasizing Internet enabled systems. Network support operates the security functions that protect the department's computer systems: firewalls, automated patching, virus detection, and spam filtering.

The section provides the Department Help Desk and provides one-on-one installation, configuration, and trouble-resolution support for PCs. The section provides research on new PC operating system software and hardware, related products and services, installation and maintenance on new and existing PC's and products and PC support for users on Windows based PCs, printer support for a variety of LAN based printers and software installation of Microsoft Office and other department approved software.

The section provides management of the telephone switching system, program oversight of the cellular phones assigned to employees of the department, oversight and management of the department's videoconferencing and satellite downlink training systems. Additionally, the section provides management and oversight of the department's Web site and the standards to be used for Web publishing.

The ITS section derives most of its support from reappropriated fund indirect cost recoveries.

Senate Bill 155 (SB08-155) consolidates all Information Technology (IT) personnel in the State under the Office of Information Technology (OIT). This transformation will occur in phases from July 1, 2008 through June 30, 2012.

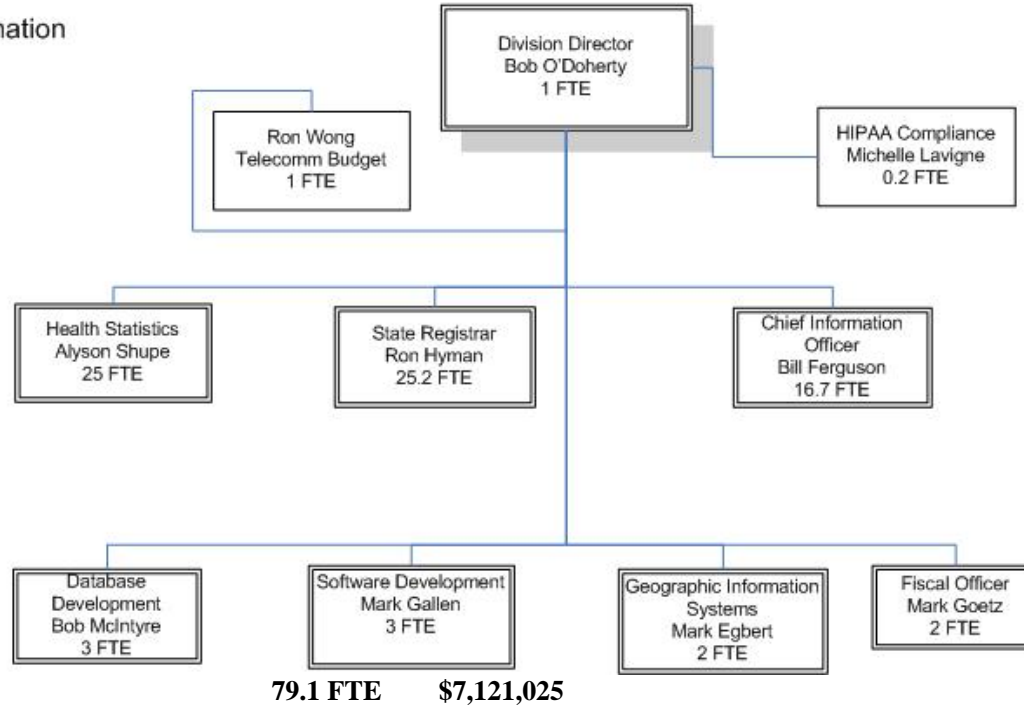
### **Statutory Authority**

The statutory authority for the Department of Public Health and Environment, Center for Health and Environmental Information and Statistics, is found in Title 25, Article 102 of the Colorado Revised Statutes (2008).



**Organizational Chart**

Center for Health  
and Environmental Information  
and Statistics



## ***Mission***

The Center for Health and Environmental Information and Statistics will collect, analyze and publish information that is timely, accurate, and understandable to support public health and environmental assessment, planning and evaluation.

We will provide efficient vital records registration and certification services to the citizens of Colorado. We will build and support the information and technology infrastructure that enables the work of the Colorado Department of Public Health and Environment and its local public health partners.

## ***Vision***

Information customers (internal and external to CDPHE) will receive high value, timely and appropriate information products that support them in accomplishing their goals in the furtherance of public health and environmental assessment within statutory boundaries. Examples of information products include data, infrastructure (hardware, software, networks, etc), analysis, reporting, certification and issuance.

## ***Objectives***

The Colorado Department of Public Health and Environment/Center for Health and Environmental Information and Statistics aims to achieve its vision and accomplish its mission through the following key objectives:

1. Provide accurate and understandable information that is easy to access.
2. Communication and information moves easily and quickly between staff, customers and stakeholders within statutory boundaries.
3. Provide friendly, accurate and timely customer service.
4. Staff and customers have the most current information, tools and training so that they can be effective.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Successful Data Queries

*Objective 1:* Provide accurate and understandable information that is easy to access.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of successful data queries run against the Colorado Health Information Dataset (CoHID) each year	Benchmark	50,000	0	50,000	0	60,000	10,000	60,000	0
	Actual	50,000	0	60,000	10,000				

*Strategy:*

In order to assist users of the dataset to be successful in obtaining the desired information the section staff will:

- Embed CoHID in the department's data portal to make it easier to find
- Provide training to local public health users at the Colorado Health Association Conference

*Evaluation of Prior Year Performance:*

The section was successful in achieving the desired performance objectives.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Availability of Data Sets, Tables and Reports

*Objective 1:* Provide accurate and understandable information that is easy to access.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of data sets, data tables and reports available through the State Health Department Data Portal.	Benchmark	0		0		4	4	12	8
	Actual	0		0					

*Strategy:*

In order to make information more useful and more readily available to users, the section will:

- Complete inventory of data sets available throughout the department
- Complete design of data portal
- Prioritize data sets to be added to the portal
- Add the first four data sets
- Create plan for the remaining data sets

*Evaluation of Prior Year Performance:*

This is a new initiative for the upcoming year and therefore no data is available.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Availability of CDPHE Internal Network

*Objective 2:* Communication and information moves easily and quickly between staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-2010 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of work time that the CDPHE internal network is available	Benchmark	99.5%	0	99.5%	0	99.5%	0	99.5%	0
	Actual	99.9%	0	99.9%					

*Strategy:*

In order to maintain the network the section will:

- Maintain virus protection and server patching at current vendor recommendations
- Use dual power supplies and dual processors on all servers
- Perform all maintenance activities after hours
- Monitor intrusion protection system closely

*Evaluation of Prior Year Performance:*

The network's performance slightly exceeded the benchmark/target for both years. No network system had failed for any reason until August of 2008. At that time the intrusion protection system failed and a technician accidentally powered down the network. The Information Technology Section is correcting these issues through increased training and system monitoring.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Data Turn-around Time

*Objective 2:* Communication and information moves easily and quickly between staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of customers who receive requested data within three days of request or within the time frame negotiated with them.	Benchmark	95%	0	98%	3%	100%	2%	100%	0
	Actual	95%	0	98%	3%				

*Strategy:*

In order to be as responsive to customer's requests as possible, the section will:

- Negotiate clear agreements with customers based on the complexity of their requests
- Prioritize immediate needs and requests that can be turned around quickly
- Cross-train staff to handle multiple types of requests

*Evaluation of Prior Year Performance:*

As demonstrated in the results above, the section met its benchmarks/targets--almost all requests were completed within the time frames required by and negotiated with the customers. Going forward, The Health Statistics Section believes it can meet all requests within negotiated time frames.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Incidence of Release of Confidential Information

*Objective 2:* Communication and information moves easily and quickly between staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2006-07 Actual		FY2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of incidents of inappropriate release of confidential information.	Benchmark	0	0	0	0	0	0	0	0
	Actual	0	0	0	0				

*Strategy:*

Given the confidential nature of the information the division handles, confidentiality is an extremely high priority. The division will use the following approaches to maintain its standard around confidentiality of information:

- Continue to require privacy and security training for all employees with annual refresher courses.
- Continue to audit program and program managers for adherence to the department's privacy and security policies.
- Continue to produce and disseminate lessons learned from all security incidents at the department's Privacy and Security Board.

*Evaluation of Prior Year Performance:*

During the previous two years, there were no violations of confidentiality. There has been one security violation so far this year. The person who made the mistake reported it to their supervisor who reported it to the privacy officer. The department was able to fix the mistake without any exposure of data. The privacy officer trained the person in the proper methods of secure data transmission.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 6. Resolution Time for Help Desk Calls

*Objective 3:* Provide friendly, accurate and timely customer service.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of CDPHE help desk calls resolved within one week.	Benchmark	95%	0	98%	2%	100%	0	100%	0
	Actual	95%	0	98%	2%				

*Strategy:*

In order to improve resolution rate the ITS section is planning the following:

- Install new system to track help desk calls and their resolution.
- Install new system to automate the installation of software on the department's 1,200 PC's. Automated software installation should reduce the number of times that a technician must go to an individual's desk, speeding the resolution of the call.
- Cross-train technicians to handle more types of help desk calls.

*Evaluation of Prior Year Performance:*

The section met its targets/benchmarks in this area for the previous years. Additionally, most help desk calls (92%) were resolved within eight hours of the request.



## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Vital Records Customer Satisfaction

*Objective 3: Provide friendly, accurate and timely customer service.*

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of Vital Record customers reporting a positive experience on an active customer survey	Benchmark								
	Actual								

*Strategy:*

In order to evaluate customer experience the Vital Records Section will develop and implement a customer satisfaction survey. Once data has been collected and analyzed the section will take action based on the results as well as the suggestions customers make in the survey.

*Evaluation of Prior Year Performance:*

The Vital Records Section has not made a systematic measurement of customer satisfaction. However, anecdotal comments from customers indicate that they have a positive experience. The section will establish benchmarks after they conduct a baseline survey this year.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 8. Computer Replacement Rate

*Objective 4:* Staff and customers have the most current information, tools and training so that they can be effective.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of CDPHE PC's that are four years of age or less	Benchmark	100%	0	100%	0	100%	0	100%	0
	Actual	95%	0	99%	4%				

*Strategy:*

Since computers are such essential tools for most employees at CDPHE the department believes that having an up-to-date computer is extremely important to productivity in the workplace. The Department's goal is to replace all computers that are four- years old and in all cases to replace four- year-old PCs when problems occur rather than repairing them.

*Evaluation of Prior Year Performance:*

The department replaced 524 PC's in FY 2007-08, 33% of the PCs in the department. The department fell slightly short of its target/benchmark for PC replacement due to workload and budget constraints. However, most PC's are now replaced within four years.

## CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 9. Training on Biostatistics, Epidemiology, and Data Analysis

*Objective 4:* Staff and customers have the most current information, tools and training so that they can be effective.

Performance Measure	Outcome	FY 2006-07 Actual		FY 2007-08 Actual		FY 2008-09 Approp.		FY 2009-10 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of internal and external people trained each year on basic biostatistics, epidemiology, data analysis, and planning.	Benchmark	500	0	500	0	500	0	500	0
	Actual	500	0	500	0				

*Strategy:*

- Use statewide conferences as venues for training.
- Contact professional organizations (e.g., Colorado Association of Local Public Health Officers) to demonstrate the capacity of the Health Statistics Section to train.
- Advertise the skills that can be employed by making presentations at conferences.

*Evaluation of Prior Year Performance:*

The division has met its targets/benchmarks for training for the past two years and the people trained last year by the section gave the training high marks.

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
And Environment**

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**Department of Public Health and Environment  
Laboratory Services Division  
Director – Dave Butcher**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Laboratory Services Division conducts tests and provides analysis and advice for the Department's health and environmental programs and for outside clients. It performs genetic screening tests for Colorado newborns and certifies private medical laboratories, environmental laboratories, dairy on-site laboratories, DUI testing laboratories and law enforcement breath alcohol-testing devices throughout the state. The division's cash funds derive from fees that it charges for its services.

The division is organized into the following units:

**The Director's Office** provides support in the form of management, policy review and direction through five sections: administration, technical information, training and client services, building operations, and quality assurance. The Director's Office provides guidance by ensuring that test methodologies are capable of providing the quality or results required and ensuring that staff are appropriately trained for procedures performed. The office provides infrastructure support by allocating employee personal services expenditures to cost centers in an accurate and timely manner, ensuring customer satisfaction with products and services provided, and assuring proper and timely response to customer test report inquiries.

The Laboratory Services unit is subdivided into the **Chemistry Program** and the **Microbiology Program**. The Chemistry program provides more than 37,000 analyses of environmental samples and 26,500 analyses detecting drug and alcohol levels for law enforcement. The Microbiology program provides newborn screening (detecting an average of 6,300 abnormal results) and testing for communicable diseases (detecting an average of 5,300 abnormal results and 45 outbreaks annually). The Division responds to technical assistance requests from federal, state, county, and local agencies within two hours and to emergency analysis requests within 24 hours of contact.

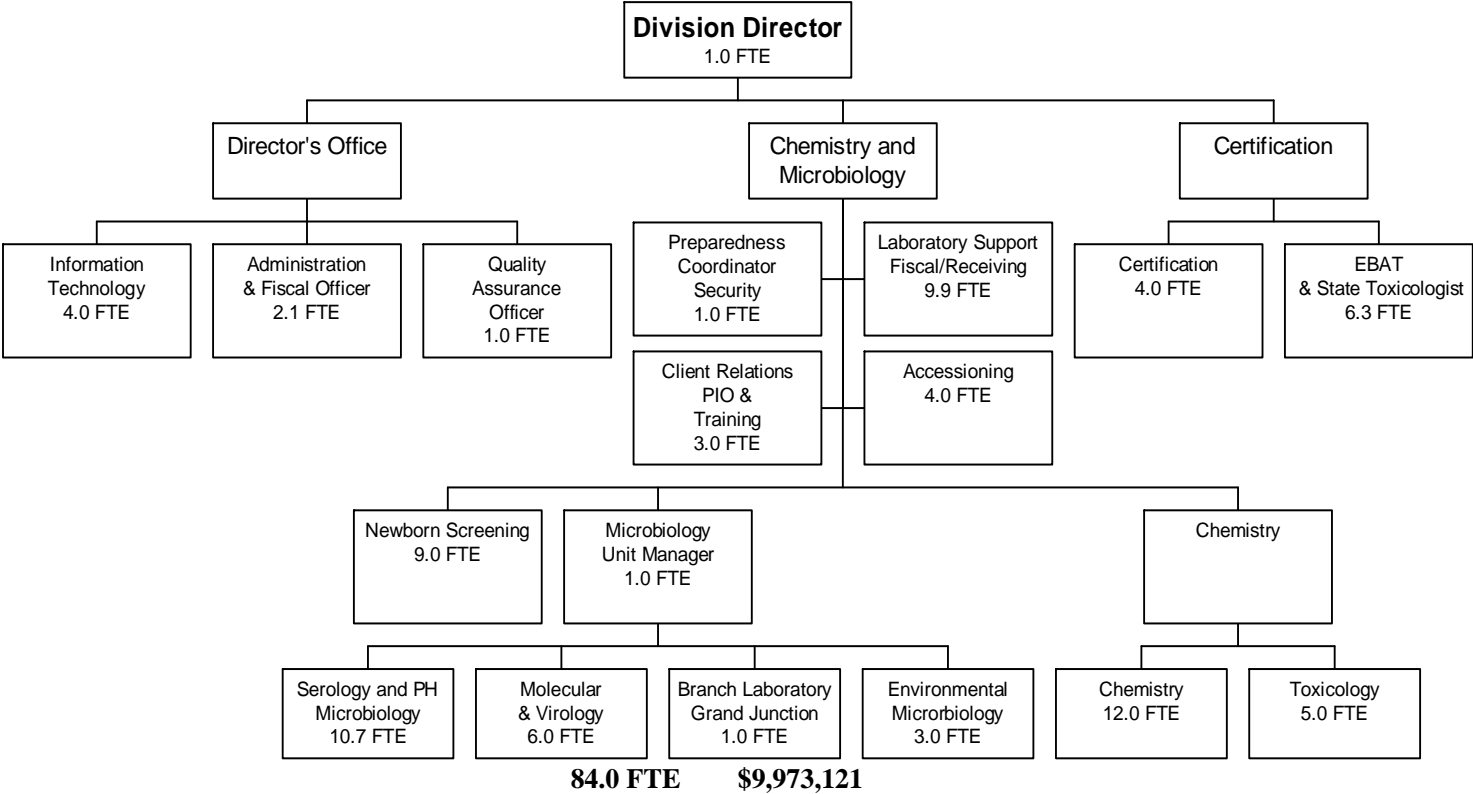
**The Certification Program** regulates entities performing laboratory testing and ensures evidential breath alcohol equipment is accurately calibrated and utilized correctly throughout the State. Protocols for medical laboratory testing, public drinking water and dairy testing, and testing for the enforcement of driving under the influence of alcohol and drugs (DUI/D) must comply with applicable State and federal standards. Staff members conduct inspections and monitor compliance at approximately 2,600 analytical laboratories. The Evidential Breath Alcohol Testing Unit certifies approximately 370 intoxilizer machines annually. All sites that are found with non-compliant practices are monitored to ensure effective corrective actions are taken. Additionally, staff members serve as a resource for training and consultation.

***Statutory Authority***

The statutory authority for the Laboratory Services Division is found in Title 25, Article 1.5 of the Colorado Revised Statutes (2008).

*Organizational Chart*

**Laboratory Services Division  
August 2008**



### ***Mission***

The mission of the Laboratory Services Division is to protect the health, safety and environment of all Coloradans by providing accurate and timely laboratory analyses and information.

### ***Vision***

The vision of the Division is to be recognized as an innovative and quality public health laboratory in the State of Colorado. As a leader in the industry, the Division will use advanced, leading edge technology, employ a highly skilled workforce, and have the respect and support of all of its customers, stakeholders, and partners.

### ***Objectives***

1. To improve the health of Colorado citizens by providing timely and accurate testing and reporting services to local, state and federal health officials to facilitate the most effective public health response.



## LSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Turn Around Time for Tests

*Objective 1.* To improve the health of Colorado citizens by providing timely and accurate testing and reporting services to local, state and federal health officials to facilitate the most effective public health response.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent of newborn screening tests completed and results reported within the established turn around times	Benchmark	90%	NA	90%	0	90%	0
	Actual	95.8%	NA	96.5%	.7%		

*Strategy:*

In order to better meet the needs of public health officials for timely information, the State Laboratory has been working on ways to decrease the overall turn around time of laboratory testing and data reporting. The Laboratory has implemented a number of changes to improve the turn around time and continues to look for additional ways to further reduce the number of days between the time a sample is collected to the time the test results are sent to the submitter. The Laboratory recognizes that receiving and testing samples and reporting results more quickly will result in information that is more reliable and useful to the public health community.

One example of an improvement strategy is the courier network. Using the courier, Samples are delivered to the Laboratory more quickly and cost effectively than using standard ground shipping. Given the success of the courier network, the Laboratory would like to expand this service and receive more samples through couriers. Another improvement strategy is to allow customers to obtain their test results through electronic means, which will allow results to be accessed more quickly.

*Evaluation of Prior Year Performance:*

This will be expanded once the data are available.

The Division implemented a courier network in FY 2006-2007 to transport microbiology specimens as part of the Public Health Preparedness grant. This program has been highly successful and well received by Laboratory customers and other State programs that rely on test data for surveillance and outbreak investigations. The primary benefit of the courier service is the decreased turn-around time for result reporting, though customers also have benefited through postage and shipping savings. The initial goal was to receive 1,000 samples per month by contract courier. In FY2007-2008, the Laboratory received nearly 5,000 specimens per month through the courier network.

The Laboratory evaluated the specimen handling process for the time samples were received at the Laboratory through the login, or accessioning, and delivery to the appropriate Laboratory for testing. As a result of the internal committee recommendations, a special specimen processing area was designed and new handling process adopted. The designated handling area has eliminated the time spent tracking and delivering misdirected specimens. The Division obtained service agreements for the majority of Laboratory equipment. The purpose of the service agreements is to ensure equipment is maintained and serviced regularly to prevent equipment down time, thus adding valuable time to the testing process.

Also, the Division assumed the shipping and mailing responsibilities from the Department's centralized mail room to eliminate the additional day (or two) for the mail to be couriered over to the main campus for mail out, thus decreasing the number of days for results to be sent from the Laboratory to submitters. The Division is piloting electronic result reporting and plans to implement electronic data transfers with vendors submitting a significant number of samples monthly.

## LSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Successful Proficiencies

*Objective 1.* To improve the health of Colorado citizens by providing timely and accurate testing and reporting services to local, state and federal health officials to facilitate the most effective public health response.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent of proficiencies successfully performed	Benchmark	95%	NA	95%	0	95%	0
	Actual	98.99%	NA	98.77%	-.22%		

*Strategy:*

To ensure data is accurate, the Laboratory strives to hire and retain qualified, experienced personnel and to ensure staff keeps abreast with the latest scientific technologies available for public health testing. The laboratory must have equipment that is functioning properly as well.

The Laboratory also participates in proficiency testing and performance audits to ensure staff is performing and identifying the proper results. Two failed proficiency tests will result in a Laboratory losing its certification to perform testing. Audit recommendations also result in corrective actions. An acceptable score, or passing score, is 80 percent but excellent or outstanding laboratories are those that routinely exceed 95 percent scoring. This is the level the State Laboratory strives to meet and is reflected in our benchmark.

The Laboratory identified the need for a designated Quality Assurance (QA) Officer and hired staff in FY2004-05. The QA Officer tracks proficiency results and audit recommendations, number of missed results and corrective actions, as well as heading

up the Division's monthly QA Committee meetings. The Division QA Committee was established in FY2005 to address improvements in processes to ensure the Laboratory is using best practices.

*Evaluation of Prior Year Performance:*

The Division continues to pass proficiencies and meet certification requirements to remain in good standing for all test services offered. *This will be expanded when the data are available.*

## LSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Customer Satisfaction

*Objective 1.* To improve the health of Colorado citizens by providing timely and accurate testing and reporting services to local, state and federal health officials to facilitate the most effective public health response.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent of customer service surveys that rate Laboratory Services at a satisfactory or above level (i.e., rated a 3 or better on a scale of 1 to 5 with 5 being the highest rating).	Benchmark	Greater than 90%	NA	Greater than 90%	NA	Greater than 90%	NA
	Actual	NA	NA	87%	NA		

*Strategy:*

The Laboratory solicits customer feedback through the Division website and through an annual mailing to all customers. The Survey asks respondents to rate the Laboratory's customer service levels for a number of service areas. This information allows the laboratory to identify areas that need improvement and develop improvements.

The Division identified the need for and staffed a customer service unit to provide immediate response to customer inquiries and complaints regarding Laboratory service levels. The Unit provides informational brochures and training opportunities for both external and internal customers and works with Laboratories and support staff to improve processes with a focus on customer needs.

The Unit is also responsible for the data on the Division website. Through the improved information and customer outreach, the Division implemented an on-line supply order form in June 2008 that has received a favorable response. Newborn screening brochures are now available in English and Spanish. The Chemistry program has issued a number of brochures to assist customers in interpreting their test result data and now offers a bundle of test services designed to assist customers in meeting water quality testing requirements.

*Evaluation of Prior Year Performance:* This will be added when the data are available.

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
And Environment**

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**Department of Public Health and Environment  
Air Quality Control Division  
Director – Paul Tourangeau**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Air Quality Control Division (AQCD), as a part of protecting and improving the health of Colorado's people and the quality of its environment, is responsible for identifying the nature and impact of Colorado's air pollution, and for implementing measures to prevent, control, and abate air pollution, under the direction of the Air Quality Control Commission (AQCC). This includes the performance of statewide air monitoring, pollutant analysis and emission modeling, which form the technical basis for state implementation plans and attainment re-designations. The division also conducts research relating to the causes and effects of pollution from mobile sources, and investigates, implements and evaluates strategies aimed at reducing vehicular emissions. In addition, the division permits, monitors and inspects factories and power plants, and analyzes data to determine compliance with the state implementation plan (SIP). The primary sources of cash funds for the division are the Stationary Sources Control Fund and the Automobile Inspection and Readjustment Account of the Highway Users Tax Fund. The sources of federal funds include grants received from the United States Environmental Protection Agency, and the Department of Homeland Security.

The division's programs as listed in the long bill and their primary responsibilities are:

**The Technical Services Program** is responsible for protecting and improving public health and the environment by the collection and analysis of statewide ambient air quality data. This data is used to determine health advisories on a daily basis. Particulate and gaseous air monitors are distributed in many Colorado communities to keep track of air quality trends and compliance with air quality standards. Also toxics monitoring has taken place in several communities over the past few years. The program is responsible for providing complex modeling analysis to determine the impacts various sources will have on air quality. These models also are used to create and evaluate control plan strategies and provide a basis for health risk assessments. As part of the modeling work, the program creates statewide emission inventories for a variety of pollutants and purposes.

The purpose of the **Mobile Sources Program** is to prevent or reduce unnecessary exhaust emissions from motor vehicles as a part of the division's work toward protecting and improving public health and the environment. Program staff evaluates and investigates strategies aimed at reducing vehicular emissions, and conducts research, modeling and planning on the causes and effects of mobile source air pollution. In conjunction with the Department of Revenue, the Mobile Sources Program administers the gasoline vehicle Automobile Inspection and Readjustment (AIR) Program in the Denver Metro Area. The program also administers diesel inspection and maintenance programs along the Front Range and manages the oxygenated gasoline and summertime Reid Vapor Pressure (RVP) fuel programs.



**The Stationary Sources Program** protects and improves public health and the environment through several means, including, issuing permits for stationary sources (e.g., factories, mining operations and construction projects) and by inspecting these sources to determine their compliance with regulations and permit conditions. The program maintains a computerized inventory of air pollution emissions in Colorado that is used for air quality planning purposes and for annual emissions fee billings. The program focuses attention on building local capacity by providing direct support to eight local health agencies that have their own air quality programs, and by providing direct funding to help support those efforts. Local capacity building results in more direct service to communities and they offer a broader range of services to the public than those the State can supply. In 2006 the program expanded responsibilities by forming a unit that focused on oil and gas sources. This unit combines divisional efforts to address all aspects of work involved with oil and gas sources. Permitting, enforcement, emissions inventory, inspections and coordination of control efforts with State Implementation Plan (SIP) goals are the major focus. In addition, the unit is responsible for coordinating air pollution efforts with other agencies doing similar work. Another area of focus for SSP is indoor air issues, as well as the chlorofluorocarbon (CFC) enforcement processes. Program responsibilities include regulation of asbestos removal and demolition activities; review of school asbestos management plans, and regulation of the removal of lead-based paint from child-occupied facilities. The program also implements the state odor rules in conjunction with local agencies.

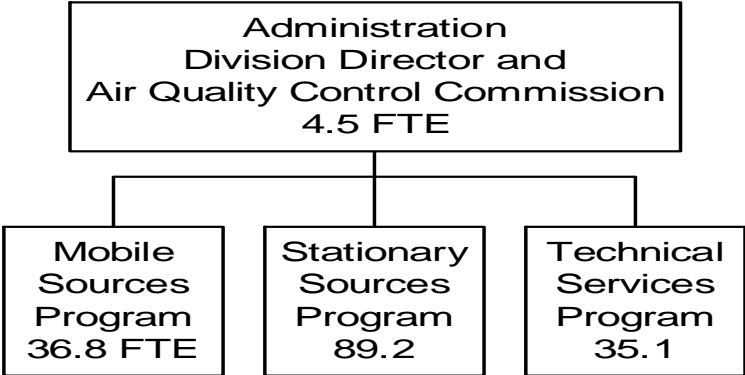
Staff also focus on cross sectional air quality planning, policy, education and community outreach tasks designed to protect and improve public health and prevent future problems that are not program specific. Included among these responsibilities are: air quality plan development and implementation; regional haze plan development; transportation planning and conformity implementation; environmental reviews; division policy development; building local capacity through the division's community based environmental protection program; coordination of the division's air toxics activities; public information regarding air quality; coordination of division initiatives, such as the Four Corners Interagency Task Force and the Rocky Mountain National Park Initiative; environmental education and outreach activities; and pollution prevention focusing on multi-media and local needs. The division's staff also assists the department in health investigations, such as the department's asthma study and also is a focal point for coordination of the emergency response element of the department's overall Emergency Preparedness and Response Division. Staff also coordinates the winter and summer high pollution notification process. Division-wide work also includes management of fiscal and business functions including interaction with legislative processes and requests, fiscal analyses and managing the overall budget of the division.

### ***Statutory Authority***

The statutory authority for the Air Quality Control Division is found in Title 25, Article 7 of the Colorado Revised Statutes (2008).

*Organization Chart*

Air Quality Control Divison



165.6 FTE \$18,283,430

## ***Mission***

It is the Mission of the Air Quality Control Division to provide our customers with excellent air quality management services that, when taken together, contribute to the protection and improvement of the health of Colorado's people and the quality of the environment.

## ***Vision***

The Air Quality Control Division strives to make Colorado the healthiest state with the highest quality environment, and will achieve this vision through strategic policy direction relating to regulatory, technical, planning and business support activities, which include:

- Achieving or exceeding national health-based air quality standards, including those for ozone and particulate matter;
- Instituting new initiatives such as those assigned to the division by the Colorado General Assembly and the Governor, including having an effective climate change strategy;
- Effectively managing program activities, including tracking progress, evaluating performance and identifying and acting on important opportunities; and,
- Protecting and improving air quality across the state, including improving visibility in our Class I air sheds, and reducing emissions from mobile and stationary sources.

## ***Objectives***

The Air Quality Control Division focuses on three major goal areas to protect and improve air quality in the state and achieve its mission.

1. Develop and implement plans and measures that improve and protect human health.
2. Reduce regional haze and ozone-causing emissions from mobile and stationary sources.
3. Develop and implement plans and measures that improve air quality-related aesthetic values, such as visibility and odors.

## AQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Protect and Preserve Public Health

*Objective 1:* Develop and implement measures that improve and protect human health.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Incidents	Change	Incidents	Change	Incidents	Change
Air: Percentage of Colorado Counties that are in attainment of the federal ozone standards.	Benchmark	86%	No Change	86%	No Change	86%	No Change
	Actual	86%	No Change	86%	No Change	86%	No Change

*Strategy:*

The Air Quality Control Division focuses its efforts on implementing measures that reduce ozone-creating emissions. For the Denver Metro Area/North Front Range counties, as directed by the Governor, a plan to reduce summertime ozone concentrations and bring the area into compliance with the federal ozone health standards is under development. Adopted emission control measures will be implemented in the coming years, and additional strategies will be evaluated as well. Because the federal standards have become more stringent, this will be a 15+-year effort (which began back in 2002). The AQCD is also evaluating emission-reducing strategies for the rapidly growing oil and gas industry and other large emitting sources across the State to help ensure that clean counties do not fall into ozone nonattainment.

*Evaluation of Prior Year Performance:*

The Colorado counties that are not in attainment of the federal ozone standards are all located along the Front Range. In order to address this issue in the Denver Metro Area/North Front Range counties, a broad mix of mandatory and voluntary ozone-reducing

emission control programs have been implemented in past years, and more are under development in 2008. The division, the Regional Air Quality Council, and the North Front Range Transportation/Air Quality Planning Council have drafted a plan for public review. A public hearing by the Air Quality Control Commission will occur during the Fall of 2008. The division has also developed ozone-improving additional oil and gas emission control measures for public hearing in 2009.

## AQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Protect and Preserve Public Health

*Objective 1:* Develop and implement measures that improve and protect human health.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Incidents	Change	Incidents	Change	Incidents	Change
Number of mandatory programs and community-based air quality plans that are developed and implemented that achieve emission reductions that result in long-term air quality improvement in "at-risk" areas.	Benchmark	9	No Change	9	No Change	10	+1
	Actual	9	No Change	9	No Change		

*Strategy:*

The division actively engages in efforts with local communities to develop and implement strategies that reduce emissions while educating the public to limit exposures. The strategies focus on reducing: mobile source exhaust, evaporative and re-entrained emissions; industrial, commercial, and oil and gas emissions; blowing dust; and prescribed fire smoke. Educational efforts involve encouraging voluntary citizen and industrial/commercial facility actions and advising citizens to limit exposures to elevated pollutant concentrations.

The division is working with:

- The Denver Metro Area/North Front Range region, as directed by the Governor, to reduce summertime ozone concentrations and bring the area into compliance with the federal ozone health standards.
- Cripple Creek to reduce re-entrained fugitive dust from paved and unpaved roads and parking lots.
- Mt. Crested Butte to reduce re-entrained fugitive dust from paved and unpaved roads and parking lots.
- Garfield County to assess the air quality impacts from rapid oil and gas development and urbanization, and enhance state presence and responsiveness in this region.
- Alamosa to reduce emissions from, and exposure to, particulates that result from high wind events during dry and drought conditions.
- Lamar to reduce emissions from, and exposure to, particulates that result from high wind events during dry and drought conditions.
- Locations impacted by wildfire.
- Locations impacted by oil and gas operations.
- The Four Corners region to develop emissions control options and conduct forums for public input.
- Grand Junction to reduce emissions from, and exposure to, particulates that result from high wind events during dry and drought conditions.
- Pueblo to reduce emissions from diesel school buses, and better understand mercury emissions from the local steel mill.

*Evaluation of Prior Year Performance:*

New programs indicate that new areas of concern have arisen. Additionally, as issues are resolved through the plans, the number of programs will be reduced.

- The Denver Metro Area/North Front Range region: A broad mix of mandatory and voluntary ozone-reducing emission control programs have been implemented, and more are under development in 2008. Because the federal standards have become more stringent, this will be a 15+ year effort (which began back in 2002).
- Cripple Creek: This effort began in the late 1990's and is winding down as the region has implemented numerous permanent measures to control dust in the area.
- Mt. Crested Butte: This effort also began in the late 1990's and is winding down as the region has implemented numerous permanent measures to control dust in the area.

- Garfield County: This effort began in 2004 and continues in 2008 to focus on air quality monitoring, emissions characterization, and voluntary and mandatory programs to reduce emissions; Garfield County, in conjunction with the division, is preparing a comprehensive air quality monitoring and risk evaluation report (2008/2009).
- Alamosa: The town and county have implemented local dust control measures, and the division continues to assist the locals with blowing dust announcements that are designed to inform citizens to take appropriate actions that minimize exposures.
- Lamar: The town and county have implemented local dust control measures, and the division continues to assist the locals with blowing dust announcements that are designed to inform citizens to take appropriate actions that minimize exposures.
- Locations impacted by wildfire: The division issues smoke advisories to areas impacted by wildfires and advises citizens to take appropriate actions that minimize exposures.
- Locations impacted by oil and gas operations: The division continues to focus on high-density oil and gas areas by expanding air monitoring stations, developing voluntary/mandatory emission control options, and researching emissions. The division sited numerous temporary and permanent monitoring stations, characterized odorous Volatile Organic Compound emissions from evaporation ponds, developed voluntary and regulatory emission control measures, focused compliance/enforcement activities to high growth/density areas, and initiated permit streamline efforts for high volume permitting activities.
- The Four Corners region: The division has conducted stakeholder meetings in the area since 2005, which wrapped up in November 2007 with the issuance of a comprehensive report, which described numerous emissions control options. Agencies are now considering how to implement the options over the next 3-10 years, and an annual meeting to discuss progress and issues will be held each August.
- Grand Junction: In FY 2009, the division will initiate a community-based environmental effort with the city and county to evaluate local dust control measures to reduce particulate matter concentrations during high wind events. This effort is expected to continue for the next 5-10 year period.



## AQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Reduce Air Polluting Emissions

*Objective 2:* Reduce regional haze and ozone-causing emissions from mobile and stationary sources.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Incidents	Change	Incidents	Change	Incidents	Change
Annually track new reductions in visibility and ozone-degrading emissions resulting from adoption of regulations.	Benchmark	N/A - New Measure	N/A - New Measure	N/A - New Measure	N/A - New Measure	2	
	Actual	N/A - New Measure	N/A - New Measure	N/A - New Measure	N/A - New Measure		

*Strategy:*

The division will track visibility and ozone-degrading emissions resulting from adoption of regulations to ensure that measures and programs actually reduce emissions, leading to improvement of air quality.

*Evaluation of Prior Year Performance:*

This is a new performance measure and therefore, there is no evaluation for FY 2007 or FY 2008. For FY 2009, the division will develop the infrastructure and mechanisms necessary to annually track the appropriate emissions in select areas and/or the State as a whole that flow from adoption of specific regulations in the state.

## AQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Protect and Preserve Natural Ecosystems

*Objective 3:* Develop and implement plans and measures that improve air quality-related aesthetic values, such as visibility and odors.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Incidents	Change	Incidents	Change	Incidents	Change
Develop/implement mandatory programs and community-based air quality plans that achieve emission reductions that result in improving air quality-related aesthetic values.	Benchmark	2	No Change	4	+2	3	-1
	Actual	2	No Change	4	+2		

*Strategy:*

The division focuses on improving air quality-related aesthetic values in the following areas:

- Visibility improvement in Colorado’s Class I national parks and wilderness areas. As required by federal regulation, Colorado must develop a “regional haze” plan that achieves reasonable progress towards the national visibility goals.
- Denver metro visibility improvement. Improve visibility in the Denver Metro Area by reducing the “Brown Cloud”.
- Evaluation and control of oil and gas evaporation ponds. Assess and characterize volatile organic compound (VOC) emissions that degrade air quality and are odorous.
- Develop and implement oil and gas odor reduction measures under the HB1341 process. Assist the Colorado Oil and Gas Conservation Commission with developing odor-reducing strategies for oil and gas operations.

*Evaluation of Prior Year Performance:*

New programs indicate that new areas of concern have arisen. Additionally, as issues are resolved through the plans, the number of programs will be reduced.

- Visibility improvement in Colorado's Class 1 national parks and wilderness areas: The division developed, through a comprehensive stakeholder process, a regional haze improvement plan for Colorado in FY 2007 and FY 2008. The plan was adopted by the Air Quality Control Commission and requires large, older industrial facilities to install emissions control equipment over the next 5-10 years. Additional emission control options will be developed in FY 2009 and FY 2010 for consideration and a revised plan adopted and submitted to EPA for approval.
- Denver metro visibility improvement: The division continues to evaluate and implement emission control measures that will reduce the Brown Cloud. Controls developed to reduce ozone concentrations and reduce regional haze will improve Front Range visibility in FY 2009 and FY 2010.
- Develop and implement oil and gas odor reduction measures under the HB1341 process: In FY 2008 and FY 2009, the division will assist the Colorado Oil and Gas Conservation Commission (COGCC) in developing and implementing odor reducing emissions controls for condensate tanks, dehydrators, and evaporation ponds. Any adopted control program will be implemented under the division's current permitting process

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
And Environment**

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**Department of Public Health and Environment  
Water Quality Control Division  
Director – Steve Gunderson**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Water Quality Control Division of the Colorado Department of Public Health and Environment implements and enforces water quality management policies established by the Water Quality Control Commission. The Governor-appointed Commission develops the rules for water quality management in Colorado. It holds hearings in each of the state's major river basins to set water quality use classifications and standards, and develops regulations to ensure compliance. The Division implements and enforces the regulations and policies established by the Commission. The Division functions primarily under the auspices of two federal laws: the Clean Water Act and the Safe Drinking Water Act. The State counterpart of the Clean Water Act is the Colorado Water Quality Control Act, which provides the framework for protecting water quality in Colorado's lakes, streams and groundwater. The Safe Drinking Water Act governs the protection of the quality of water coming from public water systems.

The Division also oversees water quality management planning, administers grants and loans for the construction of water and wastewater treatment facilities, and provides technical assistance to local governments and industry. In the area of drinking water, it conducts surveillance of public and non-public drinking water consistent with minimum federal and state standards, and reviews designs and specifications of new or expanding treatment facilities. It also is responsible for enforcing water quality regulations at commercial hog facilities.

The Division is organized into four programs: Administration, Watershed, Clean Water Facilities (Permitting and Compliance Assurance), and the Drinking Water Program. These programs mirror the four lines in the Long Bill.

**The Administration Program is comprised of the Division's Fiscal Office, Information Management Services, Business Services and the Outreach and Project Assistance Unit. This program provides business, fiscal, policy, and administrative operations of the Division. The Outreach and Project Assistance Unit is primarily responsible for providing grants and loans to Colorado communities related to wastewater and drinking water infrastructure for public health protection as well as water quality restoration projects.**

**The Watershed Program is comprised of three units that execute various regulatory and non-regulatory functions on a small to large watershed scale across Colorado. The Environmental Data Unit is primarily responsible for collecting water quality data and assessing the status of Colorado's surface waters to meet multiple reporting and water quality management needs. The Standards Unit acts as primary staff to the Water Quality Control Commission for water quality standards activities. The Restoration and Protection Unit is primarily responsible for non-regulatory implementation of the Clean Water Act and**

**focuses on restoring waters to full attainment of classified uses and standards, and protecting the quality of those waters that are in attainment.**

**The Clean Water Facilities Program** issues permits and approves other activities which assure that discharges of pollutants from point sources to Colorado waters, including regulated stormwater sources, are protective of adopted standards and beneficial uses (e.g drinking water and aquatic life). These include the permit program to control point source discharges of pollutants to surface waters and ground waters, the domestic wastewater facility planning and construction program, programs for oversight of the reuse of reclaimed domestic wastewater, beneficial applications of biosolids and pretreatment of industrial waste, as well as the program regulating the state's onsite facilities (septic tank/leach field). Compliance is assured through review of self-reported data as well as site inspections to confirm applicable permit or other conditions are met.

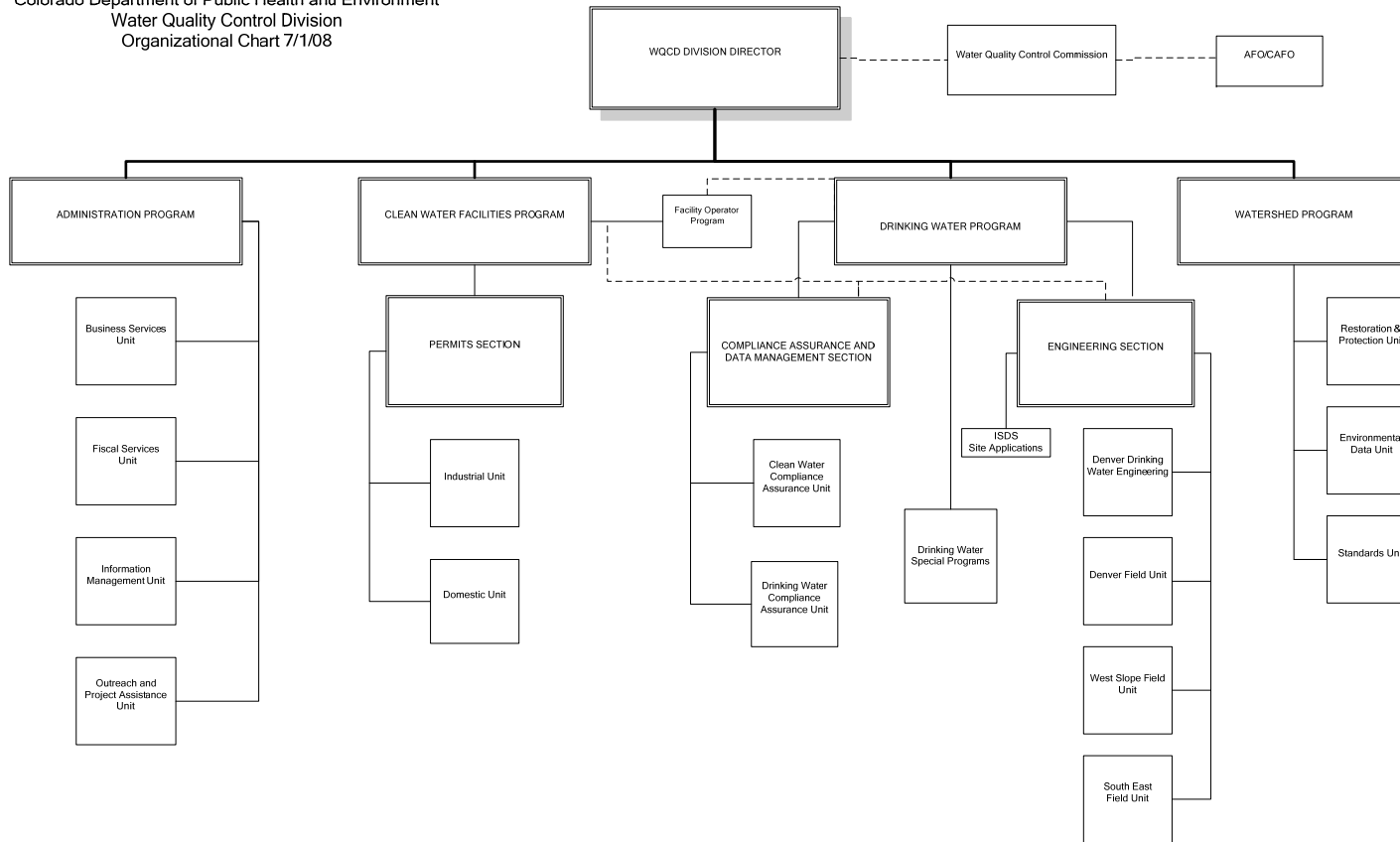
**The Drinking Water Program** assures the provision of safe drinking water by public water systems statewide. The program protects the health of consumers by ensuring that community and non-community public water systems achieve a high rate of compliance with state and federal standards and by assisting public water systems to develop their technical, managerial and financial capacity.

### ***Statutory Authority***

The statutory authority for the Water Quality Control Division is found in Title 25, Article 8 of the Colorado Revised Statutes (2008).

# Organizational Chart

Colorado Department of Public Health and Environment  
 Water Quality Control Division  
 Organizational Chart 7/1/08



**142.8 FTE    \$15,922,107**

## ***Mission***

The Division will protect and restore water quality for public health and the environment in Colorado.

## ***Vision***

The Division is a top performing organization that implements its programs in such a way that Colorado's drinking water and natural waters are of the highest attainable quality. The Division's core values include: achieving positive public health and water quality outcomes; recognizing, rewarding, and supporting the hard work and accomplishments of staff; collaborating with all water quality management interests; and working together to solve problems.

## ***Objectives***

The Division aims to achieve its vision and accomplish its mission through four key objectives:

1. Protect human health by reducing exposure to contaminants in drinking water.
2. Minimize risk to public health through source water protection of public water supplies.
3. Protect and improve water quality across the state.
4. Reduce pollution of Colorado waters by returning violators to compliance through formal legal (enforcement) actions.



## WQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Public Health Protection

*Objective:* Protect human health by reducing exposure to contaminants in drinking water.

Performance Measure	Outcome	FFY 2007 Actual		FFY 2008 Anticipated		FFY 2009 Anticipated	
		% of systems	Change	% of systems	Change	% of systems	Change
The percentage of small community water systems (population less than 10,000) that provide drinking water that meets all health based standards.	Benchmark	New Measure	NA	89.0%	NA	90%	NA
	Actual	89.6%	NA	TBD	TBD	TBD	NA

*Strategy:*

The Water Quality Control Division will achieve the proposed benchmark by providing technical and financial assistance to public water systems and by taking enforcement action when necessary. Additionally, the Division has launched the Colorado Radionuclides Abatement and Disposal Strategy (CORADS) project to provide targeted assistance to small communities with naturally occurring uranium and radium problems in their drinking water supply.

*Evaluation of Prior Year Performance:*

There was no change in the actual data from the previous year. Please note that the data is based on a federal fiscal year. With the implementation of the CORADS project it is anticipated that a slight increase in compliance will be achieved.

## WQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Protection of Drinking Water Supplies

*Objective:* Minimize risk to public health through source water protection of public water supplies.

Performance Measure	Outcome	FFY 2007 Actual		FFY 2008 Anticipated		FFY 2009 Anticipated	
		Plans Implemented	Change	Plans Implemented	Change	Plans Implemented	Change
Percent of Protection Plans implemented. (Total = 858)	Benchmark	New Measure	NA	5	NA	11	NA
	Actual	New Measure	NA	8	NA	TBD	NA

*Strategy:*

The Water Quality Control Division will improve public health by implementing source water protection plans for ground water and surface water resources. The proposed benchmark will be achieved by providing technical and financial assistance to public water systems and local interests to develop and implement effective source water protection plans. The implementation of these plans is anticipated to better integrate local land use and water quality planning. Improved resource planning is anticipated to result in increased protection of public drinking water supplies, and also recreational, aquatic life, agricultural and wetlands uses.

*Evaluation of Prior Year Performance:*

This performance measure is new beginning in 2007 and therefore does not have any previous comparative data available. The 2007 data is based on a federal fiscal year.

## WQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Water Quality Restoration

*Objective:* Protect and improve water quality across the state.

Performance Measure	Outcome	FFY 2006 Actual		FFY 2007 Approximately		FFY 2008 Anticipated	
		Incidents	Change	Incidents	Change	Incidents	Change
Impaired water segments restored.	Benchmark	New Measure	NA	1	NA	2	NA
	Actual	New Measure	NA	2 COSJLP04 - sediment; COUSBL02a - Cd, Cu, Zn	NA	TBD	NA

*Strategy:*

The Water Quality Control Division will improve water quality in water bodies currently not meeting water quality standards by implementing Total Maximum Daily Load (TMDL) limits for pollutants from point sources and nonpoint sources. The implementation of point source and nonpoint source pollution controls focused on the specific pollutants causing the impairment of water quality uses and associated standards will help achieve the proposed objective. Point source pollution controls consists of issuing discharge permits that limit the amount of pollutants released into an impaired water body. Nonpoint source pollution controls consist of providing funding to local initiatives to develop water quality restoration plans that identify best management practices for implementation to reduce the amount of pollutants entering a water body.

*Evaluation of Prior Year Performance:*

This performance measure is new beginning in CY2007 and therefore does not have any previous comparative data available. The CY2007 comparison is based on the 2006 List of Impaired Waters, while the CY2008 comparison is based on the 2008 List of Impaired Waters.

## WQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Reducing Pollutant Loads Through Enforcement

*Objective:* Reduce pollution of Colorado waters by returning violators to compliance through formal legal (enforcement) actions.

Performance Measure	Outcome	FFY 2007 Actual		FFY 2008 Actual		FFY 2009 Approp.		FFY 2010 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Percent of final compliance deadlines met in enforcement actions for numeric effluent violations.	Benchmark	NA	NA	NA	NA	85%	NA	90%	NA
	Actual	New Measure		New Measure					

*Strategy:*

The Water Quality Control Division has developed enforcement response guides that direct the Division to take legal (enforcement) action to compel compliance against significant violators of discharge permit requirements. These violations typically involve discharges of pollutants that cause or threaten to cause damage to the beneficial uses of those waters, such as for drinking water supplies or protection of aquatic species. The most important component of these enforcement actions is to return the facility or activity to compliance, thus preventing further environmental damage. Enforcement actions include conditions the violator must meet to return to, and remain in, compliance into the future. Enforcement actions include deadlines by which final compliance with permit requirements is required.

Under this strategy the Water Quality Control Division will confirm when compliance has been achieved, and measure the rate at which final compliance deadlines are met using final deadlines established in formal legal actions. Where compliance has not been achieved and ongoing violations threaten public health or the environment, the Division will take additional steps, such as seeking judicial action, to compel compliance.

*Evaluation of Prior Year Performance:*

This is a new measure and prior year data are not available.

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
And Environment**

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**Department of Public Health and Environment  
Hazardous Materials and Waste Management Division  
Director – Gary Baughman**

## **Strategic Plan FY 2009-10**

## *Introduction*

The Hazardous Materials and Waste Management Division regulates the treatment, storage and disposal of solid and hazardous wastes under the direction of the Solid and Hazardous Waste Commission and sources of ionizing radiation under the Colorado Board of Health. The Division is responsible for inspecting solid waste facilities; overseeing large and small quantity hazardous waste generators, transporters and storage facilities; responding to public complaints about such facilities; reviewing corrective action plans for technical compliance with applicable state environmental regulations; and regulating commercial radioactive materials and radiation machines in Colorado. The Division also ensures the protective cleanup of contaminated sites is accomplished and if possible the land is returned to beneficial use.

The division is organized into the following program areas:

The business of hazardous and solid waste management is increasingly multifaceted and dynamic and crosses over programs within and outside of the division. A complex set of administrative and management capabilities is needed to support these efforts, which range from influencing national policy development and program implementation at EPA, the Departments of Energy, Defense and others, to providing technical and managerial assistance to small Colorado communities with waste issues.

The mission of the **Hazardous Waste Control Program** is to protect and improve public health and the environment in Colorado by establishing and implementing sound programs encouraging safe and compliant management of hazardous waste. The program accomplishes this by issuing permits, assuring the understanding of and compliance with waste management laws and regulations, taking appropriate enforcement actions against violators, encouraging pollution prevention practices, and assuring the protective cleanup of contaminated sites.

**The Solid Waste Program** protects human health and the environment through the efficient and equitable implementation of Colorado's solid waste statutes and regulations; assisting citizens and local governments in providing integrated solid waste management that is effective and safe; promotion of waste minimization; recycling and environmentally sound disposal practices; and promotion of the effective cleanup of unauthorized and contaminated disposal sites.

The mission of the **Uranium Mill Tailings Remedial Action Program** is to assure the proper cleanup of uranium mill sites that are under the primary responsibility of the United States Department of Energy. The UMTRA Program deals with nine mill sites designated for cleanup. Current work includes monitoring the engineered disposal cells, and monitoring the attenuation of

contaminated groundwater. In addition, the state has the lead role in assisting local governments in the management of tailings that were not cleaned up under the UMTRA program, either because they were not detected, or because the contamination is located in areas where significant risk is not encountered until future development and repair activities are performed (i.e. tailings left under streets that are exposed in utility repairs).

**The mission of the Contaminated Sites Cleanup Program is to minimize human exposure and environmental damage from hazardous substances and ensure protective cleanup of federal facilities and non-federal Superfund sites as well as the redevelopment and transfer of contaminated properties. This mission is accomplished by ensuring compliance with state and federal hazardous waste laws, monitoring, enforcement, compliance assistance, providing technical review and assuring public involvement in cleanup and pollution prevention decisions, all to promote sensible, cost-effective and timely remedial actions.**

**The Rocky Flats Program** protects human health and the environment in Colorado by ensuring that the protective cleanup of the former Rocky Flats Nuclear Weapons Plant, fully implemented in 2006, is maintained and operated appropriately. This is accomplished through monitoring, technical review and direction, and strong public involvement.

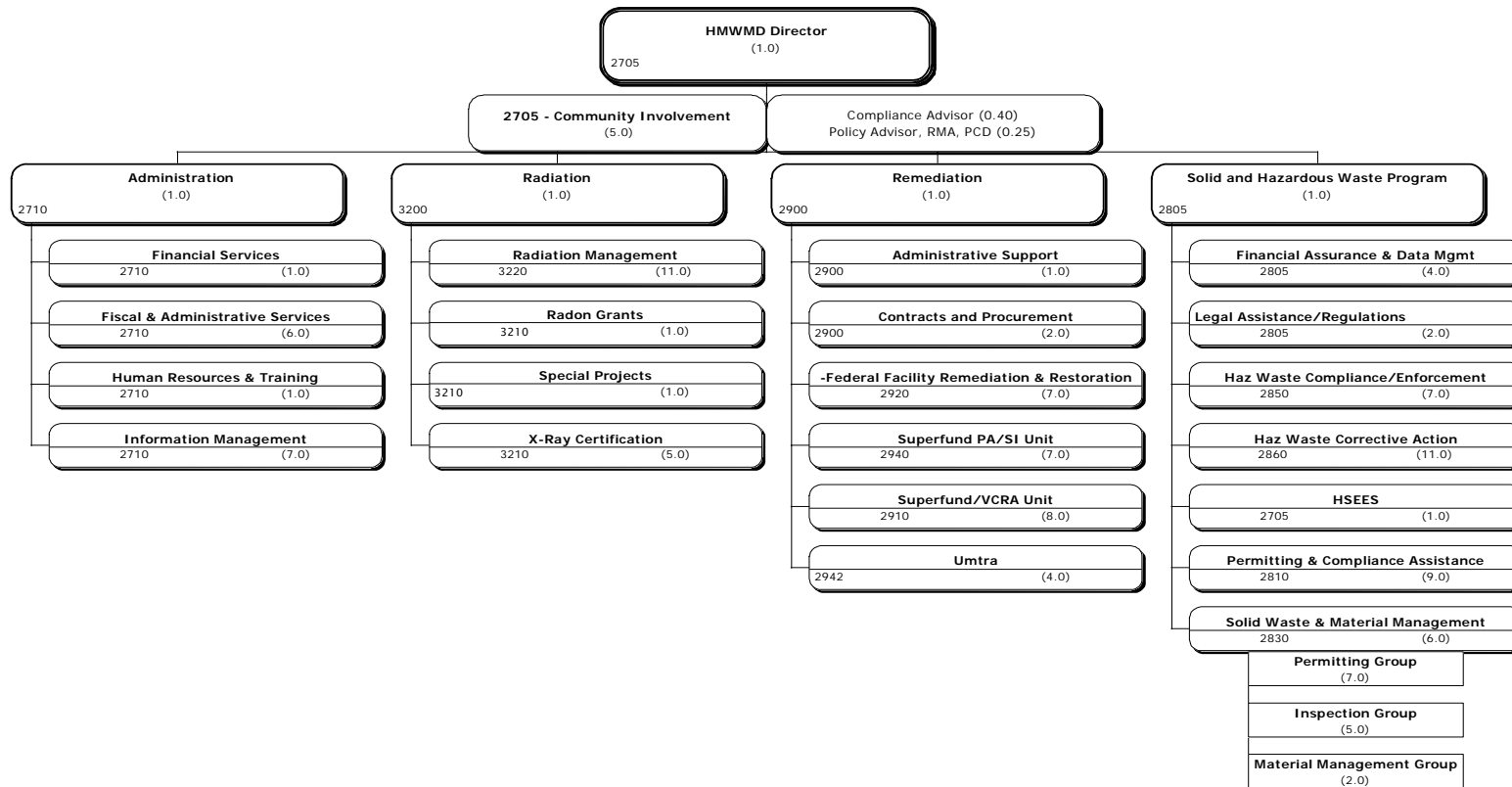
**The Radiation Management Program** ensures the public is protected from the hazards associated with ionizing radiation, which have been shown to cause cancer and genetic defects. The program is also responsible for protecting the environment from radioactive contamination, by ensuring industry, hospitals, government agencies and universities use radioactive materials and radiation producing machines in a safe manner.

### ***Statutory Authority***

The statutory authority for the Hazardous Materials and Waste Management Division is found in Title 25, Article 15 through Article 16 of the Colorado Revised Statutes (2008).



# Organizational Chart



**128.4 FTE\* \$19,062,769**

*\*Please note the FTE in this chart does not match the FTE appropriated in the Long Bill because FTE funded by HMWMD in other Divisions are not included.*

### ***Mission***

To improve the quality of the environment and public health for the citizens of Colorado by continuously improving our efforts to ensure proper management of hazardous materials and waste.

### ***Vision***

Colorado will be a place where hazardous materials and waste will be managed properly, and releases cleaned up promptly, so as not to adversely affect the health of its citizens or quality of its environment.

### ***Objectives***

1. Ensure protective cleanup is achieved and the environment is restored to beneficial use.
2. Stabilize contamination at environmentally significant sites.
3. Ensure compliance with hazardous waste and radioactive materials regulations through the implementation of an effective monitoring and enforcement program.

## HMWMD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Cleanup

*Objective 1:* Ensure protective cleanup is achieved and the environment is restored to beneficial use.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Percent	Change	Percent	Change	Incidents	Change
Percentage of sites with cleanup completed or no further action required.	Benchmark	53%	NA	58%	+5%	60%	+2%
	Actual	59%	NA	66%	+7%		

*Strategy:*

The division's strategy is to continue to place a high priority on working cooperatively with responsible parties, stakeholders and federal agencies to foster timely and cost effective cleanups of contaminated sites. This is a significant milestone in any remediation project and represents a point where public health and the environment is protected.

*Evaluation of Prior Year Performance:*

Within our level of control, the division did a good job continuing to make progress on site remediations throughout Colorado.

## HMWMD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Contamination Stabilization

*Objective 2: Stabilize contamination at environmentally significant sites.*

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Percent	Change	Percent	Change	Incidents	Change
Percent of facilities with current human exposure under control.	Benchmark	95%	NA	97%	+2%	95%	-2%
	Actual	94%	NA	94%	NC		

*Strategy:*

The division's strategy is to continue to place a high priority on reducing exposure of Colorado citizens to environmental contamination by working to stabilize contaminated sites as part of the cleanup process.

*Evaluation of Prior Year Performance:*

The division continues to do a good job in identifying these sites and working to control them and to minimize the public and environment's exposure to any identified contaminants.

## HMWMD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Facility Compliance

*Objective:* Ensure compliance with hazardous waste solid waste and radioactive materials regulations through the implementation of an effective monitoring and enforcement program.

Performance Measure	Outcome	FY 2007 Actual		FY 2008 Actual		FY 2009 Projected	
		Percent	Change	Percent	Change	Incidents	Change
Hazardous Waste Program: Percent of facilities in compliance with permit or interim status requirements.	Benchmark	85%		85%	NC	75%	-10%
	Actual	89%		78%	-11%		
Solid Waste Program: Percent of facilities in compliance with regulatory requirements	Benchmark	85%		85%	NC	75%	-10%
	Actual	81%		76%	-5%		
Radiation Program: Percent of facilities in compliance with regulatory requirements	Benchmark	85%		85%	NC	75%	-10%
	Actual	80%		79%	-1%		

*Strategy:*

Compliance rates in division-regulated sectors are high. Therefore, our strategy centers on maintaining those compliance rates. This will require continuing high levels of compliance assistance efforts, self-certification efforts, and inspection and enforcement efforts.

*Evaluation of Prior Year Performance:*

In the Solid and Hazardous Waste Programs, compliance rates have historically remained in the 72 percent to 78 percent range. However, in all probability, actual compliance rates within the regulated communities are probably somewhat higher, since inspections target facilities likely to have compliance problems. The permitted and interim status universe is fairly small and one or two additional facilities with violations can swing the compliance percentage downward fairly steeply. That is what happened in FY2008. In the Radiation Program, the implementation of “Increased Controls” or new security requirements for radioactive materials licensees mandated by the federal government resulted in a significant increase in the number of compliance violations identified. These violations are expected to decrease as facilities become more familiar with the requirements and how to comply with them. Additionally, the Radiation Program also increased its oversight of its independent x-ray machine inspectors. The Radiation Program revived its audit program for Qualified Inspectors and focused on consistent and complete inspections. This resulted in an increase in the number of compliance violations for x-ray facilities and machines, as inspectors were encouraged to be more thorough in their inspections. These violations are expected to decrease, as facilities are educated about the requirements for full compliance. It is important to realize that improvements in compliance rates for large regulated communities come only with intense resource commitment or successful innovations. The self-certification program, a successful innovation the division has implemented, should result in an improvement in compliance rates. To more accurately reflect past compliance rates, we are lowering our benchmarks for FY2009 to 75 percent.

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Department of Public Health and Environment  
Consumer Protection Division  
Director – Jeff Lawrence**

## **Strategic Plan** **FY 2009-10**

## ***Introduction***

The Consumer Protection Division is one of four environmental divisions in the Department. The division's primary mission is ensuring food in Colorado is fresh, wholesome and free of contamination and pathogens which could cause foodborne illnesses. The Division is organized into six main programs.

**The Retail Food Program** is responsible for the statewide regulation of retail food establishments, including restaurants, cafeterias, grocery stores, schools, child care centers, senior meal centers and summer camps. The Program monitors and enforces compliance with *Colorado Retail Food Establishment Rules and Regulations*. It accomplishes this in three different ways: promulgating the statewide rules and regulations, inspecting retail food establishments in 12 counties which do not have the infrastructure for public health agencies, and contracting with 19 local public health agencies to achieve inspectional and enforcement activities in their jurisdictions.

The Division's **Local Assistance Program** provides training, information and technical assistance to environmental health staff of local public health agencies that conduct a retail food inspection program in their jurisdictions. This program also conducts surveys of local public health retail food inspection programs and standardizes retail food inspectors to ensure inspectional and regulatory processes are consistent throughout the state.

**The Wholesale Food Program** is responsible for the statewide regulation and inspection of Colorado's wholesale food manufacturers and storage facilities for compliance with the *Colorado Wholesale Food Regulations Current Good Manufacturing Practice in Manufacturing, Packing or Holding Human Food*. This program is also active in food recalls, disseminating information to the public and identifying contaminated product in the State.

The Division's **Dairy Program** inspects those industries which are associated with milk and milk products, including Grade A milk processing plants, dairy farms, manufactured dairy product plants, milk haulers and milk tankers for compliance with the US Food and Drug Administration's *Grade "A" Pasteurized Milk Ordinance*. This program ensures that the milk producers and manufacturers of dairy products can ship their products to other states as well as sell their products in Colorado especially to entities receiving federal funding, such as schools.



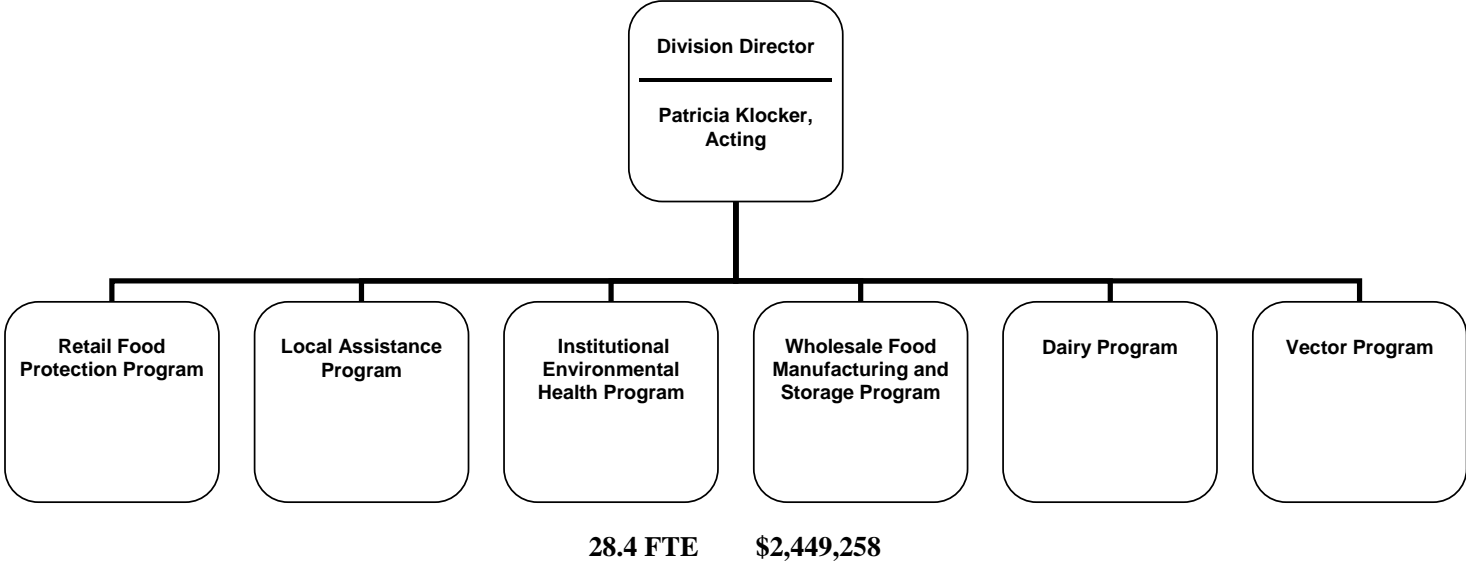
The Division's **Institutional Environmental Health Program** inspects schools for sanitary operations including the proper storage, handling and disposal of chemicals, inspects the correctional facilities under the control of the Colorado Department of Corrections for compliance with food and facility sanitary regulations, and inspects day care centers for sanitary conditions.

Other inspectional and regulatory activities of the Division include investigating environmental causes for vector-borne diseases and other pest-related diseases, inspecting artificial tanning devices for compliance with state regulations, responding to citizen's complaints concerning health fraud and contaminated foods, and providing technical assistance and information to local public health agencies regarding body art.

### ***Statutory Authority***

The statutory authority for the Consumer Protection Division is found in Title 25, Article 4, Article 1.5, and Article 5.5 of the Colorado Revised Statutes (2008).

*Organizational Chart*



## ***Mission***

The mission of the Consumer Protection Division is to protect the people of Colorado from foodborne, vector-borne and other communicable disease and injury resulting from contaminated food, human exposures to insects and rodents, and unsafe and unsanitary environments in which the people live and work.

## ***Vision***

The people of Colorado will be confident that the places in which they and their families eat, drink and frequent in their community will be safe.

The Consumer Protection Division, in cooperation with local, state and federal agencies, assumes the responsibility for protecting Colorado residents and visitors by monitoring traditional environmental public health programs, primarily food protection and sanitation. These programs are regulated through education and enforcement of the environmental factors in retail food establishments, food manufacturing and processing plants, child care centers, correctional facilities and schools. Activities involving the control of vectors of zoonotic (animal born) diseases also are coordinated by the Division.

## ***Objectives***

The Consumer Protection Division aims to achieve its vision and accomplish its mission through the following key objectives:

1. Protect public health by improving or maintaining the overall compliance rate related to enforcement actions of the Colorado Grade "A" and the Manufactured Milk Regulations.
2. Protect public health in retail and wholesale food facilities by lowering the incidence of critical violations which reduces the risk of foodborne illness.
3. Protect public health in child care facilities and schools by increasing compliance with sanitation standards.

## CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Dairy Industry Compliance

Objective 1: *Protect public health by improving or maintaining the overall compliance rate related to enforcement actions of the Colorado Grade "A" and the Manufactured Milk Regulations.*

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Assurance that the Colorado dairy industry is in compliance with the <i>Colorado Grade "A" and the Manufactured Milk Regulations</i> as measured by Dairy industry compliance with the federal Interstate Milk Shippers Agreement.	Benchmark	New Measure	90%	90%	90%
	Actual	New Measure	90%		

*Strategy:*

The prevention of illness and disease associated with food, or other transmission agents can be accomplished in part through activities conducted at regulated facilities. The focus of the inspectional staff and management of the Consumer Protection Division is the prevention of illness from facilities under its jurisdiction, through inspection, education and regulatory actions. Routine inspectional work, as well as complaint and special investigations, of dairy farms and milk plants carries with it the provision for all necessary enforcement activities including product condemnation, checking for recalled products, specimen collection, complaint investigation and facility closure to prevent the transmission or further spread of illness. The staff strives to inspect all regulated facilities at a frequency established through risk assessment or as established in statute or regulation.

*Evaluation of Prior Year Performance:*

Performance targets were met.

## CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Foodborne Illness Risk Wholesale Facilities and Retails Food Establishments

*Objective 2:* Protect public health in retail and wholesale food facilities by lowering the incidence of critical violations that reduces the risk of foodborne illness.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Reduction in the risk of causing foodborne disease by wholesale facilities and direct service retail food establishments as measured by percent reduction in number of critical violations.	Benchmark	New Measure	10%	10%	10%
	Actual	New Measure	10.4%		

*Strategy:*

The prevention of illness and disease associated with food, or other transmission agents can be accomplished in part through activities conducted at regulated facilities. The focus of the inspectional staff and management of the Consumer Protection Division is the prevention of illness from facilities under its jurisdiction, through inspection, education and regulatory actions. Routine inspectional work, as well as complaint and special investigations, of retail food establishments, warehouses, and food manufacturers carries with it the provision for all necessary enforcement activities including product condemnation, checking for recalled products, specimen collection, complaint investigation and facility closure to prevent the transmission or further spread of illness. The staff strives to inspect all regulated facilities at a frequency established through risk assessment or as established in statute or regulation.

*Evaluation of Prior Year Performance:*

Performance targets were met.

## CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Foodborne Illness Risk at Schools

*Objective 3:* Protect public health in childcare facilities and schools by increasing compliance with sanitation standards.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Reduction in the risk of causing foodborne disease by schools and childcare centers as measured by the percent reduction in enforcement actions issued.	Benchmark	New Measure	10%	10%	10%
	Actual	New Measure	9% Increase		

*Strategy:*

The prevention of illness and disease associated with food, or other transmission agents can be accomplished in part through activities conducted at regulated facilities. The focus of the inspectional staff and management of the Consumer Protection Division is the prevention of illness from facilities under its jurisdiction, through inspection, education and regulatory actions. Routine inspectional work, as well as complaint and special investigations, of schools and child care facilities, carries with it the provision for all necessary enforcement activities including product condemnation, specimen collection, complaint investigation and facility closure to prevent the transmission or further spread of illness. The staff strives to inspect all regulated facilities at a frequency established through risk assessment or as established in statute or regulation.

*Evaluation of Prior Year Performance:*

There was an increase in the number of enforcement actions in child care centers and schools. The increase was due to an increase in the number of complaints received in these facilities that required follow-up enforcement actions as well as the closure of a child care facility due to a communicable disease outbreak of norovirus. Although we did not accomplish the performance

objective of reducing enforcement actions by 10 percent, our response to these incidents was necessary and appropriate to protect public health.

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Disease Control and Environmental Epidemiology Division  
Department of Public Health and Environment  
Director – Lisa Miller**

## **Strategic Plan FY 2009-10**



## ***Introduction***

The Disease Control and Environmental Epidemiology Division supports the prevention and/or control of communicable diseases and illnesses related to environmental risks and exposures. The Division works to track, control and prevent the spread of communicable diseases throughout the state through nine program areas.

The division is organized into nine programs:

**The Administration/Budget Section** provides division oversight and policy development; represents the division both internally and externally; manages funding and grant issues, accounting, purchasing and contracts; and, maintains computers and other technology resources for division.

**Colorado Responds to Children with Special Needs (CRCSN)** is the Birth Defects Monitoring and Prevention Program at CDPHE. It characterizes the epidemiology of birth defects and related disabilities in Colorado.

**The Communicable Disease Epidemiology Program** protects the health and well being of Coloradans by addressing general disease prevention and control, especially in those areas not served by the Special Purpose Disease Control Program. This program also oversees the Division's preparedness to confront emerging infectious diseases.

The purpose of the **Environmental Epidemiology Program** is to prevent or reduce human exposure to hazardous substances through consultation in environmental epidemiology, toxicology, and health risk assessment.

**The Immunization Program** has the dual responsibilities of preventing vaccine preventable diseases and improving the immunization coverage rates primarily of children less than two years of age.

**The Refugee Preventive Health Program** aids refugees and asylees by providing public health screenings, health assessments and referrals to local public health agencies or other medical facilities.

The mission of the **STI/HIV Section** is to protect and preserve the health of Colorado, its people and communities, by assuring a continuum of STI/HIV prevention, care and treatment.

**The Tuberculosis (TB) Control and Treatment Program** has statewide responsibility for the control of TB. CDPHE contracts with local public health agencies throughout the state to provide TB treatment and control activities according to current treatment standards and Colorado laws, rules and regulations.

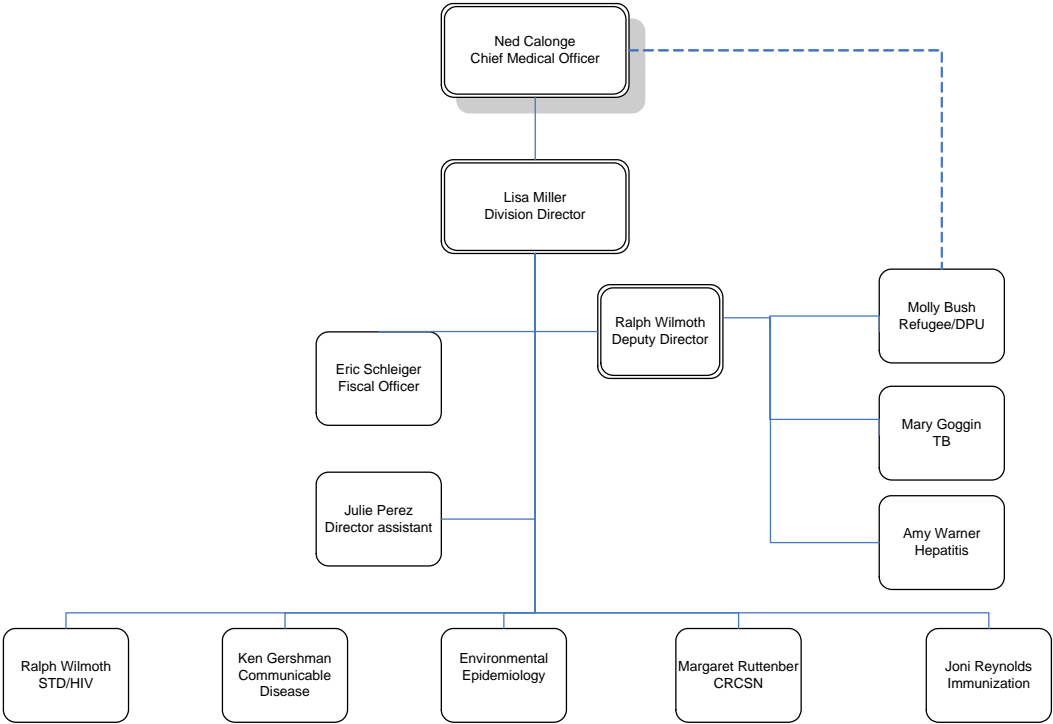
**The Viral Hepatitis Program** was established to centralize hepatitis prevention activities in the Disease Control and Environmental Epidemiology Division. The program seeks to prevent the spread of viral hepatitis in Colorado, limit the progression and complications of viral hepatitis related liver disease, and advocate for viral hepatitis awareness and resources.

***Statutory Authority***

The statutory authority for the Disease Control and Environmental Epidemiology Division is found in Title 25, Article 4 of the Colorado Revised Statutes (2008).

*Organization Chart*

Disease Control and Environmental Epidemiology Division 8/18/2008



**183.6 FTE    \$70,412,973**

## ***Mission***

The mission of the Disease Control and Environmental Epidemiology Division is to reduce illness and premature death from specific diseases and conditions by application of the principles of preventive medicine, epidemiology and toxicology.

## ***Vision***

DCEED will achieve its strategic objectives for the benefit of and in partnership with other CDPHE divisions, Colorado State agencies, the public, and other external organizations with the aim of improving health and environment. DCEED will accomplish this goal by working with its partners and the public to implement sound scientific practices while at the same time emphasizing flexibility and innovation.

## ***Objectives***

The Disease Control and Environmental Epidemiology Division aims to achieve its vision, accomplish its mission and monitor its success through implementing the following key objectives and the associated performance measures:

1. Prevent and control communicable diseases and their complications in order to maintain and improve the health of Coloradans.
2. Monitor and investigate incidence and prevalence of environmental, communicable and chronic diseases in order to prevent disease.
3. Communicate with and educate staff, partners and citizens by providing excellent customer service and providing information and materials that are readily available, clear and understandable.
4. Create and sustain an outstanding workforce that has the training, tools, motivation and resources to be effective.

## DCEED CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Immunization

*Objective 1:* Prevent and control communicable diseases and their complications in order to maintain and improve the health of Coloradans.

Performance Measure	Outcome	CY 2006 Actual		CY 2007 Actual		CY 2008 Approp.		FY 2009 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Immunization rates for Coloradans, as measured by: National Immunization Survey (up to date 19-35 mo olds) CDPHE School Survey (kindergartners up to date at school entry) Behavioral Risk Factor Surveillance Survey (65 years of age or older with flu shot)	Benchmark			80%					
	Actual			Not available 76.9% 75.9%					

*Strategy:*

The Vaccine Advisory Committee for Colorado (VACC) was convened in November 2007 with Lt. Governor Barbara O'Brien as a co-chairperson. The Committee's mission is to ensure that every Colorado parent who wants his or her child fully immunized will experience no financial or structural barriers to this occurring. The State legislature has dedicated funding for immunization activities; VACC will provide input and direction on the potential focus for the distribution of the funds. In addition, The State legislature has provided funding and FTE authorization for the Colorado Immunization Information System to move from the

University of Denver to the Colorado Department of Public Health and Environment. The transition will provide a comprehensive and cohesive immunization program at CDPHE.

*Evaluation of Prior Year Performance:*

Performance in the past year has shown improvement or is holding steady. The National Immunization Survey rates did not show a statistically significant change. For the school survey, the series evaluated changed in 2007/08 due to the requirement of a second Varicella immunization, so the rates between 2006/2007 and 2007/2008 can not be directly compared.

## DCEED CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. HIV Prevention

*Objective 1:* Prevent and control communicable diseases and their complications in order to maintain and improve the health of Coloradans.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Percentage of HIV positive pregnant women identified during their pregnancy, which do not give birth to HIV positive babies.	Benchmark	95%	95%	95%	95%
	Actual	100%	84%		

*Strategy:*

The STI/HIV Section uses laboratory reports, health care provider reports and epidemiologic investigations to identify women who are or may be infected with HIV. Women identified as being infected with or exposed to HIV are contacted to assure their knowledge of this and are informed of appropriate steps to take to address their exposure or infection.

Working with community partners and health care providers, STI/HIV Section staff assure that HIV positive pregnant women receive medication and social services to support the treatment regimen necessary to prevent perinatal HIV transmission.

*Evaluation of Prior Year Performance:*

This strategy is consistent with current science and practice. The most effective mechanism to prevent HIV in babies born to HIV infected women is the identification of these women early in their pregnancy and getting them on an effective treatment regimen throughout the pregnancy. During FY2008 one HIV positive baby was born due to the mother not being tested during pregnancy.

## DCEED CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Colorado Responds to Children with Special Needs (CRCSN)

*Objective 2:* Monitor and investigate incidence and prevalence of environmental, communicable and chronic diseases in order to prevent disease.

Performance Measure	Outcome	CY 2007 Actual		CY 2008 Actual		CY 2009 Approp.		FY 2010 Request	
		Incidents	Change	Incidents	Change	Incidents	Change	Incidents	Change
Number of birth defect types monitored through active medical record review, timely statistical analysis, and further investigation, as warranted.	Benchmark	20	0	25	5	25	0	25	
	Actual	20	0	20	0				

*Strategy:*

CRCSN is Colorado's birth defects monitoring program. Currently, birth defects and other selected medical conditions are reported to CRCSN from hospital discharge data and other sources. A subset of these conditions are more intensively monitored and reviewed, based on their prevalence, preventability and community concern. Conditions are added to this list or eliminated from this list based on changing concern or needs for additional data about a specific condition.

*Evaluation of Prior Year Performance:*

Between CY 2007 and CY 2008, no new needs were identified for additional conditions to be added to the subset of those that are more intensively monitored.



## DCEED CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Tuberculosis Prevention

*Objective 2:* Monitor and investigate incidence and prevalence of environmental, communicable and chronic disease in order to prevent disease.

Performance Measure	Outcome	CY 2006 Actual	CY 2007 Actual	CY 2008 Approp.	CY 2009 Request
The percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate that complete treatment within established timeframes.*	Benchmark	78%	78%	78%	78%
	Actual	72%	67%		

\*This indicator only includes persons who completed therapy in the year indicated, some started in the previous year

*Strategy:*

The Tuberculosis Program staff and community partners conduct contact investigations in accordance with the Centers for Disease Control and Prevention guidelines. These contact investigations identify persons who may have been exposed to active pulmonary or pharyngeal tuberculosis. These persons are evaluated and, for those identified with latent tuberculosis infection, put on preventive therapy if appropriate. Completion of preventive therapy substantially reduces the risk that TB infection will progress to active disease, thus interrupting further transmission.

The Tuberculosis Program and community partners have invested in systems for increasing the numbers of infected contacts who are completely treated. These include: 1) focusing resources on the contacts most in need of treatment; 2) monitoring treatment, including contacts who receive care outside of the health department; 3) providing directly observed preventive therapy, incentives and enablers.

*Evaluation of Prior Year Performance:*

The strategies identified to improve the percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate have generally been effective over the last six years. The percent of contacts completing treatment within the established time frame had steadily increased, from 64 percent in 2001 to 72 percent in 2006. In 2007, a total of 217 contacts initiated treatment, however only 146 (67 percent) completed treatment, representing a decrease of 5 percent in the treatment completion rate. Because the strategies in place to improve treatment completion rates have not changed dramatically over the past six years, this decrease is likely due to external factors such as contact investigations taking place among transient populations, cultural beliefs related to the importance of preventive therapy, etc.

## DCEED CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Customer Service

*Objective 4:* Create and sustain an outstanding workforce that has the training, tools, motivation and resources to be effective.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
More than 70% of customers of the DCEED Budget Unit surveyed will identify overall satisfaction with services provided as excellent or outstanding	Benchmark	75%	75%	75%	75%
	Actual	78%	74%		

*Strategy:*

Utilizing an annual on-line survey tool, feedback is solicited directly from internal and external customers in three areas: 1) individual staff performance, 2) subject area performance, and 3) overall budget unit performance. Comment sections are incorporated into each area, affording the rater an opportunity to offer constructive criticism and identify unmet needs (training, resources etc.), thus improving staff interaction and customer satisfaction. The results are analyzed, improvements initiated and training provided in order to better meet the needs of the customers served.

*Evaluation of Prior Year Performance:*

An area needing improvement identified in last year's survey was contract processing. This resulted in staffing reassignments, cross training among fiscal staff and provision of training in contract requirements, processes and timeframes for Division staff. This training was extremely well attended.

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Prevention services Division  
Department of Public Health and Environment  
Director – Jillian Jacobellis**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Prevention Services Division and its programs work to promote health and prevent chronic disease across the state.

The division is organized into the following six units:

The mission of the Prevention Programs section is to reduce the occurrence of a broad range of public health incidents. These programs range from Injury, Suicide, and Violence Prevention, to the Cancer Registry, with many other programs in between. While the range of subject areas varies widely, all of the programs exist to lower the incidence of these public health issues.

The mission of the **Women's Health – Family Planning Program** is to promote health and wellness by facilitating a continuum of health care services for women of all ages in Colorado. The unit consists of four programs. The Family Planning Program provides a range of preventive health services including physical examinations, contraceptive supplies, pregnancy testing, counseling, patient education, voluntary tubal ligations and vasectomies, and screening for cancer and sexually transmitted infections, basic infertility services and referrals to other health and social services. The Prenatal Program encourages early prenatal care to reduce the risk of maternal and newborn illness or complications, appropriate weight gain during pregnancy, prenatal smoking cessation and increased screening and referral for postpartum depression. The goal of the Prenatal Plus Program is to improve the health of high risk, Medicaid-eligible pregnant women (with incomes at 133 percent or less of the federal poverty level) to assure healthy birth outcomes and decrease the incidence of low weight births. Prenatal Plus is designed to complement the medical component of prenatal care by providing comprehensive risk assessments, case management, home visits, nutrition consultation, and psychosocial counseling to high risk, Medicaid-eligible pregnant women.

**Rural – Primary Care Program Section** consists of multiple programs that have the goal of improving access to health care services in rural communities. One of these programs, the Oral Health Unit, promotes, improves and assures access to oral health services throughout Colorado. Emphasis is placed on increasing awareness and availability of preventive oral health services such as fluoridated water, dental sealants and linking oral health to overall general health. Additionally, the Primary Care Office (PCO) exists with the goal of lowering the barriers that prevent Coloradans from accessing primary, oral and mental health care services in their community. The PCO focuses on the primary care health service needs of underserved populations in Colorado and is charged with three core activities: to develop or aid in the development of Health Professional Shortage Area and Medically Underserved Area designation applications; to assist communities in eligibility for, and recruitment of, National Health Service Corps providers and

foreign trained physicians on a J-1 Visa; and to assess and evaluate the health care system capacity needs of underserved areas and medically underserved populations in Colorado and support efforts to improve access to care.

The Interagency Prevention Program Coordination line within the **Prevention Partnerships Section** manages the division's responsibility for implementing C.R.S. 25-20.5-101 - 109, which addresses the coordination of prevention, intervention and treatment services for children and youth. This entails the collaboration among state-managed children and youth programs across five state departments regarding a continuum of services for children and youth. In the statute, the division is charged with: (a) the development of a state plan for delivery of prevention, intervention and treatment services to children and youth throughout the state, (b) the identification of performance indicators for prevention, intervention and treatment programs, (c) acting as a liaison with communities throughout the state, assisting them in their efforts to assess their needs and to secure funding and providing technical assistance in the implementation of appropriate prevention, intervention and treatment programs, (d) operation of prevention and intervention programs for children and youth, (e) reviewing federal funding guidelines and seeking waivers to promote the greatest flexibility in awarding combined program funding to community-based prevention, intervention and treatment programs, (f) development of a website with information on existing programs and potential funding sources, (g) development of uniform minimum standards for the operations of prevention/intervention programs and (h) an annual review of programs.

To carry out these mandates, a number of division programs work with the Prevention Leadership Council to coordinate their efforts including the Tony Grampsas Youth Services Program, the Colorado Children's Trust Fund and the Family Resource Centers Program.

**Family and Community Health Program** is charged with promoting and improving the health of all mothers and children in Colorado. Core public health services are provided through contractual arrangements with local health departments, county nursing services and other public and non-profit health care providers throughout Colorado. Major emphasis is on infrastructure building to create coordinated systems of services and supports for these populations, and on population-based services.

**The Nurse Home Visitor (NHV) Program** was established in 2000 (25-31-101 - 108, C.R.S) to provide funding to public or private organizations in Colorado to provide regular, in-home, visiting nurse services to low-income (up to 200 percent of the FPL), first-time mothers, with their consent, during their pregnancies and through their child's second birthday. The program provides trained visiting nurses to help educate mothers on the importance of nutrition and avoiding alcohol and drugs, including nicotine, and to assist and educate mothers in providing general care and in improving health outcomes for their children. In addition, visiting nurses help

mothers in locating assistance with educational achievement and employment. The Nurse Home Visitor Program in the department receives funds under the Tobacco Master Settlement Agreement.

**Health Care Program for Children with Special Needs (HCP)**, in collaboration with Local Health Departments and County Nursing Services provides medical, health and resource consultation and coordination to all families with children with special medical needs. Specialty outreach clinics are sponsored through HCP to assure that pediatric specialists, such as neurologists, cardiologists and developmental pediatricians are accessible to families in rural areas. In addition genetics counseling is provided to families with children who are identified as positive for certain disorders through the Newborn Screening Program. Newborn screening detects congenital diseases in the critical newborn period for the purpose of instituting early therapy and thus avoiding later clinical problems such as mental retardation. Through its contractors, the program provides genetics counseling for families, as well as extensive education for primary and specialty care physicians regarding genetics and genetic diseases.

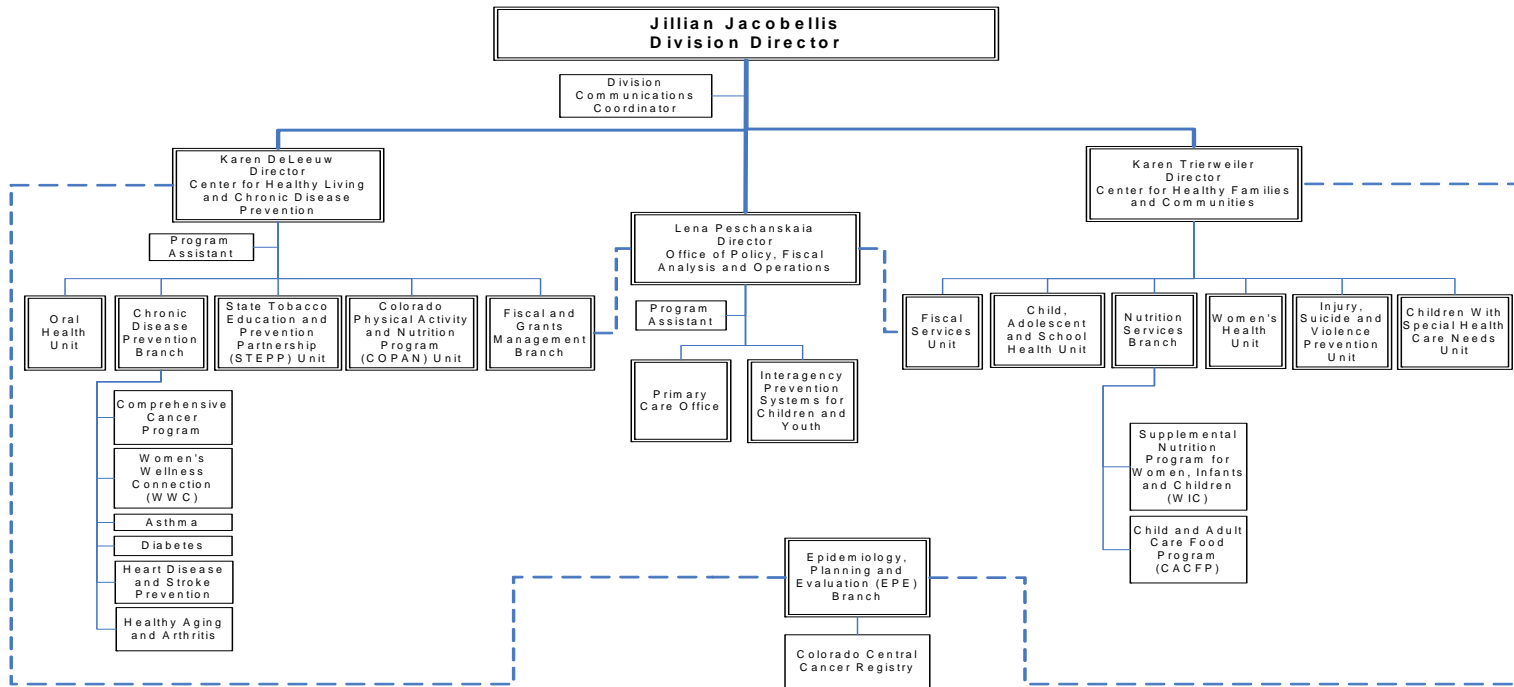
The **Nutrition Services Program** promotes optimal nutrition and health through supplemental foods, reimbursement and nutrition education to eligible women, infants and children and senior populations. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was created because studies show that when women suffer from malnutrition during pregnancy, they and their unborn children are more likely to have health and nutrition problems. WIC utilizes federal funds to provide a nutritious food package, nutrition consultation and education, nutrition assessment and referral to other health services for at risk pregnant women, infants and children up to the fifth birthday. The Child and Adult Care Food Program (CACFP) utilizes federal funds to provide reimbursement for nutritious meals and snacks and to provide education on healthy eating habits and safe food practices in child care settings.

### ***Statutory Authority***

The statutory authority for the Prevention Services Division is found in Title 25, Articles 1.5, 4 and 20.5 of the Colorado Revised Statutes (2008).

# Organization Chart

## Prevention Services Division



188.6 FTE ~~\$258,281,021~~

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## ***Mission***

The Prevention Services Division leads efforts to improve the health and well being of all Coloradans through health promotion, public health prevention programs and access to health care.

## ***Vision***

The Prevention Services Division is positioned to be a public health leader in producing healthy outcomes and reducing preventable death and disability by implementing best processes and practices that emphasize integrative, crosscutting approaches among prevention programs.

## ***Objectives***

To improve the health and well being of all Coloradans through health promotion, public health prevention programs and access to health care.

This will be accomplished by the following objectives:

1. Reduce tobacco use by Coloradans, including high school children and pregnant women.
2. Decrease the proportion of obese adults and children in Colorado.
3. Increase the percentage of children identified with developmental delays who receive referrals from their Primary Care Provider to early intervention services from 80 to 85 percent.
4. Decrease the Low Birth Weight rate in Colorado from 9 to 8.8 percent.
5. Decrease the rate of unintended pregnancy in Colorado from 39.6 to 39.5 percent

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Adult Tobacco Use in Colorado

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*Objective 1:* Decrease tobacco use in Colorado in adults, children and pregnant women.

Performance Measure	Outcome	CY 2006 Actual		CY 2007 actual		CY 2008 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	17.5%	NA	16.8%	-4.0%	18.4%	9.5%
	Actual	17.9%	NA	18.7%	4.5%		

*Strategy:*

State Tobacco Education Prevention and Partnerships (STEPP) implements three evidence-based strategies designed to increase the number of tobacco users who make quit attempts. These include the Colorado Quitline, the Colorado Clinical Guidelines Collaborative and mass media campaigns encouraging smokers to quit.

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Medical and Research Center in Denver. The QuitLine is the cornerstone of the state's cessation efforts and serves more than 3,000 callers a month. Beginning December 15, 2005, the State of Colorado made nicotine replacement therapy (NRT) available in the form of nicotine patches to all QuitLine participants. During fiscal year 2007-2008, the Colorado QuitLine served 38,128 participants, with over 35 percent successfully quitting tobacco use, whereas it has been found only 4 percent of smokers succeed when trying to quit on their own.

**The Colorado Clinical Guidelines Collaborative (CCGC) provides training and materials on evidence-based interventions and programs to health care providers and systems. CCGC trains healthcare providers to use and document proven tobacco cessation interventions. The program is designed to encourage providers to talk to their patients about quitting smoking and encourage referrals to the Colorado QuitLine.**

*Evaluation of Prior Year Performance:*

Through the evidence-based strategies employed by STEPP to help adults quit smoking, such as the Colorado QuitLine – the number of smokers has decreased significantly in Colorado. The adult smoking rate has dropped from 22.3 percent in 2001 to 17.9 percent in 2006. The smoking rate for 2007 is 18.7 percent; however, the change between 2006 and 2007 is not statistically significant. The population survey methodology samples a small portion of the entire adult population in Colorado. Sampling results in some potential measurement error that leads to a range of results (confidence interval) around a point estimate (e.g., the reported prevalence). If the ranges between two years overlap, then the difference in point estimates is said to not be statistically significant.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Tobacco Use in Colorado in High School Students

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*Objective 1:* Decrease tobacco use in Colorado in adults, children and pregnant women.

Performance Measure	Outcome	CY 2006 Actual		CY 2008 Anticipated		CY 2010 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	NA	13.9%	0%	13.2%	-5.0%
	Actual	14.6%	NA	Data Not Yet Available			

*Strategy:*

STEPP utilizes six strategies to prevent and reduce tobacco use among youth and young adults: the school-based K-12 initiative; a collegiate initiative; a youth empowerment program; a youth cessation program; tobacco prevention and cessation programs designed to target youth populations disparately affected by tobacco; and media campaigns.

Under the K-12 and collegiate initiatives, funded lead agencies award a portion of their grants to fund schools and colleges throughout Colorado. These lead agencies provide technical assistance, training, expertise and support to ensure the programs are implemented according to specific criteria. Under the youth empowerment initiative, led by Get R!EAL, schools and community-based organizations establish youth-led coalitions. The coalitions are designed to empower youth ages 12-18 to engage in tobacco control activities while de-normalizing the tobacco industry. Not-On-Tobacco (N-O-T) is a youth smoking cessation program administered by the American Lung Association. N-O-T's school-based, 10-session curriculum uses multiple strategies to help teens stop smoking. STEPP administers the Tony Grampsas Youth Services Tobacco Initiative (TTI) to serve young people at higher risk for tobacco use. These programs address tobacco related disparities by providing tobacco and secondhand smoke education, prevention, and/or cessation services for children, youth and young adults (ages 0-24) and their parents and caregivers.

A variety of media formats are used to deliver tobacco-use prevention messages to youth. The main youth prevention campaign, “Own Your C,” is a TV advertising campaign to drive youth to a tobacco prevention web site. Another campaign, “Quit Doing It” encourages young adults to quit smoking and sends them to a web-based text-messaging cessation tool, “FixNixer.”

*Evaluation of Prior Year Performance:*

Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 14.6 percent in 2006, thus surpassing the Center for Disease Control’s Healthy People 2010 goal of 16 percent. The surveillance instrument for this performance measure is implemented every two years; thus, data will not be available until 2009.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Tobacco Use in Colorado in Pregnant Women

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*Objective 1:* Decrease tobacco use in Colorado in adults, children and pregnant women.

Performance Measure	Outcome	CY 2006 Actual		CY 2007 Anticipated		CY 2008 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10%	NA	9.9%	-1.0%	9.8%	-1.0%
	Actual	Data Not Yet Available*	NA	Data Not Yet Available*			

\*Data availability lags 18 months from the end of the year.

*Strategy:*

To encourage pregnant women to stop smoking, STEPP has developed a marketing campaign specifically for pregnant women. Campaign materials, such as brochures, posters and “mommy” kits, are sent to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) clinics and local health agencies. In addition, print advertisements were produced for local health agencies to place in their local newspapers.

The 5 A’s (Ask, Advise, Assess, Assist, Arrange) counseling has been found to double or triple quit rates among pregnant smokers. The 2As+R, (Ask, Advise and Refer) method, a promising practice, concentrates on referring pregnant women who smoke to the free Colorado QuitLine, which can double the chance of successfully quitting.

The Colorado Clinical Guidelines Collaborative (CCGC), with funding through STEPP, has expanded outreach to health care sites throughout the state for systems implementation of smoking cessation counseling to reduce low birthweight births in Colorado. Additionally, CCGC has tailored the smoking cessation guideline for pregnant women.

The Baby and Me Tobacco Free Initiative has been funded by the Colorado Foundation on Health to provide incentives (vouchers for free diapers) for low-income pregnant women who complete smoking cessation and participate in carbon dioxide monitoring during pregnancy and after the delivery of the baby. This intervention, funded for two years, includes 18 counties in year one and 23 counties in year two. The goal is to obtain additional funding so that implementation can be statewide and all counties can be offered this program. The Rocky Mountain Health Plan is administering this program in Colorado and implementing the intervention through local health agencies or community-based organizations.

*Evaluation of Prior Year Performance:*

The fiscal year 2006-07 data for this performance measure will not be available until 2009.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Adult Obesity in Colorado

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*Objective 2:* Decrease the proportion of obese adults and children in Colorado.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Obesity in Colorado: Obesity (Adults).	Benchmark	19%	NA	19%	0%	19%	0%
	Actual	18.5%	NA	19.3%	4.3%		

*Strategy:*

Preventing and reducing the adult obesity rate in Colorado involves complex social, environmental, and individual behavior change. Active partnerships are the key to addressing the obesity epidemic in Colorado. These partnerships involve the Colorado Department of Public Health and Environment, LiveWell Colorado, Colorado Health Foundation, voluntary organizations (e.g. American Cancer Society), healthcare systems (e.g. Kaiser Permanente), various community groups, local public health agencies, and many others. Strategies to address obesity include promoting physical activity and healthier eating via worksite wellness programs, implementing active community environments where adults and families can safely walk, bike and play, and promoting healthier dining options such as the Smart Meal program with restaurants. Other activities in development include social marketing and media campaigns.

*Evaluation of Prior Year Performance:*

The current adult rate for obesity is 19.3 percent (FY 07-08). This rate is slightly higher than the benchmark (19.0 percent). This rate may be higher due to a statistical variance or it may be an actual increase. If it is an actual increase, the adult obesity rate is following a national upward trend. However, Colorado is ranked the lowest state in the nation for obesity.



## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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### 5. Obesity in Colorado Children

*Objective 2:* Decrease the proportion of obese adults and children in Colorado.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Obesity in Colorado: Overweight (Children)	Benchmark	15%	NA	15%	0%	14%	-6.7%
	Actual	14.8%	NA	13.0%	-12.2%		

*Strategy:*

Colorado is promoting physical education and healthier meal options in schools. Active partnerships between various state and local agencies and community groups are also promoting active community environments where children can safely walk, bike and play. Breastfeeding for infants is also promoted which helps to lead to healthier weights in children and youth.

*Evaluation of Prior Year Performance:*

Colorado met and exceeded the benchmark for overweight rates in children (15.0 percent benchmark and 13.0 percent actual). The decrease in Colorado follows a national trend for child overweight rates that show a rate that is either not increasing or decreasing slightly.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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### 6. Referrals to Early Intervention Services

*Objective 3:* Increase the percentage of children identified with developmental delays who receive referrals from their PCP to early intervention services.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
The percent of children identified with developmental delays who receive referrals from their Primary Care Physician to Part C Early Intervention Services.	Benchmark	60%	NA	60%	0%	60%	0%
	Actual	25%	NA	Data Available in 2009	NA		

*Strategy:*

Colorado initiated a three-year project to implement standardized developmental screening in primary care practices called Assuring Better Child health and Development (ABCD). One of the goals of the project is to facilitate a provider's ability to refer to Part C Early Intervention Services. Through local trainings, education and support are provided to local Community Center Boards (CCB)s regarding their current intake process. This includes identifying who is responsible for completing the referral intake form, importance of each data field on the form, technical assistance calls and on-site monitoring. During each local ABCD training, information about why the "closing the loop" process is important, plus specific directions for institutionalizing this process within each CCB operation is stressed.

*Evaluation of Prior Year Performance:*

This was a new project and the benchmark for 06-07 was determined based on limited information and experience. Between October 1, 2007 and March 31, 2008, Community Center Boards (CCB) received 510/2057 (25 percent) referrals for early intervention from PCPs regarding infants and toddlers birth through age two. A review of this data raised concerns about data entry, specifically around identification of referral source, in that 50 percent of referrals were classified as parent self-referral. Upon further inquiry, it was learned that local CCB referral coordinators assumed that if the parent called, it was a self-referral, without asking further to determine if a PCP may have recommended the parent call.

When questioned, PCPs reported they do not receive timely feedback when they refer a child to a CCB for evaluation. Research from the “Tracking Referral Assessment Center for Excellence” (TRACE) states that when physicians receive insufficient feedback, that referral patterns decrease or halt completely. The implication of not having a complete referral process in place (i.e. “closing the loop”) - is that PCPs will not routinely screen and refer children if they are not updated in a timely and consistent way.

The Colorado Department of Human Services, Division of Developmental Disability has instituted processes to evaluate compliance with using the new referral intake form and accuracy of data. The Colorado Department of Human Services, Division of Developmental Disability is producing monthly reports to monitor outcomes of the referral process.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Low Birth Weight Infants

*Objective 4:* Decrease the Low Birth Weight rate in Colorado.

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Performance Measure	Outcome	CY 2006 Actual		CY 2007 Anticipated		CY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Percent of Infants Born at a Low Birth Weight	Benchmark	7.5%	NA	9.0%	20%	8.8%	-2.3%
	Actual	9%	NA	9.0%	0%		

*Strategy:*

There are many factors that contribute to the low-birth weight rate in Colorado. There are two factors that PSD is attempting to address through a population-based public information campaign: inadequate maternal weight gain and smoking cessation for pregnant women. Additionally, the Prenatal Plus program provides case management and enhanced care to prevent low birth-weight babies being born to low-income Medicaid-eligible pregnant women.

*Evaluation of Prior Year Performance:*

In CY2007, the percent of infants born at a low birth weight was 9 percent and met the benchmark identified by PSD. PSD programs are attempting to address only two of the modifiable risk factors. There are many other risk factors that affect the birth-weight and not all of them are known or can be affected.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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### 8. Rate of Unintended Pregnancies

*Objective 5:* Decrease the rate of unintended pregnancy in Colorado.

Performance Measure	Outcome	FY 2006-2007 Actual		FY 2007-2008 Anticipated		FY 2008-2009 Anticipated	
		Measure	Change	Measure	Change	Measure	Change
Rate of unintended pregnancy among the Colorado population.	Benchmark	39%	NA	38.5%	-1.3%	38.5%	0%
	Actual	39.65%	NA	Data available in 2009	NA		

*Strategy:*

Progress is being made in reducing the unintended pregnancy rate in Colorado due in part to the continued provision of comprehensive family planning services to 51,166 clients in 2007 through the Title X Family Planning Program. The unintended pregnancy rate in 2006 was 39.6 percent down from 40 percent in 2005.

*Evaluation of Prior Year Performance:*

The actual measure in FY 06-07 is very close to the benchmark.

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Department of Public Health and Environment  
Health Facilities and Emergency Medical Services Division  
Director – Howard Roitman**

## **Strategic Plan FY 2009-10**

## ***Introduction***

The Health Facilities and Emergency Medical Services division establishes and enforces standards for the operation of health care facilities and Emergency Medical Technicians (EMTs) throughout the state. The division's activities include: licensure of hospitals and other health care facilities; certification of nursing homes and other health facilities as meeting federal standards (Centers for Medicare and Medicaid Services contractor); surveying health facilities for compliance with federal certification and state licensing requirements; training individuals to administer medications in residential and non-residential care facilities; medical services training and certification of emergency personnel; technical assistance to local emergency medical services agencies; and making grants available to support local emergency services activities. The division's cash funds derive from fees paid by licensees while its reappropriated funds derive from the Highway Users Tax Fund and from transfers from the Department of Health Care Policy and Financing.

The purpose of **General Licensure** is to ensure that health care facilities meet minimum standards of quality through the establishment of health and safety standards (i.e., regulations) and periodic inspections (surveys) to determine whether facilities are in substantial compliance. Providing compliance assistance to industry and information about compliance to the public also are important functions of licensure. The Health Facilities and Emergency Medical Services Division licenses the majority of health care facilities in the state of Colorado, pursuant to Section 25-3-101, C.R.S. This includes hospitals, nursing homes, hospices, ambulatory surgical care centers, community clinics, dialysis centers, mental health centers and clinics, assisted living residences, convalescent centers, hospital units, acute treatment units, intermediate care facilities for the mentally retarded, birth centers and residential care facilities for the developmentally disabled. In all, approximately 1,409 facilities are licensed under the General Licensure unit. This year, the division is adding licensure of home care agencies pursuant to SB 08-153. In addition to overseeing and regulating covered entities, the Licensure program is responsible for promulgating new regulations or amendments to existing rules through the Board of Health in order to better provide oversight of licensed facilities and to protect the citizens of Colorado.

Additionally, Colorado law authorizes unlicensed staff, with training, to administer medications to persons in selected facility types as authorized by law. The use of unlicensed, trained staff instead of licensed nurses allows for cost savings in these facilities. The division is required to ensure that training is available on a routine basis throughout the state. The Medication Administration program contracts with instructors who fulfill this mandate. The program maintains a database of persons who received training, provides technical assistance to instructors and employees of these facilities, monitors training classes and approves training curricula.

The **Medicaid/Medicare Certification Program** is charged with providing oversight of health care providers who receive funding from the Medicaid and Medicare programs. Regulated facilities and providers include: hospitals, long-term care facilities, i.e., nursing homes, home health, hospice and other agencies providing care in a patient's home, residential facilities for the developmentally disabled, and adult day/treatment centers. The program monitors and enforces a variety of statutes related to these facility and provider types in order to certify them to be eligible as Medicaid and Medicare providers. Oversight ensures that: facilities are meeting established standards for health and safety; compliance is promoted through investigating complaints and grievances; and training and education opportunities are available to providers and consumers to increase awareness of, and compliance with, regulatory requirements.

**The Emergency Medical Services Program** has oversight responsibility for the Emergency Medical Services and Trauma Care system statewide. The purpose of the system is to plan and implement a Statewide Emergency Medical and Trauma Services (EMTS) system to care for and transport sick and injured patients. The primary focus is on developing the established components of the system by: training and certifying emergency medical technicians (EMT's); providing technical and operational assistance for regional planning and local provider agencies; awarding grants to fund regional and local infrastructure and support local provider (ambulance) functions; licensing air ambulance services and establishing minimum standards for local licensure of ground ambulances; and designating health care facilities as Level I-V Trauma Centers. This program also is the recipient of small federal grants to improve emergency medical services for children at the local level and to enhance overall EMTS system planning.

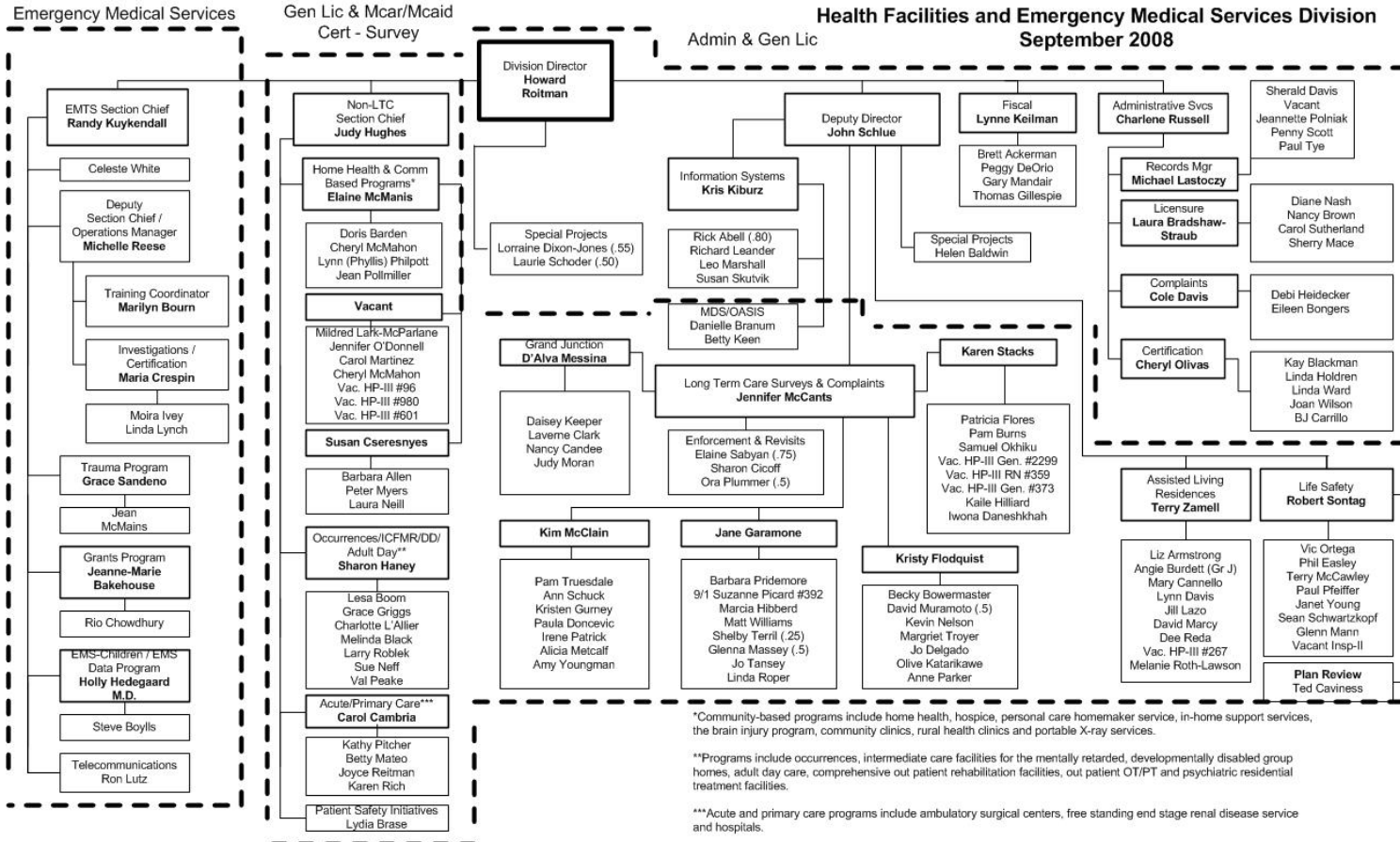
The EMS program also includes the following functions: the EMS Telecommunications Support component is a transfer in the Department of Personnel and Administration, Division of Information Technologies, to provide local technical assistance for emergency medical telecommunications functionality and provide regional and local emergency medical telecommunications planning and development. The Colorado Coroners Standards and Training Board ensures adequate training and certification of coroners. The Poison Control function provides 24-hour per day, toll-free telephone consultation to the public and medical professionals in cases of exposure to poisonous substances. Specialists in Poison Information triage each case and provide emergency poison information and treatment recommendations. This provides prompt and cost effective access to appropriate services, in many cases allowing the caller to avoid a visit to a hospital emergency department. The Division, as directed by statute, uses a contractor to provide these services.

### ***Statutory Authority***

The statutory authority for the Health Facilities and Emergency Medical Services Division is found in Title 25, Article 25 of the Colorado Revised Statutes (2008).



# Organizational Chart



\*Community-based programs include home health, hospice, personal care homemaker service, in-home support services, the brain injury program, community clinics, rural health clinics and portable X-ray services.

\*\*Programs include occurrences, intermediate care facilities for the mentally retarded, developmentally disabled group homes, adult day care, comprehensive out patient rehabilitation facilities, out patient OT/PT and psychiatric residential treatment facilities.

\*\*\*Acute and primary care programs include ambulatory surgical centers, free standing end stage renal disease service and hospitals.

**140.4 FTE      \$17,528,613**

## ***Mission***

The mission of the Health Facilities and Emergency Medical Services Division is to establish and enforce standards for the operation of health care facilities and emergency medical and trauma services.

## ***Vision***

The Health Facilities and Emergency Medical Services Division improves the safety, quality of care and quality of life for Colorado citizens by setting standards for health care providers and emergency medical services agencies and personnel. Through its licensure, certification, investigation, inspection and enforcement activities, the division ensures that health care providers meet standards and improve care. Consumers are provided with the information they need to make decisions when choosing health care providers.

## ***Objectives***

The Health Facilities and Emergency Medical Services Division aims to achieve its vision and accomplish its mission through the following key objectives:

1. The HFEMS division will improve the safety, quality of care, quality of life, dignity, and rights of Colorado residents and patients in health care facilities using its regulatory authority and oversight of health care providers.
2. HFEMS will improve the safety and quality of care for Colorado residents and patients by updating state licensure requirements and rules and regulations for health care facility types under its regulatory authority to remain current with modern medical and health care practices, procedures, facility construction, technical advancements and threats to human life and safety.
3. The Emergency Medical and Trauma Services section of the Health Facilities and Emergency Medical Services Division will improve the safety and quality of care of Emergency Medical and Trauma services received by Colorado citizens.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Amount of Critical Health Survey Citations

*Objective 1:* The HFEMS division will improve the safety, quality of care, quality of life, dignity, and rights of Colorado residents and patients in health care facilities using its regulatory authority and oversight of health care providers.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Percent of health survey citations at the "harm and immediate jeopardy" level in long-term care facilities.	Benchmark			7%	6.5%
	Actual	9.65%	7.55%		

*Strategy:*

Using its oversight authority the division will ensure long-term care facilities are in compliance with regulatory requirements. The division uses its web site and monthly long-term care advisory meetings to inform facilities of changes in regulations and best practices. It will add other electronic communications to reach facilities that do not regularly attend these meetings and to help keep all facilities abreast of such changes and practices.

*Evaluation of Prior Year Performance:*

Actual changes in this metric between FY 06-07 and FY 07-08 showed improvement with a decrease of 2.1%. This indicates that a lower percentage of violations are being found for harm and immediate jeopardy situations. Continuing this trend will improve the safety and quality of care received by Colorado citizens in long-term care facilities.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Prevalence of Life/Safety Citations

*Objective 1:* The HFEMS division will improve the safety, quality of care, quality of life, dignity, and rights of Colorado residents and patients in health care facilities using its regulatory authority and oversight of health care providers.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Percent of life/safety citations in the three categories: “widespread (W)” “pattern (p)” and “isolated (I)” in long-term care facilities.	Benchmark			(I) 60% (P) 30% (W)10%	(I) 65 (P) 25% (W) 10%
	Actual	(I) 69.35% (P) 23.29% (W) 7.36%	(I) 53.9% (P) 33.53% (W)12.47%		

*Strategy:*

Using its oversight authority the division will ensure long-term care facilities are in compliance with regulatory requirements. The division monitors the scope of violations in three categories widespread, pattern and isolated. Isolated scope citations are preferable to widespread because isolated citations will likely impact fewer patients/customers. The division’s goal is to reduce the percent of widespread and pattern violations thus increasing the percent of isolated violations. The ways the division plans to accomplish this narrowing of scope of citations are by implementing new regulations and fees for life safety code plan review for new long-term care facility construction and for facility remodels, and through increased education and outreach to facilities. The plan review changes are currently going through the rule making and fee setting process and will be implemented in 2009-10. Once implemented the new life safety regulations will help facilities identify and correct systemic problems prior to construction or renovation. An example of a citation cited at isolated versus widespread scope would be: a single smoke detector failed testing, versus all smoke detectors in the facility were spaced too far from one another for rated fire coverage. With plan review, the division would make the facility aware of the smoke detector specific problems in advance of installation.

*Evaluation of Prior Year Performance:*

This metric showed a 5.11% increase in widespread citations between FY 06-07 and FY 07-08. This means that the impact or scope of the citations cited is more widespread throughout facilities in life safety code inspections performed by the division. Once the new rules and fees are established the Division will have the necessary resources and regulatory tools to improve performance in this area. However, it is likely that initially there will be an increase in the percent of widespread citations as a result of increased oversight of these issues.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Amount of Critical Citations at Assisted living Residences

*Objective 1:* The HFEMS division will improve the safety, quality of care, quality of life, dignity, and rights of Colorado residents and patients in health care facilities using its regulatory authority and oversight of health care providers.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Percent of health survey citations that are at the "harm or life threatening" levels in assisted living residences and alternative care facilities	Benchmark			1.5%	1%
	Actual	1.09%	2.05%		

*Strategy:*

Using its oversight authority the division will ensure assisted living and alternative care facilities are in compliance with regulatory requirements. With additional funding from proposed fees, to add additional staff, the division will emphasize high priority surveys, revisits and complaint work. This should result in problems being addressed more quickly and a reduction in recurring problems.

*Evaluation of Prior Year Performance:*

Actual changes in this metric between FY 06-07 and FY 07-08 show an increase of 0.96% in harm and life threatening level citations. This means that the division is finding and citing more harm and life threatening level violations during facility surveys and investigations. This is a trend the division wants to see reversed. Once new fees are established, the Division will have the necessary resources to improve performance in this area. While the current fee increases will help the division improve this performance in the near term, improved performance in the long term is not so clear. The division continues to receive a higher number of annual complaints than in previous years and the overall care seems to be declining in these facilities. We attribute this trend in part to

Coloradans choosing more home-like ALR/ACFs over traditional nursing homes. Often these choices are inappropriate for the care needs of some residents and in some cases residents remain in this care setting beyond the time when their need for higher levels of care occurs. Unlike nursing homes, ALR/ACFs cannot provide skilled nursing care. Increasing the standards for licensure and staff training may be necessary to maintain improvement in this performance measure.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Licensure Requirements

*Objective 2:* HFEMS will improve the safety and quality of care for Colorado residents and patients by updating state licensure requirements and rules and regulations for health care facility types under its regulatory authority to remain current with modern medical and health care practices, procedures, facility construction, technical advancements and threats to human life and safety.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Update licensure requirements and program fees and regulations	Benchmark			<u>Hospitals</u> <u>Home Care Agencies</u> <u>Life Safety Code</u> <u>Plan Review</u> Fees and regulations for remaining facility types	2-3 new facility types
	Actual	<u>Life Safety Code</u> <u>Plan Review</u> Fees and regulations for hospital and ambulatory surgery center facility types	Assisted Living Residence & Alternative Care Facility Fees to cover program costs		



*Strategy:*

This strategy addresses the need to update all facility type regulations and fees in an organized, equitable and planned way. By doing so the division will ensure that the best standards for safety and quality of care for Colorado citizens in health care facilities have been set and that sufficient resources are available to perform its statutory responsibilities for licensure and regulatory oversight of facilities.

*Evaluation of Prior Year Performance:*

Work began and was completed for some facility types in FY 06-07 and FY 07-08. The division will continue to review the remaining facility type regulations and fees, updating and modifying them as appropriate.

## **HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES**

### **5. Complaints Against EMTs**

*Objective 3:* The Emergency Medical and Trauma Services section of the Health Facilities and Emergency Medical Services Division will improve the safety and quality of care of Emergency Medical and Trauma services received by Colorado citizens.

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Approp.</b>	<b>FY 09-10 Request</b>
Percent of complaints alleging "standard of care errors" made against certified Emergency Medical Technicians	Benchmark			4.5%	4.0%
	Actual	6.1%	5.3%		

*Strategy:*

The Emergency Medical and Trauma Services section will continue the trend of decreasing the percent of complaints related to standard of care errors alleged against emergency medical technicians (EMTs) by improving training for EMTs and increasing the effectiveness of EMT training and education statewide.

*Evaluation of Prior Year Performance:*

Actual changes on this metric between FY 06-07 and FY 07-08 show continued improvement on this objective with a decrease of 0.8%. This indicates that the percent of complaints related to standard of care errors by emergency medical technicians decreased from FY 06-07 to FY 07-08. Continuing this trend will reflect an improvement in the safety and quality of emergency medical technician care received by Colorado citizens.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 6. Trauma Patients Identified by Trauma Registry

*Objective 3:* The Emergency Medical and Trauma Services section of the Health Facilities and Emergency Medical Services Division will improve the safety and quality of care of Emergency Medical and Trauma services received by Colorado citizens.

Performance Measure	Outcome	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Approp.	FY 09-10 Request
Increase percent of trauma patients with Injury Severity Score $\geq$ 16 admitted to Level I – III designated trauma centers as identified through the statewide trauma registry.	Benchmark			95%	96%
	Actual	93%	94%		

*Strategy:*

Trauma patients with an injury severity score that is greater than or equal to 16 represent moderate to severely injured patients. Research has shown that such patients are more likely to survive at higher-level trauma centers. The EMTS section will continue to work with EMS providers and regional medical and trauma advisory councils to ensure that more severely injured patients are taken to higher-level trauma centers.

*Evaluation of Prior Year Performance:*

Actual changes in this metric between FY 06-07 and FY 07-08 show a 1% increase. This indicates that there was an improvement in FY 07-08 in trauma patients with an IIS equal to or greater than 16 who were admitted to Levels I-III trauma centers rather than Levels IV-V trauma centers or undesignated hospitals. Continuing this trend will increase the survival rate of Colorado citizens admitted to trauma centers.