

# 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 2010-11**

# 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:

The staff at the Colorado Department of Public Health and Environment (CDPHE) are committed to making Colorado the healthiest state in the Nation and the state with the cleanest air and water. Over the past several years under the leadership of Governor Bill Ritter, the people who make up CDPHE have mobilized to respond both to events that threatened public health and to significant new opportunities to improve drinking water and water quality. In many instances, these activities have required people across the department to work together, and have often demanded the support of local public health agencies as well as the private sector. They illustrate how all of us at CDPHE are working to achieve our goal of making Colorado the state with the cleanest environment and the healthiest people.

In March 2008, the Alamosa County Nursing Service began to recognize an unusual number of people seeking medical assistance for severe gastrointestinal distress. Working overtime, the State Laboratory was able to link the human illness to Salmonella in the water supply using molecular fingerprinting. (Incidences of such contamination are rare but not unprecedented. In this case, we estimate that more than 1,300 residents of Alamosa became ill over the course of the outbreak.) The Water Quality Control Division immediately directed the city utility to issue a bottled water order for the entire city. Recognizing the consequences of such a decision for the community, nine divisions in the department were mobilized and were coordinated through the Emergency Operations Center. The Emergency Preparedness and Response Division immediately notified the private businesses with whom they work, and within 24 hours truckloads of bottled water were rolling into town. Water Quality Division employees worked 24/7 with volunteers from utilities across the region to flush the entire drinking water system. The State Laboratory continually tested samples so they could confirm that the system had been cleared and was safe.

Early in 2009, departmental epidemiologists identified suspiciously linked patients as part of the department's routine hepatitis surveillance activities. That investigation eventually led to a hospital employee who was diverting pain medication for her own use and replacing it with contaminated syringes, thereby putting hundreds of surgical patients at risk. Since then, more than 5,000 people have been tested and 15 people have been linked to the health care provider by specific genetic sequence testing of their hepatitis C virus. It is very likely that without the department's routine infectious disease surveillance and outbreak investigation, this outbreak might never have been identified and more Coloradans would have been exposed and infected.

Today, the Disease Control and Environmental Epidemiology Division and the Emergency Preparedness and Response Division are working closely to respond to the occurrence of the H1N1 flu strain while simultaneously preparing for the advent of the typical seasonal flu season. The department is receiving and distributing assets from the Strategic National Stockpile (everything from antiviral medications to surgical masks) to locations across the state. At the same time, the department is using the epidemic plans that have been in place for several years to implement mass vaccination programs across the state: this will ultimately involve the distribution of more than a million doses of H1N1 vaccine and vaccination of hundreds of thousands of Coloradans, especially those who are particularly susceptible to this new flu strain.

On February 17, 2009, the President signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). That multi-faceted legislation made available to the state an additional \$62 million for drinking water and waste water infrastructure improvements, but it also included ambitious deadlines for committing funds as well as new requirements (e.g., 20% of the funds had to be committed to green infrastructure investments). The Water Quality Division began working with the Water Quality Control Commission to re-write the state's Intended Use Plan to reflect these new opportunities and requirements, as well as a process for considering how these funds would be obligated. Projects totaling more than \$600 million were submitted by March 2009. Division staff dedicated more than 15,000 work hours to assist communities in meeting all the federal and state requirements for revolving fund investments. In a process that routinely takes 18 months but in this case was abbreviated to 7, the staff completed its work to ensure that 31 water and wastewater projects received ARRA funding and began construction. We anticipate that 600 construction-related jobs will be generated as a result of this construction work across the state.

These examples demonstrate that the people of CDPHE are dedicated to fulfilling the department's mission. Over the past three years, they have gone above and beyond the call of duty to respond to public health emergencies and to help us improve the quality of our environment. The economic recession and the consequent reduction in tax revenues have created a whole new set of challenges, from hiring freezes that make it difficult to retain and hire employees, to furloughs that make it more difficult to achieve the deliverables set out in the many federal grants that support so much of the department's work. However, every one of the department's employees understands that we have an obligation to the people of Colorado to continue serving them while finding new efficiencies and innovations that enable us to do more with less.

We are proud of the work we are doing for the state of Colorado, and we hope you are as well.

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 12 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 Emergency Preparedness and Response Division 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, administrative services, human resources, legal and regulatory affairs, and policy and external affairs (which includes the offices of communications and Local Public Health Planning and Partnerships.) Administrative 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,

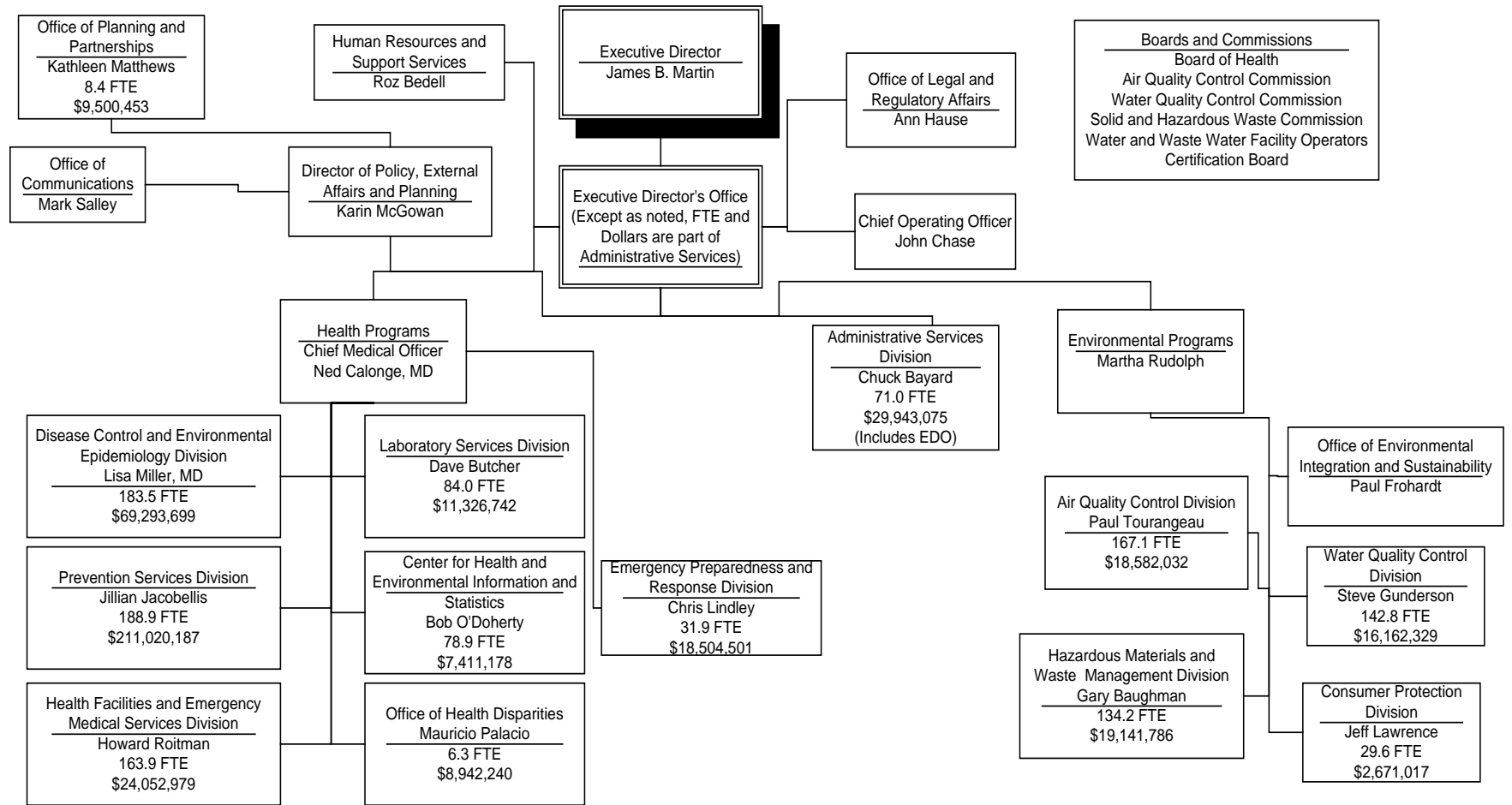
including air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention; environmental leadership; and consumer protection.

The department has a staff of approximately 1,290 employees, with the vast majority working at the department's offices in Glendale. The state Laboratory is in Lowry and there are small satellite offices in Grand Junction and Pueblo. The department receives approximately 95 percent of its \$446 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 (2009).

# Organizational Chart



**1,290.5 FTE    \$446,552,218**

**\$27,728,074 GF    \$504,000 GFE    \$158,912,259 CF    \$34,469,429 RAF    \$224,938,456 FF**

## ***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. have an effective public health and emergency response system to address communicable disease, epidemics, and other public health and environmental problems
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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of local agencies that have the capacity to provide each of the 10 essential public health services.	Benchmark	N/A	N/A	N/A	N/A
	Actual	N/A	N/A		

*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. Due to funding constraints the instruments have not been repeated, so no new data are available.

Additionally, a significant change occurred during the 2008 legislative session with the passage of SB 08-194, the Public Health Act, mandating that all counties establish a local or district public health agency and defining core public health in relationship to the 10 Essential Services. The Public Health Act also requires that a statewide public health improvement plan be developed with local plans

to follow. A planning process has been developed and is underway to create the statewide public health improvement plan collaboratively among local, state and other public health system stakeholders. The Office of Planning and Partnerships intends to develop standardized instruments for community health assessments and capacity assessments as well as a planning template to support local public health agencies completion of local plans. The office's goal is to work with approximately one third of the counties each year until all counties have completed assessments and plans. Once this process is complete and standards have been established, revised performance benchmarks and metrics will be provided.

*Evaluation of Prior Year Performance:*

There have not been sufficient funds available to repeat the NPHPS Assessments since 2002. This lack of funding, taken with the significant changes resulting from the passage of the Public Health Act means that the division has not collected data on the above performance measure.

The Office of Planning and Partnerships has been working with counties to comply with the Local Public Health act. To date the office has received resolutions from 63 of the 64 counties establishing their local or district health agencies. Core services are to be established to insure that equitable public health services are available across the state, allowing flexibility for local public health agencies to prioritize evidence-based programs and activities based on community needs assessments. In 2010, local public health agencies will begin conducting capacity assessments which will include an evaluation of their ability to provide the core public health services identified in the statewide public health plan. Once this process is complete related measures and benchmarks will be identified and data will be provided as soon as practicable.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Greenhouse Gas Reduction

*Objective 2. Having an effective climate change strategy*

Performance Measure	Outcome	FY 2005-06	FY 2012-13	FY 2015-16	FY 2020-21
		Actual	Actual	Approp.	Request
Percent reduction in statewide greenhouse gas emissions (base year=2005)	Benchmark	117.7 MMT CO <sub>2</sub> e	N/A	N/A	20% below 2005 levels =94.2 MMT CO <sub>2</sub> e
	Actual	117.7 MMT CO <sub>2</sub> e			

*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 implemented a demonstration project for soil sequestration in Baca County and worked with the state's largest utility to support an electric resource plan that aims to meet the greenhouse gas reduction goal.

Some of the department's initiatives will be shaped by national climate and energy legislation, assuming the legislation passes out of Congress and is signed by the President. The department will continue to brief the Governor's Climate Team and the Governor on that legislation as it unfolds. The department will also encourage business and industry to join The Climate Registry. Additionally, the department will explore new initiatives and those efforts will likely culminate in a second edition of the Climate Action Plan.

*Evaluation of Prior Year Performance:*

The department drafted regulations to propose to the Air Quality Control Commission to require mandatory reporting of greenhouse gas emissions from large stationary sources. Shortly after, however, EPA issued a draft rule with the same threshold as the one the

department was proposing. Accordingly, the department is deferring to EPA's rule. Working with the Colorado Department of Agriculture, the Department launched an agricultural sequestration demonstration project in Baca County. Through this program, farmers sold carbon credits for reducing emission of carbon dioxide to a buyer wanting to offset its emissions.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	16.8%	18.4%	18.2%	18.1%
	Actual	18.7%	17.6%		

*Strategy:*

State Tobacco Education Prevention and Partnership (STEPP) implements four evidence-based strategies designed to increase the number of tobacco users who make quit attempts. These include the provisioning of population-based counseling and treatment provided by the Colorado Quitline; implementing health care systems' change through the work of the Colorado Clinical Guidelines Collaborative; creating and implementing mass media campaigns targeted at populations most disparately affected by tobacco; and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Health in Denver since 2002. 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. Since 2002, the Colorado QuitLine has served over 175,000 participants, with over 35 percent successfully quitting tobacco use, whereas only 4 percent of smokers succeed when trying to quit on their own.

The Colorado Clinical Guidelines Collaborative (CCGC) provides health care providers and networks training and technical assistance on system change to ensure implementation of the evidence-based clinical practice guideline on tobacco cessation. Specifically, CCGC trains health care providers to implement a tobacco-use screening system, provide an effective cessation intervention with all their patients, and when appropriate, refer them to the Colorado QuitLine or other community cessation resources.

STEPP contracts with Cactus Media and Marketing to develop strategic, culturally appropriate and high impact messages to reduce tobacco use in Colorado. This past year, campaigns targeting low socio-economic populations were created featuring Bronco celebrity spokespeople to promote the Colorado QuitLine. Calls increased to the QuitLine by over 32 percent during the campaign periods. A Latino cessation campaign increased calls from Spanish speaking smokers to the QuitLine by 57 percent.

Local public health agencies and community-based organizations work to decrease the number of adult tobacco users by employing evidence-based best practices at the local level. All activities are conducted in accordance with the 10 Essential Public Health Services and are population-based. Community programs educate the public about the importance of quitting smoking and how to access available cessation services. These programs facilitate health care system change within medical and social services settings so that individuals who use tobacco products receive an intervention and referral. The local public health agencies promote and enforce local laws and policies that create a smoke-free environment, activities which have been shown to consistently increase cessation rates and decrease tobacco consumption.

*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 18.7 percent in FY 2007-08 and to 17.6 percent in FY 2008-09. While the overall percent of smokers within Colorado continues to decrease, the smoking rate change between FY 2007-08 and FY 2008-09 is not statistically significant.

Another positive outcome of Colorado's comprehensive tobacco control program is a significant decline in cigarette pack sales - from 76 packs per capita per year in 1998 to 46.3 packs per capita per year in 2008. The national per capita consumption rate is 63.4 annually.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was submitted to the Joint budget committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	13.9%	11.8%	11.2%
	Actual	14.6%	11.9%		

*Strategy:*

STEPP utilizes seven 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; mass media campaigns; and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

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), which is funded by Amendment 35 money, 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.



Through its media vendor, STEPP developed and launched the youth prevention and cessation campaign, "Own Your C (choices) – using integrated digital media to empower teens to own their choices around tobacco and other risk behaviors. Own Your C campaign has gained traction among Colorado's youth, generating 47,000 visitors to ownyourC.com, reaching 4.5 million Colorado teens with TV spots and conducting more than 430 events in Colorado's 64 counties. Youth visiting the social networking website engaged in dialogue about tobacco use and other health issues and spent an average of six minutes and viewed over 26 pages per visit.

STEPP implements a young adult cessation campaign targeting the "straight-to-work" population and college students. "The Cigarette is Dead" social marketing campaign used nontraditional marketing tactics along with traditional media to cut through tobacco industry ads and promotions. A microsite was created where people could participate in an interactive timeline of the cigarette's demise, learn about tobacco and find resources to quit. The timeline reflected landmark events related to the cigarette and offered users the opportunity to record personal events that impacted their lives such family members or friends who died as a result of tobacco use.

Local public health agencies and community-based organizations mobilize the community to strengthen and enforce existing clean indoor air laws because the degree to which these laws are present and enforced impacts youth consumption. Local agencies also partner with the Colorado Department of Revenue in monitoring the sales of tobacco products to youth and educating retailers and law enforcement in order to eliminate illegal sales to minors. Additional policy efforts at the local level work to eliminate free tobacco product giveaways accessible by youth, eliminate tobacco sponsorship of youth activities, and promote responsible placement of tobacco products and advertising within retail establishments in order to reduce youth access and desire to use tobacco products.

*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 2007 and to 11.9 percent in 2008, thus surpassing the Center for Disease Control and Prevention's Healthy People 2010 goal of 16 percent. The department will continue to administer the smoking cessation and education programs, in an effort to continue past achievements in reducing and eliminating tobacco use in high school students.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was presented to the Joint budget Committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10%	10.6%	10.3%	10.1%
	Actual	10.8%	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 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics and local health agencies. In addition, print advertisements were produced for local health agencies to place in their local newspapers.

In FY 08-09, an inter-agency committee, the Prenatal Smoking Cessation Project Team, was formed to establish division-wide objectives that address prenatal and postpartum smoking cessation. By working collaboratively, department resources can be pooled to more effectively address the needs of this high-risk population.

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:*

Although the 2007-8 actual appears to be slightly higher than the benchmark/goal of 10 percent, the department was very close to meeting its benchmark/goal. The 2008 data for this performance measure will not be available until 2010.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was presented to the Joint budget committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Obesity in Colorado: Obesity (Adults)	Benchmark	19%	19%	20%	20%
	Actual	19.3%	19.1%		

*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, promoting breastfeeding and promoting healthier dining options such as the Smart Meal program with restaurants. Other activities in development include improvements to local food systems (e.g. development of community gardens and improving access to grocery stores) social marketing and media campaigns.

*Evaluation of Prior Year Performance:*

Colorado is ranked the lowest state in the nation for obesity. In FY 2008-09 Colorado's adult rate for obesity was 19.1 percent. Although this appears to be slightly higher than the benchmark/goal of 19 percent, with statistical anomalies, it is probably safe to say that the department has essentially achieved the Benchmark/goal. The benchmark/goals for the future years show a slight projected increase in the obesity rate. This projected increase is based on the national trend of increasing obesity rates in adults. CDPHE will continue its efforts to maintain or reduce obesity, but given the national trends, it is likely to be difficult.

## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Obesity in Colorado Children

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Obesity in Colorado: Overweight (Children)*	Benchmark	15%	15%	15%	15%
	Actual	13%	Data available in the fall of 2009		

\* *Data available for children ages 2-14*

*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 public health and emergency response system to address communicable disease, epidemics, and other public health and environmental problems.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	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	67%	80%		

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

*Strategy:*

The Tuberculosis Program staff and their community partners conduct contact investigations in accordance with the Centers for Disease Control and Prevention guidelines. The purpose of contact investigations is to identify additional cases of active TB and to evaluate and treat those persons who have become infected with active TB. Completion of preventive therapy for those individuals who are infected (on average 20-30% of contacts are infected) substantially reduces the risk that TB infection will progress to active disease.

The Tuberculosis Program and community partners have identified measures to help increase the number of infected contacts who complete treatment. These measures include: 1) focusing resources on contacts at high risk for progression to disease; 2) closely monitoring adherence to treatment and offering incentives for treatment completion; and, 3) providing directly observed preventive therapy (DOPT) to assure treatment completion.

*Evaluation of Prior Year Performance:*

The strategies identified to improve the percent of contacts to active tuberculosis cases for which preventive therapy is appropriate and initiated have generally been effective over the last six years. The percent of infected contacts completing treatment within the

established time frame has 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. This decrease was due to two large-scale investigations that took place, one among the homeless population and a second one in the state penitentiary. While these two investigations identified a large number of infected individuals who initiated treatment, because of the transient nature of these populations, treatment completion rates were low. In 2008, the percent of contacts to active TB disease completing treatment (80 percent) exceeded the benchmark of 78 percent as well as showing significant improvement over the previous year's 67 percent completion rate.

The increase is partly due to the fact that the infected contacts to TB were not among the homeless and incarcerated (populations that are historically difficult to track) as was the case in the previous year, and also due to increased awareness among local health departments as to the importance of treatment completion for contacts to active TB.



## CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

### 9. Pregnant Women Screened for HIV during Pregnancy

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percentage of pregnant women screened for HIV during their pregnancy	Benchmark	95%	95%	95%	95%
	Actual	88.5%	89.2%		

*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 that they are informed of their status and are aware of appropriate steps to take to address their exposure or infection.

Working with community partners and health care providers, STI/HIV Section staff members make every effort to 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. The most effective strategy to identify HIV pregnant women is HIV testing during pregnancy. During the 2009 legislative session the Colorado Revised Statutes were amended to require licensed health care providers who provide care to pregnant women to offer HIV testing. Birth reports for the state of Colorado also include a question to determine if pregnant women

were tested for HIV during their pregnancy. During FY2008-2009 provisional data indicate that 89.2 percent of pregnant women were tested for HIV.

Reporting data indicate that less than 95 percent of pregnant women were tested for HIV during their pregnancy. The underlying cause(s) of health care workers not testing pregnant women for HIV have not been adequately described but the Colorado Revised Statutes were changed to require health care providers to offer testing to pregnant women and document any refusal of the test. The department is working with professional organizations to inform persons who provide health care to pregnant women of this new requirement.

With the new legislation and subsequent outreach efforts, the division believes that the testing rate will increase.

## 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	CY 2007	CY 2008	CY 2009	CY 2010
		Actual	Actual	Approp.	Request
Percentage of Colorado Counties that are in attainment of the federal ozone standards.	Benchmark	86%	86%	86%	86%
	Actual	86%	86%		

*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 standard continues to be under development. Adopted emission control measures will be implemented in the coming years. Because in early 2009 the federal standard became more stringent, additional strategies will need to be evaluated to ensure that counties that are in attainment of the new standard do not lose that designation, and to bring those counties that are out of attainment back into attainment. This will be a 15+-year effort (which began back in 2002).

*Evaluation of Prior Year Performance:*

The Colorado counties that are not in attainment of the federal ozone standard 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 were developed for implementation in 2009 and beyond. The division, the Regional Air Quality Council, and the North Front Range Transportation/Air Quality Planning Council drafted a plan for public review, and the Air Quality Control Commission adopted the plan on 12/12/08. The plan included numerous controls for oil and gas, vehicles, fuels, and industrial/commercial activities with the goal of meeting the current EPA standard. With the subsequent lowering of the 8-hour ozone standard by the Bush Administration (effective in March 2009), all nine-counties in the Front

Range area violate this newer standard, and a plan for how the Front Range region will meet that standard must be filed with EPA in 2013. However, the Obama Administration is considering proposals to further tighten the 8-hour ozone standard.

## 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 2007-08	FFY 2008-09	FFY 2009-10	FFY 2010-11
		Actual	Actual	Approp.	Request
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	90%	90%	90%
	Actual	89.6%	88.6%		

*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. In the Performance Partnership Agreement with the EPA, the division has agreed to a 90 percent benchmark for small community water systems that meet all health-based standards. This is an EPA regional benchmark for Colorado, Utah, North Dakota, South Dakota, Wyoming and Montana.

*Evaluation of Prior Year Performance:*

There was a slight decrease in the actual data from FY 2007-08 to FY 2008-09. Please note that the data are 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, but this is a multi-year project and is still in the early stages.

## 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 2007	CY 2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	16.8%	18.4%	18.2%	18.1%	17.9%
	Actual	18.8%	16.5%			
Tobacco Use in Colorado: Smoking, African American (current adult smokers)	Benchmark	New Measure	24%	24%	24%	24%
	Actual	22.5%	25.2%			
Tobacco Use in Colorado: Smoking, Hispanic (current adult smokers)	Benchmark	New Measure	22.9%	22.5%	21.1%	20.9%
	Actual	21.1%	21.5%			

Note: the figures in this table represent rolling 3-year time periods (2005-2007 listed under CY2007 and 2006-2008 listed under CY 2008). Also note that because of the small sample size and the need to use rolling averages, the state rates differ slightly from those shown in the table on page 9.

#### *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:

- Strengthen and enforce existing tobacco control public policies, such as promoting quitting, providing education, and reducing exposure to second hand smoke. These strategies have been shown to provide tobacco control protection across populations.

- Promote the implementation and enforcement of new tobacco control policies that are designed to reduce tobacco use and exposure to second and third hand smoke, particularly within communities or at worksites serving disparately affected populations.
- Integrate representatives of disparately affected populations in key decision-making bodies and processes such as the Tobacco Education, Prevention and Cessation Grant Program Review Committee, Tobacco Disparities Subcommittee, community-based tobacco control coalitions, and the Tobacco Planning and Evaluation Group Subcommittee.
- Increase the proportion of health care providers who practice culturally proficient tobacco prevention and cessation interventions by providing technical assistance, resources, and training to community health clinics and other members of the medical and social services communities who serve disparately affected populations.
- Educate community leaders and individuals in disparately affected populations to reduce initiation, use and exposure to tobacco.
- Support STEPP's statewide media campaigns by placing media at the community level; coordinating educational campaigns and activities with other state, local, and agency initiatives; and participating in media focus groups and workgroups for marketing campaigns. Ensure that all media messaging is culturally proficient and appropriate for the target audience.

*Evaluation of Prior Year Performance:*

Based on the composition of the population of Colorado, sample sizes for minority populations tend to be small. This makes it difficult to make precise inferences. However, the data does clearly indicate that the smoking rate among African Americans and Hispanics is higher than that in the general population. Longer-term trends (2001-2005) show significant improvements in the overall smoking prevalence. However, this improvement has been due to reductions in cigarette smoking by non-minority populations. The table above uses a three-year rolling average for the prevalence estimates. Despite what appears to be an increase in smoking rates among African Americans, this apparent increase is not statistically significant due to the small sample size. Taking into account the statistical limitations of the data, the conclusion is that prevalence of current adult cigarette smoking remained essentially unchanged for Hispanics and African Americans over the time period shown.

However, the results clearly illustrate the need to continue efforts to conduct outreach to these disparately impacted communities in culturally appropriate ways. It is the Department's hope that its efforts are being effective, and that data in the future years will demonstrate a positive impact on smoking rates in disparately impacted populations.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was presented to the Joint Budget Committee to reduce the grants line for the Program by an additional \$7 million in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted for budget reductions at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many program grants.



## 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	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Actual	Approp.
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%	22%	
Colorectal Screening: Proportion of African American adults 50+	Benchmark	New Measure	65%	68%
	Actual	27.2% (FOBT)	30.9%	
Colorectal Screening: Proportion of Hispanic adults 50+	Benchmark	New Measure	50%	52%
	Actual	15.2%	19.8%	

Performance Measure	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Actual	Approp.
Colorectal Screening: Proportion of adults 50+ Endoscopy (colonoscopy & sigmoidoscopy) in past 5 years	Benchmark	New Measure	70%	75%
	Actual	47%	61.9%	
Colorectal Screening: Proportion of African American adults 50+	Benchmark	New Measure	65%	68%
	Actual	46.7%	65.2%	
Colorectal Screening: Proportion of Hispanic adults 50+	Benchmark	New Measure	50%	52%
	Actual	38.8%	50.7%	

Note: these cancer measures are collected during even-numbered years)

*Strategy:*

Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in the United States. CRC is the third leading cause of cancer deaths behind lung and breast cancers for females and behind lung and prostate cancers for males. Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables.<sup>[29]</sup> Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. The two most widely used tests in detecting CRC are Fecal Occult Blood Testing (FOBT) and endoscopy.

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 to priority populations.
- Increase partnership efforts with the Office of Health Disparities and its network.
- Coordinate available funding from Amendment 35 grants and the Centers for Disease Control to enhance public education on need for CRC screening to disparate populations.
- Ensure that 1-800 numbers and relevant referral information for colorectal screening programs are used by partners.

*Evaluation of Prior year Performance:*

Between 2006 and 2008, there has been a significant increase in colorectal cancer screening in Colorado. Rates for CRC screening have improved likely due to the impact of the Amendment 35 funded colorectal cancer screening program, which actively seeks out priority populations such as Hispanic and African American/Black as well as focusing on those without insurance to pay for the screening.

According to the data shown above as well as to the 2009 Office of Health Disparities Report (<http://www.cdphe.state.co.us/ohd/>), Hispanics are less likely to have colorectal screenings than in the general population. While rates of colorectal cancer screening in Hispanics have increased, they consistently lag behind other ethnic groups. Activities must be supported that specifically address this group.

African-Americans/Blacks have a higher screening and have a lower all-cancer incidence rate than the total population, yet have a slightly higher mortality rate. This apparent paradox is explained by the fact that cancer tends to be detected at a later stage for African-Americans/Blacks, when treatments are less likely to be successful. Despite the fact that African American's are more likely to be screened, the increased mortality in this group means that Efforts must continue to reach out to this vulnerable population.

To date, the colorectal cancer screening program has served over 7,000 needy Coloradoans with endoscopy but this trend will not continue as the Program faces budget reductions due to a reduction in Amendment 35 funding. While this is necessary to maintain state budgets, it will certainly have a negative impact for those most vulnerable: African Americans/Black, Hispanic, and those without insurance. it is to be expected that rates for CRC screening will decline over the next two years.

Colorado was recently awarded a 5-Year federal grant to reduce mortality and increase screening rates to 80% of the eligible population. Funding will support efforts of the Colorado Colorectal Cancer Screening Program to screen 230 needy Coloradoans and to begin the promotion of FOBT in general healthcare settings.

Overall, Colorado remains below the screening benchmarks/goals and efforts will be established to continue to offer services to those in need.

## 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	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Actual	Approp.
Cervical Cancer Screening: Proportion of women 18+ (Pap test within past 3 years)	Benchmark	85%	85%	85%
	Actual	85.3%	84.6%	
Cervical Cancer Screening: Proportion of African American women 18+ (Pap test within past 3 years)	Benchmark	85%	85%	85%
	Actual	89.4%	81.7%	
Cervical Cancer Screening: Proportion of Hispanic women 18+ (Pap test within past 3 years)	Benchmark	New Measure	85%	85%
	Actual	85.7%	87.6%	

Note: these cancer measures are collected during even years

#### *Strategy:*

Cervical cancer is the 10th most common cancer among females in the United States. The number of new cases of cervical cancer is higher among females from racial and ethnic groups than among white females. Considerable evidence suggests that screening with a Pap test can reduce the number of deaths from cervical cancer. Invasive cervical cancer is preceded in a large proportion of cases by precancerous changes in cervical tissue that can be identified with a Pap test. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up.

The Office of Health Disparities and the Prevention Services Division (PSD) are working together and with community groups and health care agencies to encourage women to have cervical cancer screenings as early detection significantly increases the likelihood of survival. The Women's Wellness Connection is PSD's breast and cervical cancer screening program which provides women of all races the opportunity to obtain these important screenings free of charge. More importantly, women screened under the Women's Wellness Connection are eligible for treatment under Medicaid if a cancer is found.

Strategies for maintaining and increasing breast and cervical cancer screenings to disparate populations include the following:

- Coordinate Office of Health Disparities (OHD) funded grant projects with the Women's Wellness Connection program to increase outreach of breast and cervical cancer screenings to underserved communities, with a focus on racial and ethnic communities statewide; specifically to African American, Latina and Asian Pacific communities.
- Utilize the Office of Health Disparities networks, including those served through contracts from the Health Disparities Grant Program. Encourage attendance at information meetings of the OHD grant program staff to share data and inform on progress towards impacting disparate populations.
- Provide coordinated guidance and technical support (direct or via grantees) with provider education and participate in annual provider trainings.
- Participate in the Community Navigator quarterly conference meetings.
- 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:*

Between 2006 and 2008, there has been a slight decline in cervical cancer screening among women in Colorado. African American/Black women demonstrated the largest decline but overall, rates in Colorado remain near the Healthy People 2010 benchmark of 85 percent. Data is collected for women of many diverse populations which allows Colorado to detect ethnic trends, establish clear benchmarks and allows the program to be more focused in its efforts to reach, screen and detect cervical cancers.

According to the 2009 Office of Health Disparities Report (<http://www.cdphe.state.co.us/ohd/>),

- African-American/Black women are slightly more likely than all Colorado women to have had a Pap smear test in the past three years. As reported from 2006 to 2008, there has been a decline in the number of African American/Black women who reported having a Pap test so efforts need to focus on this priority population to reverse the trend.
- Hispanic/Latino women have higher incidence and mortality rates for cervical cancer when compared with all Colorado women. While cervical cancer accounts for a relatively small number of cancer deaths among this group, it is of interest because early detection from a Pap test can significantly reduce cervical cancer mortality. From 2006 to 2008, screening rates demonstrate an increase in the number of Latina women who have had a Pap test in the last three years. Therefore, it is imperative to keep screening rates high in this priority population to avoid an increase in incidence.

## 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	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Actual	Approp.
Breast Cancer Screening Benchmark	Benchmark	>75%	>75%	>75%
Breast Cancer Screening: Proportion of women 40+ (mammogram within past 3 years)	Actual	72.0%	81.15%	
Breast Cancer Screening: Proportion of African American women 40+ (mammogram within past 3 years)	Actual	68.0%	83.1%	
Breast Cancer Screening: Proportion of Hispanic women 40+ (mammogram within past 3 years)	Actual	66.4%	79.7%	

Note: these measures are collected during even years

#### *Strategy:*

Breast cancer is the most common cancer among women in the United States. About 40,800 U.S. women were expected to die from breast cancer in 2000, accounting for about 15.2 percent of cancer deaths among women. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer. As noted in the Office of Health Disparities report, women who are Latina

or African American/Black are significantly more obese than White women. Therefore, activities for breast health education should include activities to address obesity and its associated risks of breast cancer.

The Office of Health Disparities and the Prevention Services Division (PSD) are working together and with community groups and health care agencies to encourage women to have breast cancer screenings as early detection significantly increases the likelihood of survival. The Women's Wellness Connection is PSD's breast and cervical cancer screening program which provides women of all races the opportunity to obtain these important screenings free of charge. More importantly, women screened under the Women's Wellness Connection are eligible for treatment under Medicaid if a cancer is found.

Strategies for maintaining and increasing breast and cervical cancer screenings to disparate populations include the following:

- Coordinate Office of Health Disparities (OHD) funded grant projects with the Women's Wellness Connection program to increase outreach of breast and cervical cancer screenings to underserved communities, with a focus on racial and ethnic communities statewide; specifically with African American and Latina communities.
- Utilize the Office of Health Disparities networks, including those served through contracts from the Health Disparities Grant Program. Attend information meetings of the OHD grant program staff to share data and inform on progress towards impacting disparate populations.
- Provide coordinated guidance and technical support (direct or via grantees) with provider education and participate in annual provider trainings.
- Participate in the Community Navigator quarterly conference meetings.
- 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:*

According to the data, from 2006 to 2008 there has been an overall increase in the number of Colorado women age 40 plus who report having a mammogram in the last three years. This trend is extremely positive especially since national trends demonstrate mammography rates have been declining since 2000.

All ethnic groups demonstrated improvement but screening in Latina women still lags behind other Colorado ethnic populations. As noted, Colorado exceeds the Healthy People 2010 benchmark of 75 percent.

According to the 2009 Office of Health Disparities Report (<http://www.cdphe.state.co.us/ohd/>),



- Breast cancer accounts for 15 percent of all cancer deaths among African-American/Black women. As reported from 2006 to 2008, African-American/Black women are demonstrating strong adherence to mammography guidelines for annual screening.
- Breast cancer accounted for 13 percent of all cancer deaths among Hispanic/Latino women. Early detection increases a woman's chance of surviving breast cancer, yet Latino women 40 and over are substantially less likely to have had a mammogram in the past two years than other women. While there has been a significant jump in the number of Latina women reporting a mammogram from 2006 to 2008, they still lag behind African American and White women screening rates.

# 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 B. Martin**

## **Strategic Plan FY 2010-11**

## ***Introduction***

The Division of Administration and support oversees and supports the activities of the other 11 divisions within the Colorado Department of Public Health and Environment. The division includes the Executive Director's Office, financial services, human resources, legal and regulatory affairs, policy and external affairs, Special Environmental Programs and Special Health Programs.

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

**The Policy and External Affairs Section** includes the office of communications, and oversees the Office of 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 10 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 Financial Services Section** is the department's business office. This section provides timely and accurate procurement, budgetary, expense and revenue information for department operations. The section includes accounting; budget; contracts and procurement; internal audit; management analysis; financial services and building operations and facilities. These functions are inherently critical to operating the department and other state agencies.

**The Human Resources Section** 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 Special Environmental Programs unit** includes the Office of Environmental Integration and Sustainability (OEIS.) **OEIS** supports the departmental priority of pollution prevention and includes programs for greening state government such as the Environmental Leadership Program (ELP), the Pollution Prevention Program, the Housed Commercial Swine Feeding Operations

(HCSFO's), the Recycling Resources Economic Opportunity Grant Program, the Advanced Technology Research Grant program, the Oil and Gas consultation and the small business ombudsman and environmental justice concerns initiative.

This office administers the department's cross-cutting and non-traditional environmental protection programs and initiatives which includes the regulation of animal feeding operations; consultation with the Colorado Oil and Gas Conservation Commission regarding the public health and environmental impacts of oil and gas development; oversight of the Colorado Environmental Audit Privilege and Immunity Law; management of a statewide environmental leadership program that offers incentives to companies that voluntarily go beyond compliance with state and federal regulations; outreach and technical assistance on pollution prevention and sustainability projects; administration of two recycling grant programs, the Recycling Resource Economic Opportunity grant program that focuses on implementing recycling projects, and the Advanced Technology grant program that focuses on research to develop new recycling techniques.; assistance to communities in addressing environmental justice concerns; the collection and distribution of information regarding the use, storage, production, and release of hazardous chemicals using the annual Tier II Hazardous Chemical Inventory report, and the annual Toxic Release Inventory report; and working with state departments and agencies to reduce energy consumption and increase energy efficiency, increase the use of alternative energy resources and decrease emissions and fuel consumption of the state vehicle fleet.

**The Special Health Programs** unit includes the Office of Health Disparities (OHD) and serves in a coordinating, educating and capacity building role for state and local public health programs and community-based organizations. Added to the division via HB05-1262, the Health Disparities Grant Program (HDGP) was created from tobacco tax funds (Amendment 35) 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 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.

### ***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 (2009).

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 (2009).

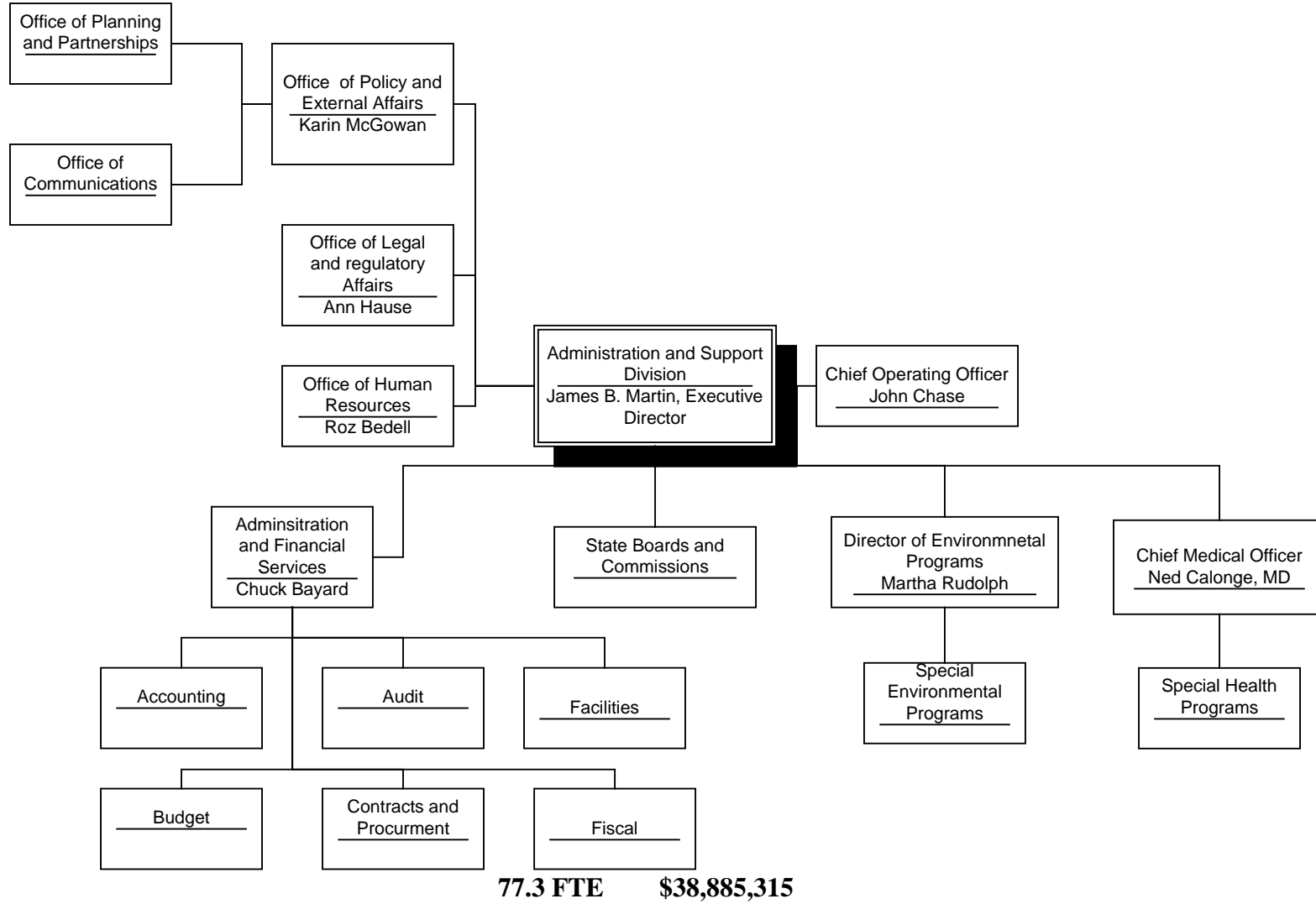
The statutory authority for the Department of Public Health and Environment, Recycling Resources Economic Opportunity Fund is found in Title 25, Article 16.5-106.5 (1) of the Colorado Revised Statutes.

The statutory authority for the Department of Public Health and Environment, Advanced Technology Fund is found in Title 25, Article 16.5-105 (2) (a) of the Colorado Revised Statutes.

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 (2009).

The statutory authority for the Department of Public Health and Environment, Office of Health Disparities, Health Disparities Grant Program is found in Title 24, Article 22-117 of the Colorado Revised Statutes.

# Organizational Chart



## *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. Turnover Rate of Staff within the Department

*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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
The turnover rate of staff within the Department. The benchmark is the overall turnover rate for state employees.	Benchmark	11.1%	11.1%	11.1%	11.1%
	Actual	8.5%	8%		

*Strategy:*

Strategies to retain good staff includes:

- Keep employees engaged in their work at the department
- Offer career growth and professional development
- Build managerial skills to assure good performance management
- Provide adequate on-boarding for new employees
- Capture information from employees as they leave to identify areas for improvement

*Evaluation of Prior Year Performance:*

The department conducted an employee engagement survey in April 2007 and has spent the past two years working with information from that survey to improve areas for employee engagement and satisfaction, such as providing career development workshops and better department wide communication. The Human Resources section offers an in-house Supervisory Development Program for professional development and brings vendors on site to inform employees about higher education and other professional development opportunities. OHR also uses tuition assistance to encourage employees to complete degrees of



higher education. Onboarding includes new employee orientation and automated benefits sign-up. The department uses the Department of Personnel and Administration's exit survey to capture information from employees as they exit.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Average number of days to fill vacant positions.	Benchmark	45	45	45	45
	Actual	54	27		

*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 average number of days it took Human Resources to fill vacant positions in FY 2008-09 was 27, compared to 54 in FY 2007-08, which is a difference of 50 percent. The biggest reason for this change was the drop in the number of requests for referrals from 275 in FY 2007-08 to 155 in FY 2008-09. This is a result of the hiring freeze that was put into effect on October 1, 2008. Also, turnover rate for the department decreased to 8.0 percent in FY 2009, which is 0.5 percent less than the previous year. Finally, the Office of Human Resources now is fully staffed and fully trained to process selection requests.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Rate/ratio of internal promotion vs. outside hires	Benchmark	22%	25%	25%	25%
	Actual	15%	18%		

*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 Human Resources section is building workforce capacity by using the above strategies to increase internal promotions. The Leadership Development Program was not fully funded for FY 2008-09, but the 36 chosen participants were given a 360-degree feedback survey and goal setting workshop, and they were matched with a senior manager in the department to be their mentor. The hiring freeze imposed on October 1, 2008 limited the Rewards and Recognition program (i.e., no new funding was put into awards), but it was still effective in recognizing employees who made significant contributions. The hiring freeze also limited the number of promotions in the department but there were 20 percent greater number of positions filled through internal promotions in FY 2008-09 than in FY 2007-08.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. 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.

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

Performance Measure	Outcome	FY 2007-08	FY 2010-11	FY 2013-14	FY 2016-17
		Actual	Request	Estimate	Estimate
Employee survey ratings of general satisfaction, adequacy of training, growth opportunities. Shown as the percent of employees agreeing with the following two statements in the Employee Engagement Survey “The work I do makes good use of my skills and abilities.” And “My day-to-day activities contribute to the department’s mission and vision.”	Benchmark	New Measure	4.07	4.07	4.07
	Actual	4.07			

*Strategy:*

Every three years, employees of the department are given the Employee Engagement Survey. Within this survey, permanent employees are asked to evaluate certain statements. The results of the survey for the statements “The work I do makes good use of my skills and abilities.” and “My day-to-day activities contribute to the department’s mission and vision.” are reported within this measure.

*Evaluation of Prior Year Performance:*

In April 2007, employees of the department were surveyed on questions related to their engagement in or satisfaction with the department. Job Satisfaction was the highest-rated dimension (overall average score was 4.0 on a 5-point scale). In this dimension, the rating on the two specific questions used for this performance measure was the following:

- The work I do makes good use of my skills and abilities. (average rating = 3.92)

- My day-to-day activities contribute to the department's mission and vision. (average rating = 4.22)
- The average rating on these two questions is 4.07

The next survey is planned for 2010, if there is funding available to conduct it.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Customer service survey to determine effectiveness of implemented enhancements. Shown as the percent of department staff indicating “Strongly Agree” or “Agree” with the statement “ <i>Process updates, which are intended to improve necessary processes, are useful, well thought through, and implemented smoothly.</i> ”	Benchmark	New Measure	New Measure	92%	92%
	Actual	New Measure	90.5%		

*Strategy:*

The division developed a survey tool in FY 2008-09 and collected data during the summer of 2009. Since the survey was administered in August 2009, the strategies based on these results are still under development. Once the responses are evaluated, the division will establish strategies and goals based on the information/feedback provided in the survey.

*Evaluation of Prior Year Performance:*

This is the first year that the Administration and Support Division has solicited department employee opinions on the performance of the division. The data that was collected by the survey tool reported that 90.5 percent of department employee respondents “Agree” or “Strongly Agree” with the statement “*Process updates, which are intended to improve necessary processes, are useful, well thought through, and implemented smoothly.*” This is a positive response but nevertheless the division intends to review the results and identify opportunities for procedural updates and simplifications in order to improve the business functions of the department as a whole.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 6. Customer Satisfaction on Day-to-Day Operations

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Customer service survey to determine efficiency of day-to-day operations. Shown as the percent of department staff indicating "Strongly Agree" or "Agree" with the statement "The overall performance of the unit is satisfactory."	Benchmark	New Measure	New Measure	86%	86%
	Actual	New Measure	84.4%		

*Strategy:*

The division developed a survey tool and administered the survey during the summer of 2009. The baseline data from that survey will be used to establish goals and benchmarks. Since the survey was administered in August 2009, the strategies based on these results are still under development. Once the responses are evaluated, the division will establish strategies and goals based on the information/feedback provided in the survey.

*Evaluation of Prior Year Performance:*

This is the first year that the Administration and Support Division has solicited department employee opinion on the performance of the division. The data that was collected by the survey tool reported that 84.4 percent of CDPHE employee respondents "Agree" or "Strongly Agree" with the statement "The overall performance of the unit is satisfactory." This indicates that the customers are satisfied but that the division has some room for improvement in overall customer satisfaction levels. The division intends to review the survey results and identify opportunities to improve customer satisfaction.

## 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 2007-08	FY 2010-11	FY 2013-14	FY 2016-17
		Actual	Request	Estimate	Estimate
Department wide employee survey to determine if staff members are receiving sufficient tools, training and resources to be successful in their jobs. Shown as the percent of employees indicating “Satisfied” or “Very Satisfied” to the statement “I have the necessary resources and equipment to do my job well” from the Employee Engagement Survey	Benchmark	New Measure	4.0	4.0	4.0
	Actual	3.73			

*Strategy:*

Every three years, employees of the department are given the Employee Engagement Survey. Within this survey, permanent employees are asked to evaluate certain statements. The results of the survey for the statement “I have the necessary resources and equipment to do my job well” are reported within this measure.

Strategies to improve employee evaluations include the following:

- Work to improve technology and automated systems.
- Provide targeted training to meet actual needs identified through performance evaluations and 360-degree feedback assessments.
- Increase communication to identify and share resources available in the department.



*Evaluation of Prior Year Performance:*

In April 2007, employees of the department were surveyed on questions related to their engagement in or satisfaction with the department. The measure associated with the resources needed to successfully complete the job measured employees satisfaction on the statement “*I have the necessary resources and equipment to do my job well.*” The overall score was 3.73 on a 5-point scale. This result is positive, but indicates some opportunity for improvement. The department has been working on strategies such as the ones listed above, and hopes to see improvement in the results of the next survey. The next survey is planned for 2010, if there is funding available.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 8. Information Sharing with External Stakeholders

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Customer service survey to determine external stakeholders' satisfaction with services. Shown as the percent of stakeholders indicating "Strongly Agree" or "Agree" with the statement " <i>The overall performance of the unit is satisfactory.</i> "	Benchmark	New Measure	New Measure	92%	92%
	Actual	New Measure	90.9%		

*Strategy:*

The division developed a survey tool and administered the survey during the summer of 2009. The baseline data gathered from the survey will be used to develop goals for improving services to customers. Stakeholders surveyed included the Office of State Planning and Budget, the Joint budget Committee staff, Legislative Council staff, the Controller's Office staff and other relevant customers. Since the survey was administered in August 2009, the strategies based on these results are still under development. Once the responses are evaluated, the division will establish strategies and goals based on the information/feedback provided in the survey.

*Evaluation of Prior Year Performance:*

This is the first year that the Administration and Support Division has solicited external opinion on the performance of the division. The data that was collected by the survey tool reported that 90.9 percent of respondents "Agree" or "Strongly Agree" with the statement "*The overall performance of the unit is satisfactory.*" This is a positive response but nevertheless the division intends to review the results and identify opportunities for improvements to the division. Additionally, there were only 11

respondents which is not a large enough sample to make statistically significant inferences. The division will work to get additional external respondents next year.

## AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 9. 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of department fleet vehicles purchases that are hybrids or alternative fuel vehicles.	Benchmark	75%	75%	75%	75%
	Actual	80%	64%		

*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 60 percent hybrid and alternative fuel vehicles in fiscal year 2008-09. A higher percentage would have been achieved but the state did not receive any bids from dealers to supply hybrid SUV's. The department needed to replace four old SUV's and did not have a hybrid option. Therefore the division purchased four Jeeps that were not hybrids. However, the new Jeep purchases did go from 6-cylinder to 4-cylinder vehicles to improve fuel economy by approximately 30 percent.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 10. Greening Government through Reduction in Gallons of Fuel Utilized for Departmental Business

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Total gallons of fuel used for departmental business annually, including fuel used by fleet vehicles and personal vehicles.	Benchmark	89,000	84,500	80,300	76,300
	Actual	87,473	76,416		

*Strategy:* The department encourages the use of state owned vehicles rather than reimbursing employees for using their own vehicles, in an effort to reduce the amount of fuel utilized for departmental business. Since the department has such a large hybrid composition in their fleet, using department vehicles will result in greater fuel economy. In order to standardize the data, the personal mileage per gallon rate will be noted at the start of the fiscal year (July 1), and utilized throughout the entire year. The personal mileage per gallon rate will be taken from the EPA’s annual Light-Duty Fuel Economy Trends Report.

*Evaluation of Prior Year Performance:*

The department exceeded its benchmark goal for reducing fuel consumed in 2007-08 and by an even greater margin in 2008-09. By emphasizing the need to purchase hybrid vehicles with division fleet coordinators, limiting driving whenever possible and encouraging staff to use fleet rather than personal vehicles, the department was able to reduce fuel used by 12.6 percent from FY 2007-08. The department has reduced total fuel use by 22.5 percent from FY 2005-06. The Governor’s Greening Government Executive Order requires a 25 percent reduction by 2012. The department will continue to employ strategies that should allow it to exceed this goal.

## ASD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 11. 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of cases of paper purchased and used at the department.	Benchmark	3,133	3,070	3,009	2,949
	Actual	2,724	2,844		

*Strategy:*

The department has a number of strategies to reduce paper:

- 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
- Regulations are sent to the public through email rather than sending hard copies

*Evaluation of Prior Year Performance:*

The department exceeded its paper reduction benchmark goals in both FY 2007-08 and FY 2008-09. Paper use from FY 2008 to FY 2009 went up by 4.4 percent. Given the significant increase in FTE at the department, this slight increase is not surprising. Since FY 2004 paper reduction at the department is 25.4 percent, however, the department spent 13 percent more for paper in 2009 compared to 2004 even though paper use has gone down considerably. The average per case cost in 2004 was \$23.01 and in 2009 was \$34.85. The department has met the Governor's Greening Government Executive Order of reducing paper use by 20 percent by 2012. The department has also complied with the new Environmental Preferable Purchasing policy by purchasing only paper made from recycled materials.

# 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 2010-11**

## ***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 the department 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 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 150 servers, including Windows,



Novell, and Linux 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.

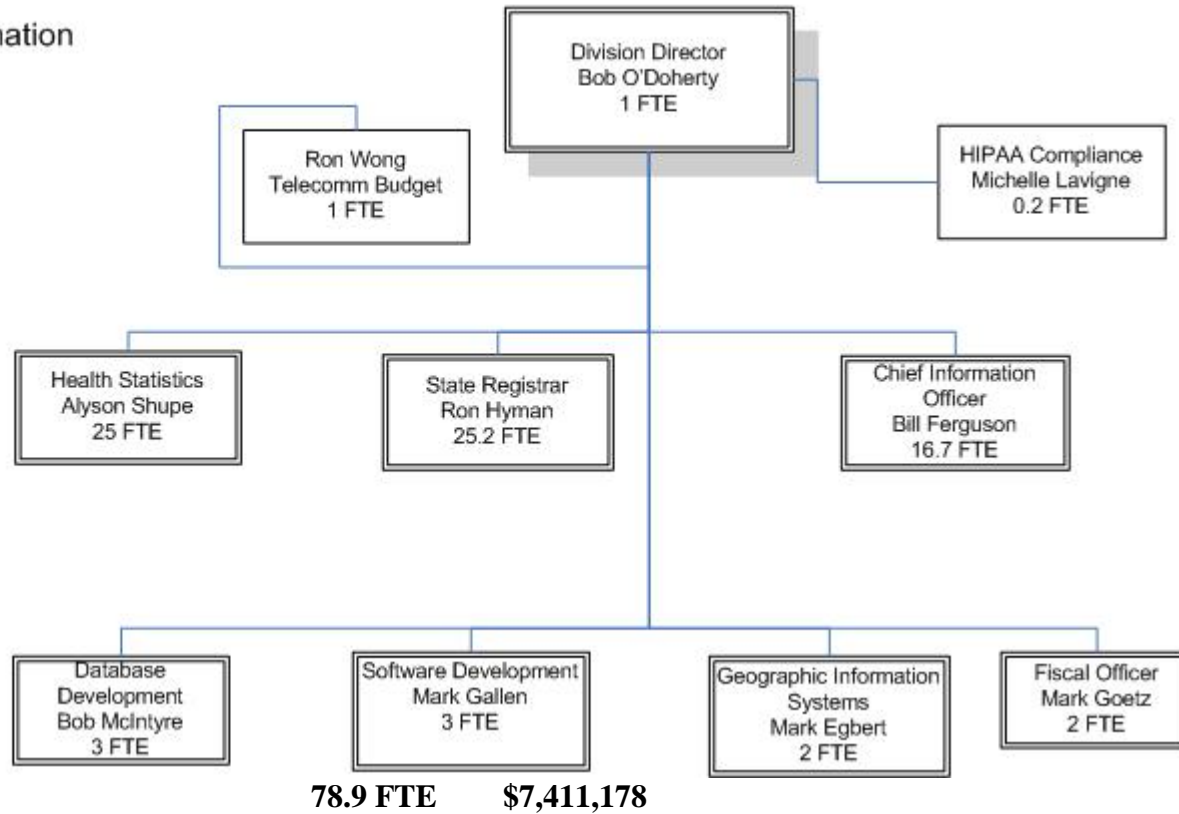
Senate Bill 155 (SB08-155) consolidates all Information Technology (IT) personnel in the State under the Office of Information Technology (OIT). This transformation will occur in phases from July 1, 2008 through June 30, 2012.

### **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 (2009).

## Organizational Chart

Center for Health  
and Environmental Information  
and Statistics



## *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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of successful data queries run against the Colorado Health Information Dataset (CoHID) each year	Benchmark	50,000	60,000	60,000	60,000
	Actual	60,000	60,000		

*Strategy:*

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

- Embed Colorado Health Information Dataset (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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of data sets, data tables and reports available through the State Health Department Data Portal.	Benchmark	0	4	12	12
	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 a 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of work time that the CDPHE internal network is available	Benchmark	99.5%	99.5%	99.5%	99.5%
	Actual	99.9%	99.9%		

*Strategy:*

In order to maintain network availability 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 the intrusion protection system closely

*Evaluation of Prior Year Performance:*

The network's performance slightly exceeded the benchmark/target for both years.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of customers who receive requested data within three days of request or within the time frame negotiated with them.	Benchmark	95%	98%	100%	100%
	Actual	95%	98%		

*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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of incidents of inappropriate release of confidential information.	Benchmark	0	0	0	0
	Actual	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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of CDPHE help desk calls resolved within one week.	Benchmark	98%	100%	100%	100%
	Actual	98%	98%		

*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 has met its targets/benchmarks in this area for the previous years. Additionally, most help desk calls (92 percent) 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of CDPHE PC's that are four years of age or less	Benchmark	100%	100%	100%	100%
	Actual	97%	97%		

*Strategy:*

Since computers are such essential tools for most employees, 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 percent 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of internal and external people trained each year on basic biostatistics, epidemiology, data analysis, and planning.	Benchmark	500	500	500	500
	Actual	500	500		

*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 2010-11**

## ***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:

**Director's Office** - 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 is provided, and assuring proper and timely response to customer test report inquiries.

**Laboratory Services – Chemistry and Microbiology** - 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 30,000 analyses detecting drug and alcohol levels for law enforcement. The Microbiology program provides newborn screening (detecting over 7,000 abnormal results) and testing for communicable diseases (detecting an average of 5,300 abnormal results and verifying 45 outbreaks annually). The division's goal is to respond to technical assistance requests from federal, state, county, and local agencies within two hours and to emergency analysis requests within 24 hours of contact.

**Certification** - The Certification program provides regulatory oversight to entities performing laboratory testing and administers the breathalyzer portion of the State's DUI/D program. The program ensures evidential breath alcohol equipment is maintained and accurately calibrated in addition to providing certification to all Colorado law enforcement officers performing breath alcohol testing for DUI enforcement purposes. The Evidential Breath Alcohol Testing Unit repairs and certifies approximately 350 intoxilyzer instruments, inspects 133 law enforcement agencies annually, and provides expert testimony and consultation to the legal community on a regular basis.

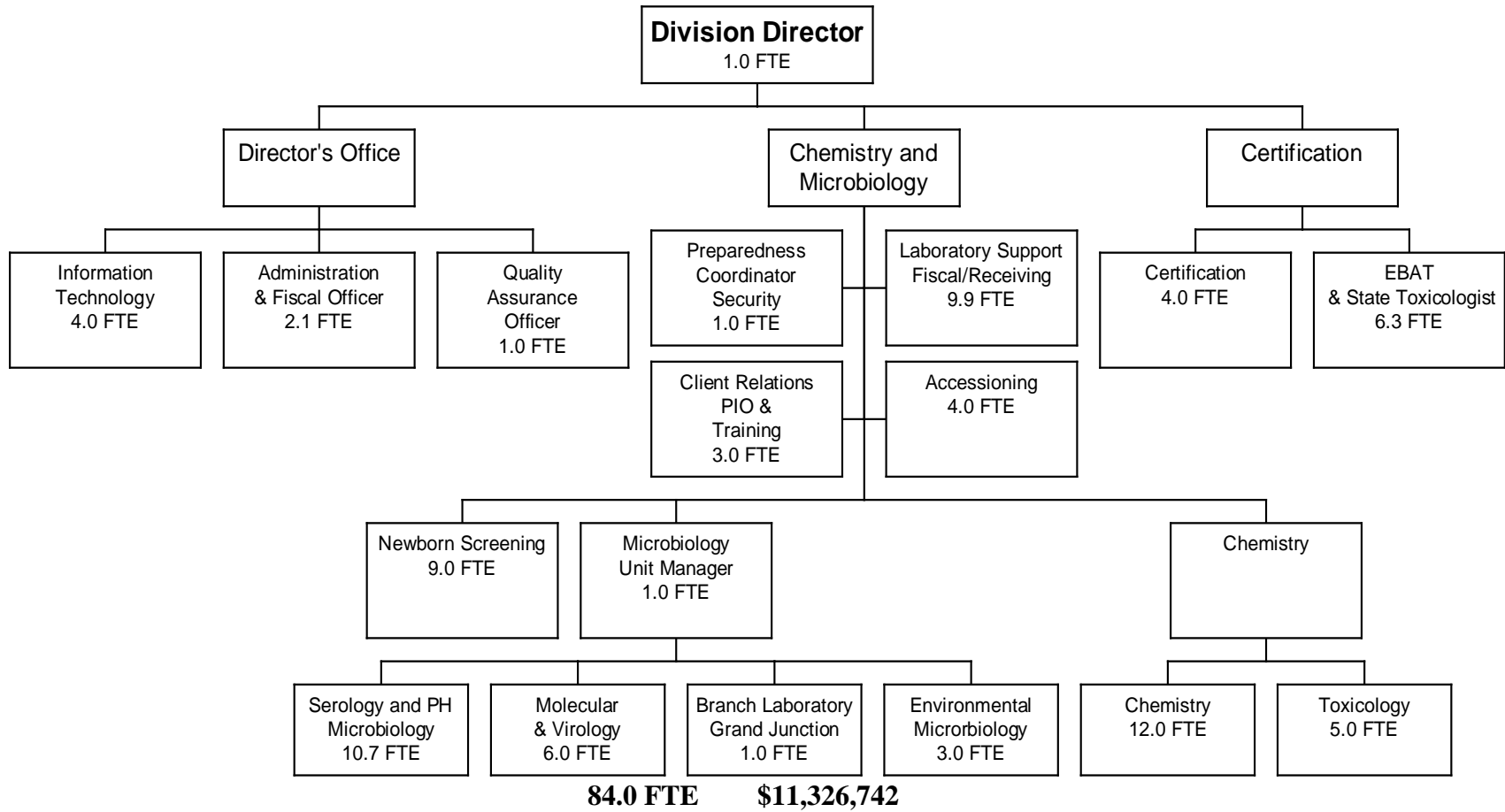
The program oversees approximately 3,000 labs including medical, environmental, dairy, and forensic toxicology laboratories located throughout the State. The Certification program establishes protocols and ensures compliance with applicable State and federal standards. Staff members conduct annual and biennial inspections and monitor compliance at approximately 2,900 different laboratories. All laboratories and facilities found to be in non-compliance are monitored to ensure effective corrective action is 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 (2009).

*Organizational Chart*

**Laboratory Services Division  
August 2009**





## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of newborn screening tests completed and results reported within the established turn around times	Benchmark	90%	90%	90%	90%
	Actual	95.8%	98.0%	98.0%	98.0%

*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 turnaround time of laboratory testing and data reporting. The Laboratory has implemented a number of changes to improve the turnaround 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.

The division received authorization in the 2009 Legislative Session to enhance the statewide courier system. This will allow the Laboratory to add additional pick-up locations at hospitals submitting newborn screening specimens who previously may have relied on the mail, which is typically slower, to send their specimens for testing. The division will continue to enhance the courier network by adding other programs and pick up locations, expand electronic result reporting where feasible, send report cards to customers, and cross-train staff to improve the overall turnaround time.

*Evaluation of Prior Year Performance:*

The division has exceeded its 90 percent turnaround time goal for newborn screening results for the past two years. This success is due to two major initiatives.

First, the division continues to modify the courier network by adding pickup locations and adjusting pickup locations and/or modifying times to ensure the system is efficient and effective. The division is receiving over 5,000 samples per year through the courier network.

Second, the division began reporting data electronically on newborns to select submitters. The laboratory will expand this capability to additional customers in the near future. Both of these projects have allowed and will continue to allow for quicker intervention on abnormal results by the newborn's physician.

The division has also provided a "Report Card" to hospitals detailing the time from collection to receipt in the lab as well as specimen quality to reinforce both of these important factors. There has been improvement in the accuracy of the information provided by submitters based on this feedback.

## LSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Incorrect Test Results

*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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of proficiencies successfully performed	Benchmark	95%	95%	95%	95%
	Actual	98.77%	99.21%	99.0%	99.0%

*Strategy:*

The laboratory is fully accredited by the federal certifying agencies and takes the necessary actions to maintain that accreditation. In order to ensure results are accurate, the laboratory strives to hire and retain qualified, experienced personnel and to ensure the staff is kept abreast of the latest scientific technologies available for public health testing. Staff members are regularly assessed on their competency in performing testing procedures (proficiencies). Additionally, staff members are required to complete 12 hours of continuing education related to their area of responsibility each year. The laboratory enrolls in proficiency studies such as those offered by the University of Nebraska regarding white powders received in suspected bioterrorism events.

Additionally, 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 holding 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. In FY 2008-09 the laboratory's performance improved slightly over FY2007-08. The Laboratory will continue to participate in proficiencies, ensure staff receives on-going competency assessments and training, and will continue to evaluate all processes and procedures through the Quality Assurance program.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
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%	Greater than 90%	Greater than 90%	Greater than 90%
	Actual	87%	67.9%	85%	85%

*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 those improvements.

The laboratory plans to begin including surveys with test results mailings on a quarterly basis and is adding statements to the internet site that customer feedback is welcome. The laboratory will continue to provide customer service training, enhance the on-line supply ordering system, expand the courier network, enhance the division website, and simplify the invoice process. The biggest impact to improving customer service levels will be filling vacant positions.

*Evaluation of Prior Year Performance:*

The decrease in satisfaction levels from FY2007-08 to FY2008-09 is due to a variety of factors. One significant component is likely the overall number of customer responses received and a change in the methodology for soliciting customer feedback. Due to budget

constraints, customer service surveys were not mailed out as in the past. Customers expressing dissatisfaction with the laboratory's services were directed to the division's internet site to lodge their complaints but positive feedback was not received in the same manner. In FY2007-08, the Laboratory received 91 responses to the survey compared to 47 responses in FY2008-09, likely causing skewed results.

Due to staff shortages in the certification program's Evidential Breath Alcohol Testing (EBAT) program and record requests for instrument repairs and officer certifications, follow-up with customers suffered in FY2008-09. The EBAT online testing project and filling an electronic specialist position is anticipated to improve responsiveness and therefore customer satisfaction.

Staff shortages in the fiscal unit also contributed to the overall customer dissatisfaction with the laboratory's service levels. An accounts receivable employee was hired in July 2009 to address customer inquiries and requests to improve customer satisfaction in this area.

As a result of 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. The laboratory provided customer service training to staff and enhancements were made to the on-line ordering system, the courier network, the website, and the invoice process. It is hoped these enhancements, as well as the hiring of additional staff, customer satisfaction levels will improve significantly in the coming years.

# STATE OF COLORADO

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**Colorado Department  
Of Public Health  
And Environment**

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**Department of Public Health and Environment  
Local Public Health Planning and Support (Planning and Partnerships)  
Director – Kathleen Matthews**

## **Strategic Plan FY 2010-11**



### ***Introduction:***

The Local Public Health Planning and Support (Office of Planning and Partnerships) division exists to collaborate and partner across the public health system to maintain and further strengthen statewide infrastructure and capacity. The Office of Planning and Partnerships was created to assure quality standards and common purpose for all public health and environmental health services to elevate health outcomes for all Coloradans.

The division Long Bill is organized into the following lines:

#### **Assessment and Planning program**

The Local Public Health assessment and planning program works to improve the health of Colorado citizens by building capacity at the local level to provide public health services. The program provides assistance in community assessment, planning, delivery, evaluation of local services, and infrastructure development to local public health agencies, local Boards of Health/County Commissioners, and local health advisory boards. The program facilitates linkages from local health to the department and promotes internal collaboration in order to provide coordinated consultation for local health agencies.

#### **Distributions to Local Public Health Agencies**

These funds are distributed to local public health agencies for use in implementing locally determined public health priorities based on community health assessments. These public health activities could include maternal and child health activities, immunizations, disease control and surveillance, prevention programs, etc.

#### **Environmental Health Services not provided by Local Health Departments**

This line provides funding for environmental health services, such as retail food inspections, in areas that are not served by local health departments. These funds, for example, may go to other county health departments under contract and then those counties perform the inspections.

#### **Local Public Health Nursing Consultation and Training**

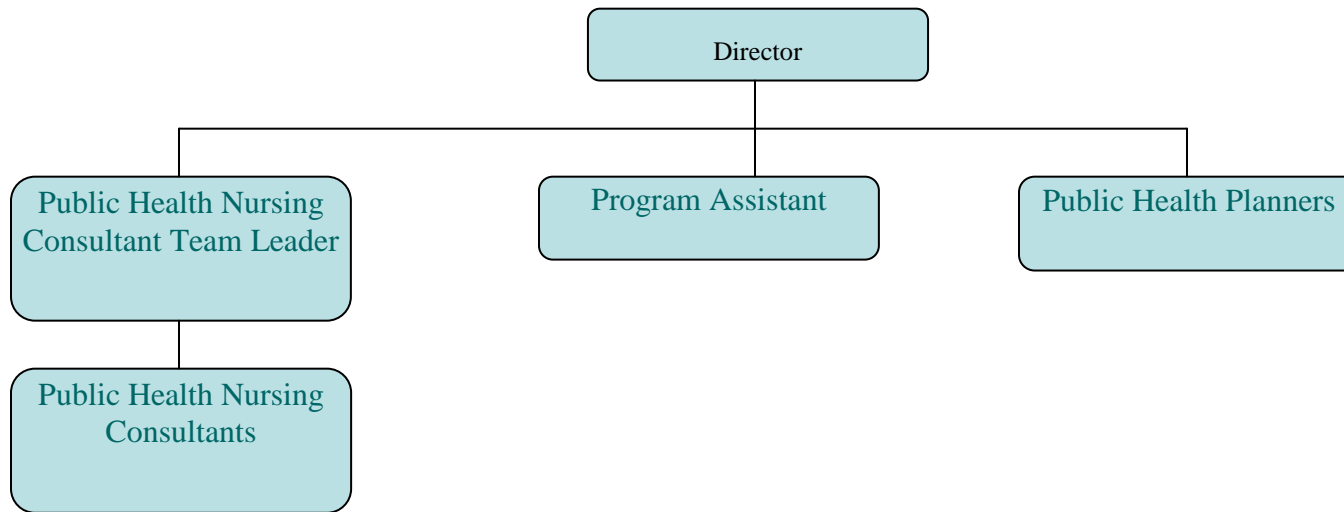
The nurse consultant staff works with approximately 500 public health nurses practicing at the local level to assist them in providing basic and essential public health services. Public health nurses are primary providers of public health services throughout the state, but many public health nurses enter the practice with little or no experience working in public health. The program orients new nurses to their public health nursing role and supports efforts to develop new public health programs to meet the evolving public health needs of

local communities. The division's nurse consultants advise local public health nurses on safe, competent, legal and ethical nursing practice

***Statutory Authority***

The statutory authority for the Department of Public Health and Environment, Local Public Health Planning and support functions can be found in Title 25, Article 1 of the Colorado Revised Statutes (2009).

*Organizational Chart*



**8.4 FTE      \$9,500,453**

### *Objectives*

1. Develop a comprehensive statewide plan for providing essential public health services.
2. Develop a strong infrastructure with state, local, and private public health partners that will foster collaboration and leverage resources across and within various levels of government, communities, and non-profit organizations.
3. Provide technical assistance to local public health agencies as they provide services, conduct community health assessments and develop local public health improvement plans.

# LOCAL PUBLIC HEALTH PLANNING AND SUPPORT CORE OBJECTIVES AND PERFORMANCE MEASURES

## 1. Statewide public health improvement plan

*Objective 1.* Develop a comprehensive statewide plan for providing essential public health services.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent complete of statewide public health plan	Benchmark	N/A	N/A	100%	N/A
	Actual	N/A	N/A		

*Strategy:*

SB 194-08, the Public Health Act, mandates that by December 2009, the Statewide Comprehensive Public Health Improvement Plan is completed. The Office of Planning and Partnerships has been working since passage of the legislation to comply with the bill.

*Evaluation of Prior Year Performance:*

The legislation went into effect in July of 2008. The Office of Planning and Partnerships has been working to implement the new requirements and is making good progress toward the December 2009 completion deadline. An advisory group has been formed comprised of representatives from local health agencies, environmental and public health officials; CDPHE leadership; the Colorado Association of Local Public Health Officials, Colorado Counties, INC and the State Board of Health. A planning process has been developed and is underway to create the statewide public health improvement plan collaboratively among local, state and other public health system stakeholders.

## LOCAL PUBLIC HEALTH PLANNING AND SUPPORT CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Completion of Local/District health assessments and plans

*Objective 3.* Provide technical assistance to local public health agencies as they provide services, conduct community health assessments and develop local public health improvement plans.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of county public health agencies with completed community health assessments	Benchmark	New Measure	New Measure	New Measure	30%
	Actual	New Measure	New Measure	New Measure	
Percent of county public health agencies with completed improvement plans	Benchmark	New Measure	New Measure	New Measure	30%
	Actual	New Measure	New Measure	New Measure	

*Strategy:*

The Statewide Public Health Improvement Plan is anticipated to be complete in December 2009. This plan will identify core services and establish standards for measurement which are the necessary foundation for the local health agencies community assessment instruments and plans. The office intends to develop a standardized template for community health assessments, a planning template and a capacity assessment. Once these templates are complete the office will begin working with local public health agencies. Given the need to complete the statewide plan and the templates before beginning work on individual assessments and plans, the office does not anticipate beginning development of individual county assessments or plans until 2010.

The goal is to work with approximately one third of the counties each year until all counties have completed assessments and plans.

*Evaluation of Prior Year Performance:*

The Office of Planning and Partnerships already has assisted counties with guidance documents related to establishing local health agencies, including a template for county resolutions and guidance documents on forming local boards of health and public health fund requirements for the county treasurer. The office has received resolutions establishing the local or district health agencies from each county or local health Agency. Once the comprehensive statewide health plan and templates are developed, the department's Office of Planning and Partnerships will begin working with county public health agencies to develop local public health improvement plans based on community health assessments.

# 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 2010-11**



## ***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 described below:

**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. These data are used to determine air quality and issue 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 air 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. Finally, the program is responsible for issuing and maintaining prescribed fire permits.

The **Mobile Sources Program** works 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. Finally, the program administers the division's effort to retrofit diesel school buses and other diesel powered vehicles

using funds provided under the Federal Diesel Emission Reduction Act (DERRA) and the American Recovery and Reinvestment Act (ARRA).

**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 also 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 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 Stationary Sources Program 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.

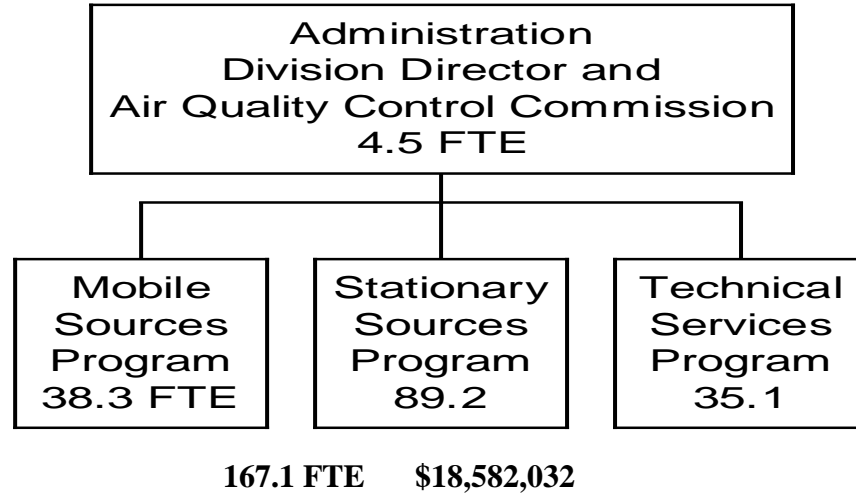
**Division wide** staff also focus on cross sectional air quality planning, policy, education and community outreach tasks designed to protect and improve public health and prevent future problems that are not program specific. Included among these responsibilities are air quality plan development and implementation; regional haze plan development to improve visibility in national parks and wilderness areas; 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 serves as 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 and is involved in climate change policy development. 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 (2009).

*Organization Chart*

Air Quality Control Division



## *Objectives*

4. Develop and implement plans and measures that improve and protect human health.
5. Reduce regional haze and ozone-causing emissions from mobile and stationary sources.
6. 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.

<b>Performance Measure</b>	<b>Outcome</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>CY 2009</b>	<b>CY 2010</b>
		Actual	Actual	Approp.	Request
Percentage of Colorado Counties that are in attainment of the federal ozone standards.	Benchmark	86%	86%	86%	86%
	Actual	86%	86%		

*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 standard continues to be under development. Adopted emission control measures will be implemented in the coming years. Because in early 2009 the federal standard became more stringent, additional strategies will need to be evaluated to ensure that counties that are in attainment of the new standard do not lose that designation, and to bring those counties that are out of attainment back into attainment. This will be a 15+-year effort (which began back in 2002).

*Evaluation of Prior Year Performance:*

The Colorado counties that are not in attainment of the federal ozone standard 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 were developed for implementation in 2009 and beyond. The division, the Regional Air Quality Council, and the North Front Range Transportation/Air Quality Planning Council drafted a plan for public review, and the Air Quality Control Commission adopted the plan on 12/12/08. The plan included numerous controls for oil and gas, vehicles, fuels, and industrial/commercial activities with the goal of meeting the current EPA standard. With the subsequent lowering of the 8-hour ozone standard by the Bush Administration (effective in March 2009), all nine-counties in the Front Range area violate this newer standard, and a plan for how the Front Range region will meet that standard must be filed with EPA in 2013. However, the Obama Administration is considering proposals to further tighten the 8-hour ozone standard.

## **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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
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	14	16	12
	Actual	9	14		

*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. Success is measured by the drafting and adoption of action plans and the implementation of air quality improving measures described in these plans.

For 2009, the locations for division activities will include the Denver metro area/northern front range communities for ozone; Garfield County for oil and gas impacts, Pagosa Springs, Telluride, Mt. Crested Butte, and Cripple Creek for particulates; Colorado Springs and Greeley for carbon monoxide; El Paso, Weld, Garfield and Rio Blanco Counties for diesel school bus retrofits; and Lamar, Alamosa and Grand Junction for blowing dust. Statewide efforts include the Four Corners Air Quality Task Force for developing air quality improving mitigation options and conducting research.



For 2010, Mesa County diesel school bus retrofit work should begin, while Weld, Garfield and Rio Blanco diesel retrofit efforts should be completed. Also, Pagosa/Telluride particulate and Greeley/Colorado Springs carbon monoxide work will be completed, while Aspen particulate and Fort Collins carbon monoxide work will occur.

*Evaluation of Prior Year Performance:*

For 2008, the locations for division activities included the Denver metro area/northern front range communities for ozone reduction; Garfield County for oil and gas impacts, Canon City, Pagosa Springs, Telluride, Mt. Crested Butte, and Cripple Creek for particulates; Colorado Springs and Greeley for carbon monoxide; Pueblo County for diesel school bus retrofits; and Lamar, Alamosa and Grand Junction for blowing dust. Statewide efforts included the Four Corners Air Quality Task Force for developing air quality improving mitigation options and conducting research.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Anticipated new emission reductions for each year due to new regional haze and ozone regulations	Benchmark	Regional Haze: NOx 4100 tpy; SO2 24000tpy Ozone: 0 tons/day	Regional Haze: NOx 1432 tpy; SO2 6100tpy Ozone: 143 tons/day	RH: 0 tons/day Ozone: 0 tons/day	RH: 18,000 tons/year Ozone: 50 tons/day
	Actual	Regional Haze: NOx 4100 tpy; SO2 24000 tpy Ozone: 0 tons/day	Regional Haze: NOx 1432 tpy; SO2 6100 tpy Ozone: 143 tons/day		

*Strategy:*

For regulations adopted in each calendar year, the division will quantify the resulting visibility and ozone-causing emissions reductions that are anticipated to occur. For CY2009, the division is in the development phase of crafting emission reduction measures to be advanced in CY2010. Note that the emission reductions in the table above are not additive; the reductions are listed one time only.

*Evaluation of Prior Year Performance:*

For FY 2007-08, the division proposed, and the Air Quality Control Commission adopted, numerous control measures designed to reduce ozone concentrations in the near term and improve visibility in the long term. These control measures should help produce reductions in emissions for both ozone regulations and regional haze.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of mandatory programs and community-based air quality plans that result in improved air quality-related aesthetic values through emission reduction measures.	Benchmark	5	5	5	5
	Actual	5	5		

*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. In addition to the plans and control measures previously developed, emission control options will be developed for consideration in FY 2009-10.
- Denver metro visibility improvement. Improve visibility in the Denver Metro Area by reducing the “Brown Cloud” through the ongoing implementation of established pollution control measures and through collateral benefits of new ozone and regional haze control measures.
- Continue to evaluate and develop emission control measures for oil and gas evaporation ponds. Assess and characterize volatile organic compound (VOC) emissions that degrade air quality and are odorous.
- Implement oil and gas odor reduction measures under the COGCC Rule 805. Assist the Colorado Oil and Gas Conservation Commission with implementing odor-reducing strategies for oil and gas operations.

- For Rocky Mountain National Park, continue to develop emission control options and policies and conduct research aimed at reducing the deposition of nitrogen compounds.

*Evaluation of Prior Year Performance:*

This measure is a rolling count of open programs with the intention of improving air quality related aesthetics through emission reduction. New programs indicate that new areas of concern have arisen. Alternatively, as issues are resolved through the plans, the number of programs may be reduced. The programs below were designed with the goal of promoting air quality related aesthetics through emissions reduction.

- Visibility improvement in Colorado's Class 1 national parks and wilderness areas: The division refined its regional haze improvement plan for Colorado in FY2009. 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.
- Denver metro visibility improvement: The division continued 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 FY2009 and beyond.
- Develop and implement oil and gas odor reduction measures under Colorado Oil and Gas Conservation Commission (COGCC) rule 805: In FY 2009 and FY2010, the division will assist the commission in implementing odor reducing emissions controls for condensate tanks, dehydrators, and evaporation ponds. The COGCC rule 805 will be implemented under the division's permitting process including both standard and general permits for 805 subject sources. The division also will work with industry and the COGCC to provide guidance and clarification for rule 805.

# 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 2010-11**

## ***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 Drinking Water. These programs mirror the four lines in the Department's Long Bill.

**Administration is comprised of the division's Fiscal, Information Management Services, Business Services and the Financial Solutions Unit. This program provides business, fiscal, policy, and administrative operations to 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 protection and restoration projects.**

**The purpose of the Watershed Program is to provide information, planning, financial, and scientific support services to the Water Quality Control Commission (WQCC), government agencies, division programs, sections and units, customers, and performance partners so they can protect, improve, and restore water quality in Colorado. Watershed 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 surface and ground 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 classified uses. 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; and 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 fields). 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 (2009).





## *Objectives*

1. Protect human health by reducing exposure to contaminants in drinking water and through source water protection of public water supplies.
2. Protect and improve surface and ground water quality across the state.
3. 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 2007-08	FFY 2008-09	FFY 2009-10	FFY 2010-11
		Actual	Actual	Approp.	Request
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	90%	90%	90%
	Actual	89.6%	88.6%		

*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. In the Performance Partnership Agreement with the EPA, the division has agreed to a 90 percent benchmark for small community water systems that meet all health-based standards. This is an EPA regional benchmark for Colorado, Utah, North Dakota, South Dakota, Wyoming and Montana.

*Evaluation of Prior Year Performance:*

There was a slight decrease in the actual data from FY 2007-08 to FY 2008-09. Please note that the data are 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, but this is a multi-year project and is still in the early stages.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of Protection Plans implemented. (Total = 841)	Benchmark	0.60% (5 Plans)	1.30% (11 Plans)	3.32% (28 Plans)	4.75% (40 Plans)
	Actual	0.95% (8 Plans)	2.00% (17 Plans)		

*Strategy:*

The Water Quality Control Division will improve public health by implementing source water protection plans for ground water and surface water resources. Source water protection plans identify potential contaminants to ground and surface water, and provide suggestions on how to prevent these contaminants from entering the water resources. For instance, a source water protection plan may suggest that cattle grazing areas be moved farther from a water source to reduce contamination.

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 water 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 evaluated starting with the FY 2007-08 data. The division exceeded its goal in FY 2007-08 by 0.35 percent (3 plans), and in 2009 by 0.70 percent (6 plans). This rate is anticipated to increase as additional source water protection grants are executed across the state.

## WQCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Water Quality Restoration

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of Impaired water body segments restored.	Benchmark	0.83% (1 out of 121 Segments Based on 2006 Reg. 93 Listing)	0.58% (2 out of 171 Segments Based on 2008 Reg. 93 Listing)	1.17% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)	1.17% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)
	Actual	1.65% (2 out of 121 Segments Based on 2006 Reg. 93 Listing)	1.17% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)		

*Strategy:*

The Water Quality Control Division will improve water quality in water body segments that are currently not meeting water quality standards by implementing Total Maximum Daily Load (TMDL) limits. The TMDL limits will identify allowable amounts of pollutants from various sources of pollutants in order to achieve water quality standards. The TMDL limits will include controls for the specific pollutants causing the impairment of the water quality, including discharge permits that limit the amount of pollutants released into an impaired water body segment by a specific pollutant source, and funds for local initiatives to develop water quality restoration plans. Restoration of impaired water body segments is based on actual improvement in water quality, and does not include any improvement based on administrative revision of applicable standards by the Water Quality Control Commission.

*Evaluation of Prior Year Performance:*

The restoration of impaired water body segments has been evaluated within the two-year period covered under the 2006 and 2008 lists of impaired waters (Regulation 93). One additional water body segment attained water quality standards during FY 2007-08, while one segment less than projected during the FY 2008-09 period. The overall water quality restoration goal of four water body segments by 2011 remains achievable.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of final compliance deadlines met in enforcement actions for numeric effluent violations.	Benchmark	NA	NA	85%	90%
	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 2010-11**

## *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. The division also regulates 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:

**Administration-** The **Administration Program** provides management capabilities and support functions that are necessary for all of the technical programs to function effectively. 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.

**Hazardous Waste Control Program-** 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; promoting waste minimization, recycling and environmentally sound disposal practices; and supporting the effective cleanup of unauthorized and contaminated disposal sites.



**Uranium Mill Tailings Remedial Action Program** - The mission of the **Uranium Mill Tailings Remedial Action Program** (UMTRA) 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 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).

**Contaminated Sites Cleanup Program** -**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.**

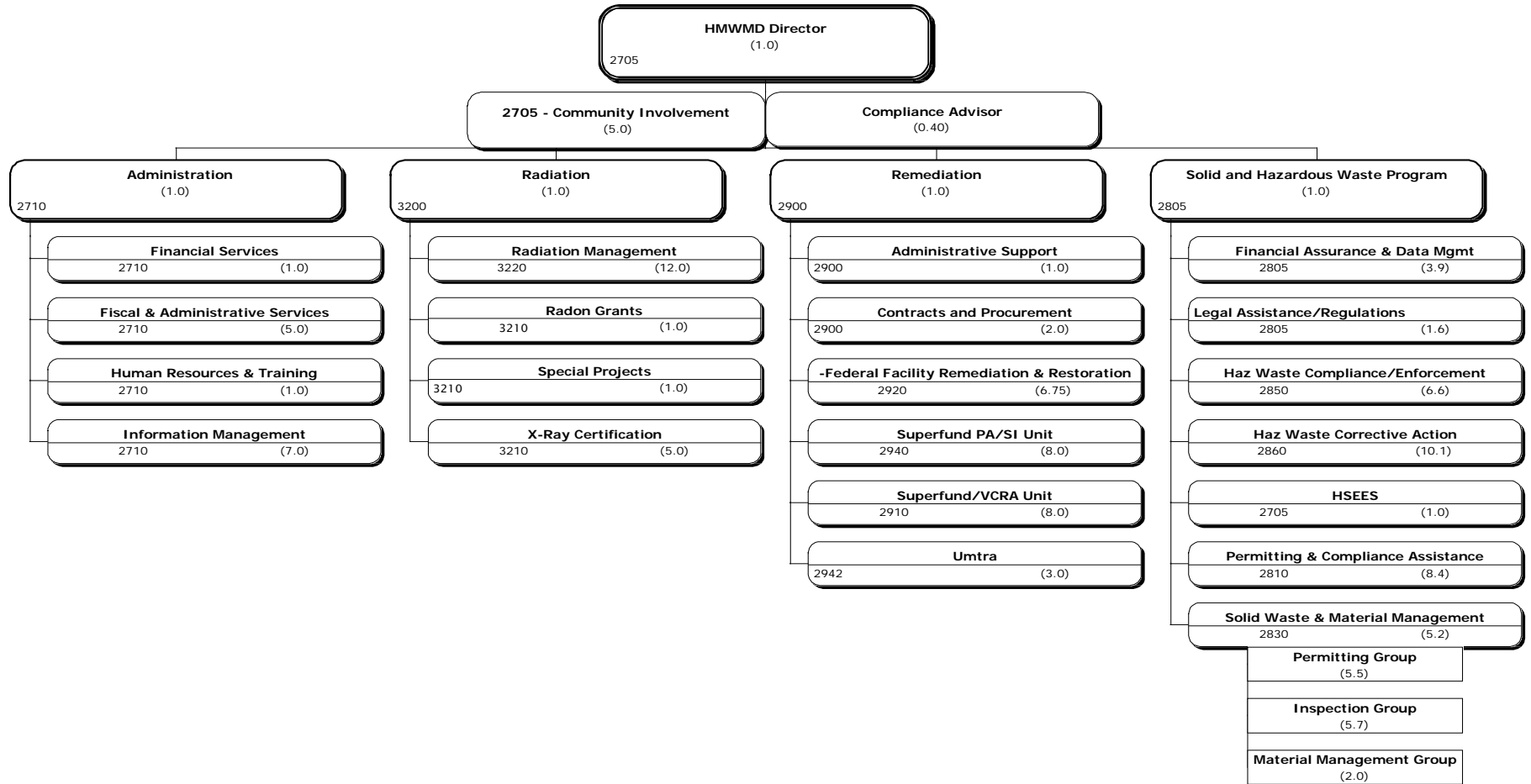
**Rocky Flats Program** - **The Rocky Flats Program** protects human health and the environment in Colorado by ensuring that the protective cleanup of the former Rocky Flats Nuclear Weapons Plant, fully implemented in 2006, is maintained and operated appropriately. This is accomplished through monitoring,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

**Radiation Management Program** - **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 (2009).

# Organizational Chart



**134.2 FTE\* \$19,141,786**

*\*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.*

## *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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percentage of sites with cleanup completed or no further action required.	Benchmark	60%	70%	75%	75%
	Actual	70%	69%		

***Strategy:***

This measure shows the percentage of the total number of sites in the state that have cleanups completed. The percentages may vary as the total number of sites in the state increases as new ones are added.

**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 are protected.**

***Evaluation of Prior Year Performance:***

The division continues to make progress on site remediation throughout Colorado, despite the challenges of working with partners whose available resources, objectives and timetables may not be consistent with the department’s.

## HMWMD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Contamination Stabilization

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of facilities with human exposure risk under control.	Benchmark	95%	91%	93%	96%
	Actual	94%	91%		

*Strategy:*

**The division’s strategy is to continue to place a high priority on reducing risk of exposure of Colorado citizens to environmental contamination by working to stabilize contaminated sites as part of the cleanup process. Sites that have met this measure have been thoroughly evaluated to ensure that any potential exposure to people from any contamination at the site has been prevented. There still may be additional cleanup work that needs to be accomplished at these sites. However, action has been taken to safeguard ground water and other environmental receptors and to regain the ability to redevelop these sites into productive real estate.**

*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. For those sites where this measure has not been achieved, there is no actual exposure to people occurring unless trespassers come on to certain portions of these facilities.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
<b>Hazardous Waste Program:</b> Percent of facilities in compliance with regulatory requirements.	Benchmark	75%	75%	75%	75%
	Actual	74%	72%		
<b>Solid Waste Program:</b> Percent of facilities in compliance with regulatory requirements	Benchmark	85%	85%	85%	85%
	Actual	76%	83%		
<b>Radiation Program:</b> Percent of facilities in compliance with regulatory requirements	Benchmark	85%	85%	80%	80%
	Actual	80%	80%		

*Strategy:*

Compliance rates in division-regulated sectors are high. Therefore, our strategy centers on maintaining compliance rates at or above historical levels. This will require the division to continue its high levels of compliance assistance efforts, expand the self-certification program, and maintain inspection and enforcement efforts.

*Evaluation of Prior Year Performance:*

In the **Hazardous Waste Program**, overall compliance rates have historically remained in the very acceptable 72 percent to 78 percent range. The hazardous waste regulatory requirements are very extensive and the calculation of this measure has a very stringent threshold for determining non-compliance (one violation on any inspection is considered non-compliance). Actual compliance rates within the regulated communities are somewhat higher, since inspections target facilities likely to have compliance problems.

In the **Solid Waste Program**, the regulatory requirements are not as extensive as the hazardous waste regulations and the regulated universe is more likely to understand that they are regulated and need to comply. Therefore, compliance rates have stayed above 75 percent.

In the **Radiation Program**, the implementation and ongoing changes to “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. Self-certification efforts for gauge licensees in the radiation program have also helped identify programs that are drifting out of compliance. 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 a small 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.

# 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 2010-11**



## ***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 safe, wholesome and free of contamination and pathogens which could cause foodborne illnesses. This includes regulatory oversight of food from the manufacturer to the retail operation and all aspects, from farm to table, of dairy products. The division also inspects or oversees schools, daycare, body art and correctional facilities to ensure proper sanitation. The division is organized into five main programs.

**The Retail Food Program** is responsible for the statewide regulation of retail food establishments, including restaurants, cafeterias, grocery stores, senior meal centers, and food service operations in schools, child care centers, and summer camps. The program monitors and enforces compliance with *Colorado Retail Food Establishment Rules and Regulations*. It accomplishes this in four different ways: promulgating statewide rules and regulations, inspecting retail food establishments in 12 counties which do not have the infrastructure for public health agencies, contracting with 19 local public health agencies to conduct inspectional and enforcement activities in their jurisdictions and providing technical assistance to all 34 local health agencies that provide inspectional and enforcement activities related to this program in their jurisdictions.

**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* and the *Colorado Manufactured Milk and Dairy Products Regulations*. 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** is responsible for statewide administration, regulatory development and promulgation of regulations for schools, child care facilities and penal institutions. Inspections of these facility types focus on the assessment and review of sanitary operations with unique regulatory aspects in each program. This program monitors and enforces compliance with the *Rules and Regulations Governing Schools in the State of Colorado* and the *Rules and Regulations Governing the*

*Health and Sanitation of Child Care Facilities in the State of Colorado.* Additionally, the division inspects the correctional facilities under the control of the Colorado Department of Corrections and Youth Corrections for compliance with food and facility sanitary regulations under the authority of the *Sanitary Standards for Penal Institutions Regulations*.

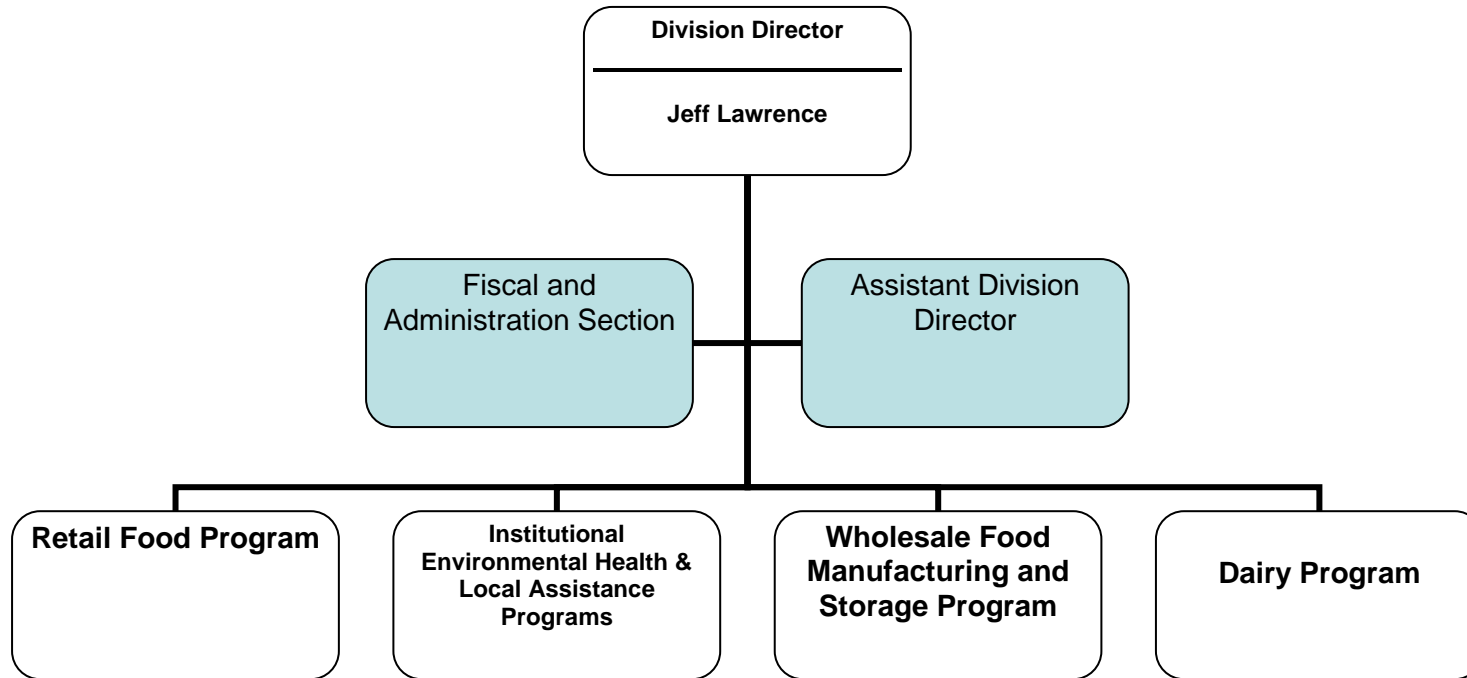
The division's **Local Assistance Program** provides training, information and technical assistance to environmental health staff of local public health agencies that conduct retail food, child care and school inspection programs in their jurisdictions. Additionally, program activities include consultation and technical assistance across all of the division's programs. This program also conducts assessments of local public health retail food inspection programs and standardizes processes and procedures for retail food inspectors to ensure inspectional and regulatory processes are conducted uniformly throughout the state.

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 (2009).

*Organizational Chart*



**29.6 FTE    \$2,671,017**

## *Objectives*

1. Protect public health by improving or maintaining compliance with the Colorado Grade “A” and Manufactured Milk Regulations.
2. Protect public health in retail and wholesale food facilities by lowering the incidence of foodborne illness critical violations thereby reducing the risk and incidences of foodborne illness.
3. Protect public health in child care facilities and schools by increasing compliance with critical sanitation standards.

## CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Dairy Industry Compliance

Objective 1: *Protect public health by improving or maintaining compliance with the Colorado Grade "A" and Manufactured Milk Regulations.*

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of Colorado dairy industry members in compliance with state and federal milk shippers requirements	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.

*Evaluation of Prior Year Performance:*

This is a new measure therefore data was not available for 2007-08. Performance targets were met for 2008-09.

## CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

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

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent reduction of critical violations in wholesale food facilities and direct service retail food establishments.	Benchmark	10%	10%	10%	10%
	Actual	10.4%	12.4%		

*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. The division utilizes a variety of tools, methodologies, inspection and intervention strategies to identify violative conditions and also to educate and disseminate information to the regulated entity and their staffs. Additionally, data tools have been developed and are continually being evaluated and refined as necessary to assist with the identification of facilities that have difficulty in establishing and sustaining compliance. 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:*

The division has utilized a risk-based inspection methodology for the last four years that has aided in meeting and exceeding this target. The utilization of the methodology assists with identifying establishments where operations present the greatest risk for causing foodborne illness. Additionally, it allows the use of varying inspection strategies/approaches to identify violative conditions. The goal is to focus resources to those facilities that present the greatest risk and ensure those critical violations are identified, understood and ultimately corrected by the establishment. While this could have actually caused an increase in those critical violations being identified, what ultimately has occurred is establishments correct the violation and sustain compliance, thereby reducing critical violations and the potential for foodborne illness to occur.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent reduction in enforcement actions issued to schools and childcare centers.	Benchmark	10%	10%	10%	10%
	Actual	9% increase	24% decrease		

*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.

*Evaluation of Prior Year Performance:*

In FY 2007-08 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 the division did not accomplish the performance objective, the response to these incidents was necessary and appropriate to protect public health.



The division's renewed emphasis on the immediate correction of significant violations has resulted in a decrease of enforcement letters to schools throughout the division's jurisdiction. In addition to this improvement in business process, the division in collaboration with the Department's Sustainability Program collected mercury for recycling from schools in the San Luis valley. This effort improved the compliance of fourteen schools within this six county region. As a result of the project, fewer enforcement activities were necessary in FY 2008-09 and an economically impacted region of the state, the San Luis Valley, public schools had hazardous chemicals removed and properly disposed of at no cost to the school or school district.

# 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 2010-11**

## ***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 described below.

**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 staff.

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 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 **STI/HIV Section** protects and preserves 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. The department 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** centralizes 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.

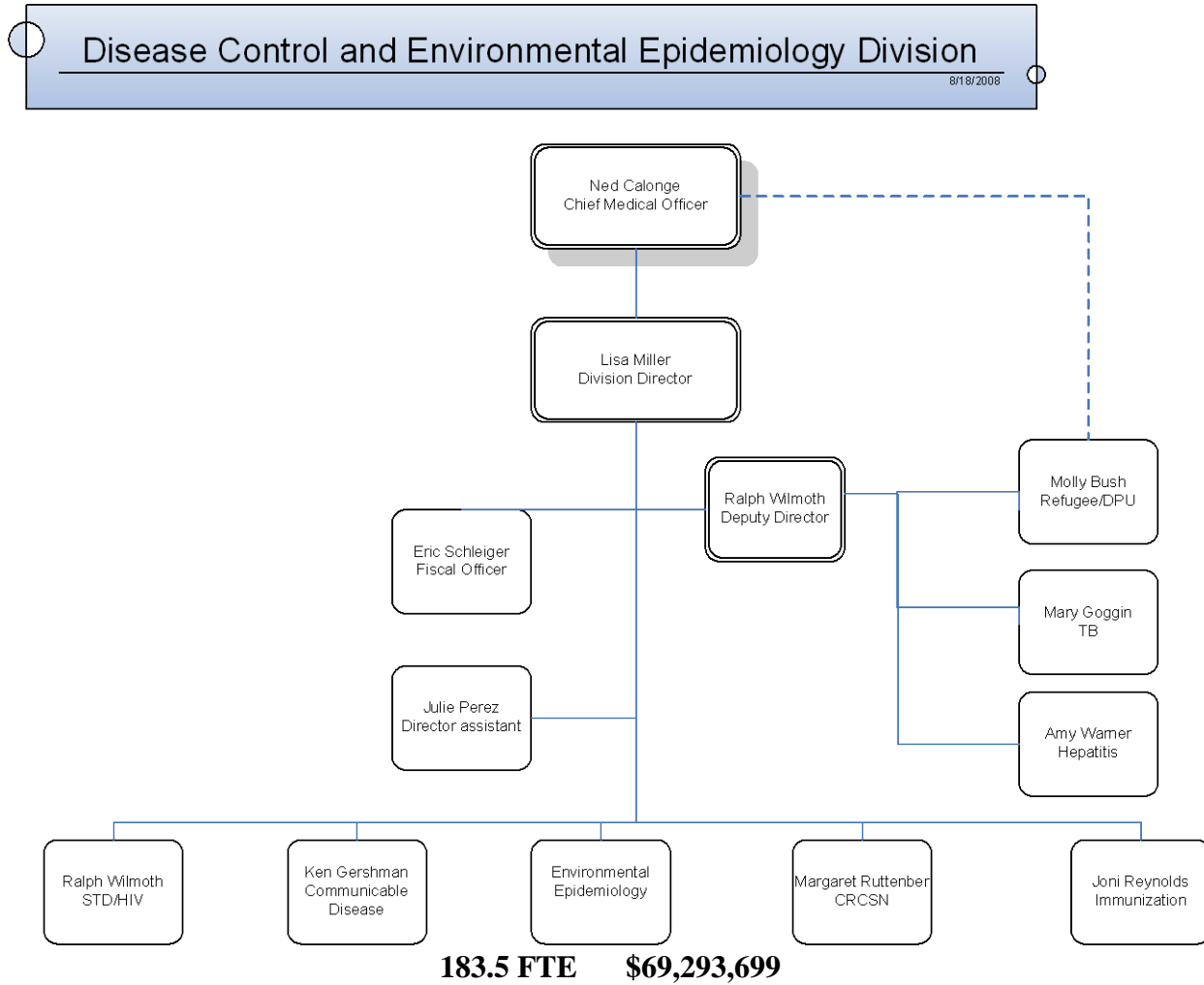
**The Environmental Epidemiology Program** works to prevent or reduce human exposure to hazardous substances through consultation in environmental epidemiology, toxicology, and health risk assessment.

**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. CRCSN maintains a statewide database of pregnancies and young children with birth defects, developmental disabilities, or risk factors for developmental delay. The program seeks to prevent birth defects and secondary disabilities due to birth defects and to help connect children and families with early intervention services in their communities.

### ***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 (2009).

**Organization Chart**



## *Objectives*

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 2007	CY 2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Approp.	Approp.
Immunization rates for Coloradans, as measured by National Immunization Survey (up to date 19-35 mo olds)	Benchmark	80%	80%	80%	80%	80%
	Actual	78.0%	79.4%			
Immunization rates for Coloradans, as measured by CDPHE School Survey (kindergartners up to date at school entry)	Benchmark	80%	80%	80%	80%	80%
	Actual	76.9%	Not Available			
Immunization rates for Coloradans, as measured by Behavioral Risk Factor Surveillance Survey (65 years of age or older with flu shot)	Benchmark	80%	80%	80%	80%	80%
	Actual	75.9%	77.9%			

*Strategy:*

The Vaccine Advisory Committee for Colorado (VACC) was convened in November 2007 with Lt. Gov. 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 not experience any financial or structural barriers to immunization. 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 the department.

*Evaluation of Prior Year Performance:*

Immunization rates in calendar year 2008 have shown slight improvement or are holding steady over CY 2007. The National Immunization and Behavioral Risk Factor Survey rates shown above appear to be increasing slightly, but in actuality are probably not statistically significant for 19 to 35 Month old children being up to date on their immunizations or those 65 or older receiving flu shots. However, the program is close to achieving its benchmark/goal of 80 percent immunization rates among these groups and hopes to continue to increase immunization rates in coming years. The school survey could not evaluate immunization rates during the 2008/09 school year due to Family Education Rights and Privacy Act restrictions that do not allow for sharing of information between schools and public health agencies. The division is working with the Department of Education regarding solutions to resolve the issue for the 2009/10 school year.



## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percentage of pregnant women screened for HIV during their pregnancy	Benchmark	95%	95%	95%	95%
	Actual	88.5%	89.2%		

*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 that they are informed of their status and are aware of appropriate steps to take to address their exposure or infection.

Working with community partners and health care providers, STI/HIV Section staff members make every effort to 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. The most effective strategy to identify HIV pregnant women is HIV testing during pregnancy. During the 2009 legislative session the Colorado Revised Statutes were amended to require licensed health care providers who provide care to pregnant women to offer HIV testing. Birth reports for the state of Colorado also include a question to determine if

pregnant women were tested for HIV during their pregnancy. During FY2008-2009 provisional data indicate that 89.2 percent of pregnant women were tested for HIV.

Reporting data indicate that less than 95 percent of pregnant women were tested for HIV during their pregnancy. The underlying cause(s) of health care workers not testing pregnant women for HIV have not been adequately described but the Colorado Revised Statutes were changed to require health care providers to offer testing to pregnant women and document any refusal of the test. The department is working with professional organizations to inform persons who provide health care to pregnant women of this new requirement.

With the new legislation and subsequent outreach efforts, the division believes that the testing rate will increase.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of birth defect types monitored through active medical record review, timely statistical analysis, and further investigation, as warranted.	Benchmark	20	20	20	22
	Actual	20	20		

*Strategy:*

Colorado Responds to Children with Special Needs (CRCSN) is Colorado’s birth defects monitoring program. Approximately 1200 birth defects and other selected medical conditions are reported to CRCSN from hospital discharge data and other sources. A subset of 25 of the most severe conditions is monitored more closely. A still smaller subset, 20, of these 25 high priority conditions are reported to the National Birth Defects Prevention Network after being verified through medical record review conducted at hospitals and specialty clinics. These conditions are usually rare and/or severe thus warranting the higher level of scrutiny. Because of the small number and severity of these conditions, the information is provided to the national center where it can be pooled with other state’s information, monitored and evaluated at the national level. Conditions are added to the high priority list for increased scrutiny or eliminated from the list based on changing concerns or needs for additional data about a specific condition. These high priority cases are also forwarded to the Prevention Services Division’s Health Care Program for Children with Special needs so that the children can be referred to the appropriate providers and programs to get the care they need.

*Evaluation of Prior Year Performance:*

Between FY 2008 and FY 2009, no new needs were identified for additional conditions to be added to the subset of those that are more intensively monitored. In FY 2010 and FY 2011 CRCSN will add two conditions that will require additional medical record

review. These conditions are part of the required reportable birth defects for the Centers for Disease Control and Prevention Environmental Public Health Tracking grant. These review activities will begin in the spring of 2010.

## 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	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	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	67%	80%		

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

#### *Strategy:*

The Tuberculosis Program staff and their community partners conduct contact investigations in accordance with the Centers for Disease Control and Prevention guidelines. The purpose of contact investigations is to identify additional cases of active TB and to evaluate and treat those persons who have become infected with active TB. Completion of preventive therapy for those individuals who are infected (on average 20-30 percent of contacts are infected) substantially reduces the risk that TB infection will progress to active disease.

The Tuberculosis Program and community partners have identified measures to help increase the number of infected contacts who complete treatment. These measures include: 1) focusing resources on contacts at high risk for progression to disease; 2) closely monitoring adherence to treatment and offering incentives for treatment completion; and, 3) providing Directly Observed Preventive Therapy to assure treatment completion.

*Evaluation of Prior Year Performance:*

The strategies identified to improve the percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate and initiated have generally been effective over the last six years. The percent of infected contacts completing treatment within the established time frame has 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. This decrease was due to two large-scale investigations that took place, one among the homeless population and a second one in the state penitentiary. While these two investigations identified a large number of infected individuals who initiated treatment, because of the transient nature of these populations, treatment completion rates were low. In 2008, the percent of contacts to active TB disease completing treatment (80 percent) exceeded the benchmark of 78 percent as well as showing significant improvement over the previous years 67 percent completion rate.

The increase is partly due to the fact that the infected contacts to TB were not among the homeless and incarcerated (populations that are historically difficult to track) as was the case in the previous year, and also due to increased awareness among local health departments as to the importance of treatment completion for contacts to active TB.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of customers of the DCEED Budget Unit surveyed that identified overall satisfaction with services provided as excellent or outstanding	Benchmark	75%	75%	75%	75%
	Actual	74%	86%		

*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 feedback 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 the 2007 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. Actions taken resulted in improved satisfaction with contract processing, as demonstrated on the customer survey results shown above.

# 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 2010-11**



## ***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:

**Prevention Programs** - 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.

**Women's Health – Family Planning Program** - 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 the following three 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; 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-** the **Rural – Primary Care Program** consists of multiple programs that have the goal of improving access to health care services statewide. 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. The Primary Care Office exists with the goal of lowering the barriers that prevent Coloradans from accessing primary, oral and mental health care services in their community. The Primary Care Office 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.

**Prevention Partnerships – the Prevention Partnerships** section consists of three programs. The Interagency Prevention Program Coordination 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 Grampas Youth Services Program, the Colorado Children's Trust Fund and the Family Resource Centers Program.

**Family and Community Health Program** –the Family and Community Health Program or the maternal and child health program is charged with promoting and improving the health of all women, children, adolescents and children with special health needs 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 Federal Poverty Level), 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 receives funds under the Tobacco Master Settlement Agreement.

**School-based health centers** provide comprehensive health services including preventive and primary health care, behavioral health care and oral health care. These services are located in a school setting and compliment the health services provided by school nurses, counselors and social workers. School-based primary health care includes physical exams, immunizations, care for acute illness and injury and for chronic conditions such as asthma. Behavioral health services can identify problems early, reduce stigma for getting help and decrease school discipline referrals. Establishing a school-based health center is a community-driven process that requires multiple partnerships between school districts, the medical and behavioral health communities and local and state funders. The best part about these centers is that they put health care where most kids are, in school.

**Health Care Program for Children with Special Needs** – the **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 Children with Special Health Care Needs Unit also provides care coordination services for children enrolled in the Department of Human Services' Traumatic Brain Injury Trust Fund Program that connects children with traumatic brain injury and their families with needed services and supports to help them live healthy, independent lives. The program also provides some financial support for therapies, purchased services, and other items that assist the child and family in meeting needs created by the brain injury.

**Nutrition Services** - The **Nutrition Services Branch** 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 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 (2009).



## *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

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	16.8%	18.4%	18.2%	18.1%
	Actual	18.7%	17.6%		

*Strategy:*

State Tobacco Education Prevention and Partnership (STEPP) implements four evidence-based strategies designed to increase the number of tobacco users who make quit attempts. These include the provisioning of population-based counseling and treatment provided by the Colorado Quitline; implementing health care systems' change through the work of the Colorado Clinical Guidelines Collaborative; creating and implementing mass media campaigns targeted at populations most disparately affected by tobacco; and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Health in Denver since 2002. 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. Since 2002, the Colorado QuitLine has served over 175,000 participants, with over 35 percent successfully quitting tobacco use, whereas only 4 percent of smokers succeed when trying to quit on their own.

**The Colorado Clinical Guidelines Collaborative (CCGC) provides health care providers and networks training and technical assistance on system change to ensure implementation of the evidence-based clinical practice guideline on tobacco cessation. Specifically, CCGC trains health care providers to implement a tobacco-use screening system, provide an effective cessation**

**intervention with all their patients, and when appropriate, refer them to the Colorado QuitLine or other community cessation resources.**

STEPP contracts with Cactus Media and Marketing to develop strategic, culturally appropriate and high impact messages to reduce tobacco use in Colorado. This past year, campaigns targeting low socio-economic populations were created featuring Bronco celebrity spokespeople to promote the Colorado QuitLine. Calls increased to the QuitLine by over 32 percent during the campaign periods. A Latino cessation campaign increased calls from Spanish speaking smokers to the QuitLine by 57 percent.

Local public health agencies and community-based organizations work to decrease the number of adult tobacco users by employing evidence-based best practices at the local level. All activities are conducted in accordance with the 10 Essential Public Health Services and are population-based. Community programs educate the public about the importance of quitting smoking and how to access available cessation services. These programs facilitate health care system change within medical and social services settings so that individuals who use tobacco products receive an intervention and referral. The local public health agencies promote and enforce local laws and policies that create a smoke-free environment, activities which have been shown to consistently increase cessation rates and decrease tobacco consumption.

*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 18.7 percent in FY 2007-08 and to 17.6 percent in FY 2008-09. While the overall percent of smokers within Colorado continues to decrease, the smoking rate change between FY 2007-08 and FY 2008-09 is not statistically significant.

Another positive outcome of Colorado's comprehensive tobacco control program is a significant decline in cigarette pack sales - from 76 packs per capita per year in 1998 to 46.3 packs per capita per year in 2008. The national per capita consumption rate is 63.4 annually.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was submitted to the Joint budget committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.



Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	13.9%	11.8%	11.2%
	Actual	14.6%	11.9%		

*Strategy:*

STEPP utilizes seven 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; mass media campaigns; and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

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), which is funded by Amendment 35 money, 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.

Through its media vendor, STEPP developed and launched the youth prevention and cessation campaign, "Own Your C (choices) – using integrated digital media to empower teens to own their choices around tobacco and other risk behaviors. Own Your C campaign has gained traction among Colorado's youth, generating 47,000 visitors to ownyourC.com, reaching 4.5 million Colorado teens with TV spots and conducting more than 430 events in Colorado's 64 counties. Youth visiting the social networking website engaged in dialogue about tobacco use and other health issues and spent an average of six minutes and viewed over 26 pages per visit.

STEPP implements a young adult cessation campaign targeting the "straight-to-work" population and college students. "The Cigarette is Dead" social marketing campaign used nontraditional marketing tactics along with traditional media to cut through tobacco industry ads and promotions. A microsite was created where people could participate in an interactive timeline of the cigarette's demise, learn about tobacco and find resources to quit. The timeline reflected landmark events related to the cigarette and offered users the opportunity to record personal events that impacted their lives such family members or friends who died as a result of tobacco use.

Local public health agencies and community-based organizations mobilize the community to strengthen and enforce existing clean indoor air laws because the degree to which these laws are present and enforced impacts youth consumption. Local agencies also partner with the Colorado Department of Revenue in monitoring the sales of tobacco products to youth and educating retailers and law enforcement in order to eliminate illegal sales to minors. Additional policy efforts at the local level work to eliminate free tobacco product giveaways accessible by youth, eliminate tobacco sponsorship of youth activities, and promote responsible placement of tobacco products and advertising within retail establishments in order to reduce youth access and desire to use tobacco products.

*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 2007 and to 11.9 percent in 2008, thus surpassing the Center for Disease Control and Prevention's Healthy People 2010 goal of 16 percent. The department will continue to administer the smoking cessation and education programs, in an effort to continue past achievements in reducing and eliminating tobacco use in high school students.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was presented to the Joint budget Committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10%	10.6%	10.3%	10.1%
	Actual	10.8%	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 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics and local health agencies. In addition, print advertisements were produced for local health agencies to place in their local newspapers.

In FY 08-09, an inter-agency committee, the Prenatal Smoking Cessation Project Team, was formed to establish division-wide objectives that address prenatal and postpartum smoking cessation. By working collaboratively, department resources can be pooled to more effectively address the needs of this high-risk population.

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:*

Although the 2007-8 actual appears to be slightly higher than the benchmark/goal of 10 percent, the department was very close to meeting its benchmark/goal. The 2008 data for this performance measure will not be available until 2010.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In May 2009, the Colorado Legislature passed Senate Bill 271, which reduced the grants line for the Program by \$8 million. On August 19, 2009, a proposal was presented to the Joint budget committee to reduce the grants line for the Program by an additional \$7 million, in order to balance the 2009-2010 state budget.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above have not been adjusted at this time. However, these budget reductions will likely have significant impacts on the Program in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs. The budget reductions will also eliminate many Program grants.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Adult Obesity in Colorado

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Obesity in Colorado: Obesity (Adults).	Benchmark	19%	19%	20%	20%
	Actual	19.3%	19.1%		

*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, promoting breastfeeding and promoting healthier dining options such as the Smart Meal program with restaurants. Other activities in development include improvements to local food systems (e.g. development of community gardens and improving access to grocery stores) social marketing and media campaigns.

*Evaluation of Prior Year Performance:*

Colorado is ranked the lowest state in the nation for obesity. In FY 2008-09 Colorado’s adult rate for obesity was 19.1 percent. Although this appears to be slightly higher than the benchmark/goal of 19 percent, with statistical anomalies, it is probably safe to say that the department has essentially achieved the Benchmark/goal. The benchmark/goals for the future years show a slight projected increase in the obesity rate. This projected increase is based on the national trend of increasing obesity rates in adults. CDPHE will continue its efforts to maintain or reduce obesity, but given the national trends, it is likely to be difficult.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Obesity in Colorado Children

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

Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Actual	Approp.	Request
Obesity in Colorado: Overweight (Children)*	Benchmark	15%	15%	15%	15%	15%
	Actual	14.8%	13%	Data available in the fall of 2009		

\* Data available for children ages 2-14

*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

### 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
The percent of referrals to Early Intervention Colorado (Part C) made by a primary health care provider	Benchmark	60%	60%	60%	60%
	Actual	21%	29%		

*Strategy:*

In 2006, this department, in partnership with Colorado Department of Human Services and Colorado Department of Education initiated a three-year project entitled Assuring Better Child Health and Development (ABCD). The focus of the initiative is to increase the rate of identification of children with developmental delays, in order to assure the timely receipt of any needed developmental services and supports. The objectives of the project include increasing the use of standardized developmental screening tools in primary health care practices, as well as increasing primary providers' knowledge about and utilization of the Early Intervention Colorado system. To impact the developmental screening and Early Intervention Colorado referral rates, ABCD staff provide training and technical assistance for primary health care providers, as well as for other community-based early childhood partners. The ABCD training and technical assistance includes sharing best practices related to the use of standardized developmental screening tools, methods for streamlining developmental screening and referral practices, and strategies for strengthening communication amongst primary health care providers and the Early Intervention Colorado system.

(Note: Early Intervention Colorado provides comprehensive developmental assessments for children birth to three, and links children who qualify with community-based developmental services and supports. The provision of early intervention services are federally mandated by Part C of the Individuals with Disabilities Education Act.)

*Evaluation of Prior Year Performance:*

The ABCD Project started in 2006 and the benchmark for 06-07 was determined based on limited information and experience. Between October 1, 2007 and March 31, 2008, of the 2573 total referrals made to Early Intervention Colorado, 532 or 21 percent were from primary health care providers. Between October 1, 2008 and March 31, 2009, of the 3005 total referrals made to Early Intervention Colorado, 863 were from primary health care providers, or 29 percent. While the overall number of referrals went up, the number and proportion of referrals from primary health care providers also increased. Of the overall increase in referrals, 76 percent is attributable to referrals made by primary health care providers. It is important to note that 65 percent of the increase in primary health care provider referrals came from communities that have received ABCD training and technical assistance.

When questioned, primary health care providers report that they do not receive timely feedback when they refer a child to Early Intervention Colorado. Research from the "Tracking Referral Assessment Center for Excellence" (TRACE) states that when physicians receive insufficient feedback, that the referral patterns decrease or halt completely. In collaboration with CDHS, the ABCD Project developed a standard form to be used by Early Intervention Colorado to provide information on the status of the referral back to the referring primary health care provider. In addition, the ABCD Project is working with Kaiser, Denver Health and The Children's Hospital to begin tracking the frequency of communication received from Early Intervention Colorado after a referral has been made.

## PSD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 7. Low Birth Weight Infants

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

Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Actual	Approp.	Request
Percent of Infants Born at a Low Birth Weight	Benchmark	7.5%	9%	8.9%	8.8%	8.8%
	Actual	9%	9%	Data Available in Nov. 2009		

*Strategy:*

There are many factors that contribute to the low-birth weight rate in Colorado. There are two factors that the division 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. The Nurse Home Visitor Program has a goal to improve pregnancy outcomes (increasing the number of low birth weight babies) by helping women engage in preventive health practices, improve their diets, and reduce their use of tobacco, alcohol, and other substances. The Women, Infants and Children Program (WIC) has a primary mission to improve birth outcomes (and decrease the number of low birth weight babies). WIC provides a thorough nutrition assessment for pregnant women and individualized nutrition education as part of their routine services.

*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

### 8. Rate of Unintended Pregnancies

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

Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Actual	Approp.	Request
Rate of unintended pregnancy among the Colorado population.	Benchmark	39%	38.5%	36.2%	36%	35.8%
	Actual	39.6%	36.2%	Data Available in 2010		

*Strategy:*

The Family Planning Program coordinates and provides family planning services, in combination with local and federal dollars, to 52,645 low-income adults. This program has the goal of decreasing the rate of unintended pregnancy in Colorado. By averting unintended pregnancies, family planning programs greatly reduce health and welfare costs. Each public dollar spent to provide family planning services saves on average \$4.02 in Medicaid costs for pregnancy-related services and newborn care, according to the Alan Guttmacher Institute. Over 27,000 unintended pregnancies are prevented each year in Colorado as a direct result of state and federally funded family planning services.

*Evaluation of Prior Year Performance:*

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. The actual measure in FY 2006-07 is slightly above the benchmark, but the actual measure for 2007-08 exceeded the benchmark goal. This data demonstrates the continued positive trend in reducing the unintended pregnancy rate in Colorado.

# 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 2010-11**

## ***Introduction***

The Health Facilities and Emergency Medical Services division establishes and enforces standards for the operation of health care facilities and oversees the development and delivery of emergency medical and trauma care 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; state certification of emergency medical services technicians; technical assistance to local emergency medical services agencies; designating health facilities as trauma centers, and making state grants available to support local emergency medical and trauma services activities. The division's cash funds derive from fees paid by health facility licensees and designated trauma centers and from an emergency medical services fee in the Highway Users Tax Fund – EMS Account. Its reappropriated funds are a transfer from the Department of Health Care Policy and Financing.

### **The division is organized into the following programs:**

*The **General Licensure** program ensures that health care facilities meet minimum standards of quality. The program establishes health and safety standards (i.e., regulations) and conducts 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. The division also is licensing 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.*

*The Medication Administration program operates a training program for unlicensed staff who 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 and helps address the need for such services which is created by nursing shortages. 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 long-term care facilities, i.e., nursing homes, hospitals, ambulatory surgical centers, dialysis centers, home health agencies, hospices, residential facilities for the developmentally disabled, adult day/treatment centers and personal care / homemaker services providers. The program assesses compliance with a variety of federal Medicare and state Medicaid regulations 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.

**The Emergency Medical Services Program** has oversight responsibility for the Emergency Medical Services and Trauma Care system statewide. The purpose is to implement coordinated regional systems and a statewide 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 and trauma center) functions; licensing air ambulance services and establishing minimum standards for county licensure of ground ambulances; and designating health care facilities as Level I-V Trauma Centers. This program also is the recipient of a small federal grant to improve emergency medical services for children at the local level.

The EMS program also includes the following functions:

Partial funding for a telecommunications engineer at the Division of Information Technology to provide local and regional telecommunications technical assistance, planning, and support for emergency medical and trauma services.

The Colorado Coroners Standards and Training Board ensures minimum standard training and certification of coroners.

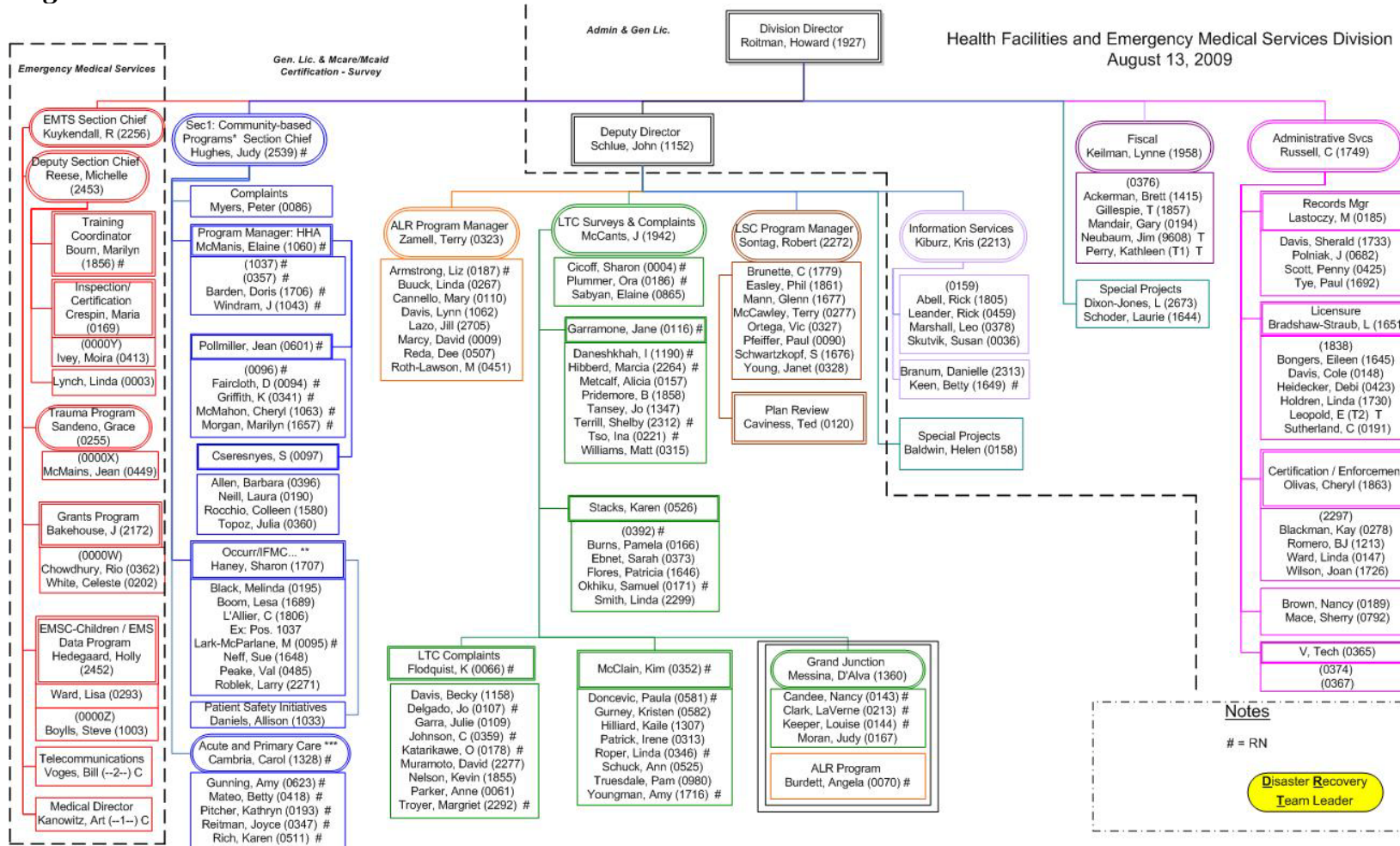
The Poison Control function provides 24-hour per day, toll-free telephone consultation to the public and medical professionals in cases of exposure to poisonous substances. Specialists in Poison Information triage each case and provide emergency poison information and treatment recommendations. This 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 (2009).



# Organizational Chart



163.9 FTE \$24,052,979

## *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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of health survey citations at the “harm and immediate jeopardy” level in long-term care facilities.	Benchmark	7%	7%	6%	6%
	Actual	7.55%	5.82%		

*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 also offers teleconference access to long-term care advisory meetings to facilities that do not regularly attend in person to help keep them abreast of changes and practices.

*Evaluation of Prior Year Performance:*

The 2007-8 actual performance exceeded the benchmark/goal. The 1.73 percent drop from FY 2007-08 to FY 2008-09 is an encouraging trend the division believes is due in part to educational outreach to and information sharing with facilities on regulatory changes, the survey process, standards for care and best practices. These exchanges occur in long-term care advisory meetings and at various other stakeholder meetings and training events.

## HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Prevalence of Life/Safety code violations

*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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of building/construction related 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) 60% (P) 30% (W)10%	(I) 65% (P) 25% (W) 10%	(I) 67% (P) 23% (W) 10%
	Actual	(I) 53.9% (P) 33.53% (W)12.47%	(I) 62.9% (P) 29.59% (W) 7.46%		

*Strategy:*

Using its oversight authority the division will ensure long-term care facilities and assisted living facilities are in compliance with building/construction regulatory requirements. The division monitors the scope of building/construction code 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, the generally less severe, isolated violations. The ways the division plans to accomplish this narrowing of scope of citations are by continuing to implement the 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 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 the new plan review process, the division would make the facility aware of the smoke detector specific problems in advance of installation thus reducing the prevalence of violations and subsequent citations.

*Evaluation of Prior Year Performance:*

This metric showed a 5.01 percent decrease in widespread citations, a 3.94 percent decrease in pattern citations and a 9 percent increase in isolated citations in long term care facilities between FY 07-08 and FY 08-09. This means that the frequency of widespread and pattern citations is decreasing and being converted to the less severe isolated citations. The division believes its efforts to increase facility education and technical assistance and provide additional training to its life safety code inspectors is largely responsible for this change.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	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%	1.5%	1%	1%
	Actual	2.05%	1.45%		

*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. New fees authorized in the 2008 legislative session were required to be phased in over a two year period. The first year increase simply matched revenue with FTE authorization. In FY 2009-10, the second phase of fees will allow hiring of the authorized 1.5 FTE increase in staff to implement this strategy.

*Evaluation of Prior Year Performance:*

The division exceeded its benchmark/goal for the percent of harm and life threatening safety citations. Actual changes in this metric between FY 07-08 and FY 08-09 show significant improvement; a decrease of 0.60 percent in harm and life threatening level citations. This means that the division is finding and citing fewer harm and life threatening level violations during facility surveys and investigations. This is a positive trend for the safety of residents and one the division wants to see continue.

However, the division continues to receive more complaints each year and the overall care seems to be declining in these facilities. Although these issues are not reaching the “harm and life threatening level”, the increase in complaints and lower quality of care are of concern. The division attributes this trend in part to Coloradoans choosing more home-like assisted living (ALR) and alternative care facilities (ACF) over traditional nursing homes. Often these facilities are inappropriate for the care needs of some residents and in some cases residents remain in this care setting even after their need for higher levels of care would warrant moving to a different facility. Unlike nursing homes, ALR/ACFs cannot provide skilled nursing care. Increasing the standards for licensure and staff training may be necessary to maintain appropriateness of care and safety for residents of assisted living facilities.

## 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Update licensure requirements and program fees and regulations	Benchmark			<u>Hospitals</u> General Licensure Enforcement regulations  Nursing home, dialysis center, and hospice license fees  Cord blood donation regulations  Provisional certification of EMTs	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 Home Care Agencies Life Safety Code Review Fees and regulations for remaining facility types	
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*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:*

The division accomplished a considerable workload in FY 2007-08 and 2008-09 adopting a completely new set of regulations for home care agencies pursuant to SB 08-153; new fees and first aid training requirements for assisted living residences; and up-dated life safety code requirements and plan review fees for all remaining facility types.

## 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.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of incidents that resulted in a complaint alleging “standard of care errors” made against certified Emergency Medical Technicians	Benchmark	4.5%	4.5%	4%	4%
	Actual	5.3%	4.5%		

*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. The division investigates complaints against certified EMTs and takes appropriate actions ranging from increased training requirements to decertification. The division maintains a registry of certified EMTs.

*Evaluation of Prior Year Performance:*

The division met its benchmark/goal for FY 2008-09. Actual changes on this metric between FY 07-08 and FY 08-09 show continued improvement on this objective with a decrease of 0.8 percent. This indicates that the percent of complaints related to standard of care errors by emergency medical technicians decreased from FY 07-08 to FY 08-09. 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 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	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%	95%	96%	96%
	Actual	94%	95%		

*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. EMS personnel use trauma triage criteria to identify patients who are more likely to have severe injuries. The triage criteria, in combination with local destination protocols, guide the prehospital provider in where to take the trauma patient. The Trauma Triage Task Force of the State EMS and Trauma Advisory Council is currently updating Colorado’s trauma triage criteria to be more in alignment with current knowledge and with the recommendations of the American College of Surgeons and the Centers for Disease Control and Prevention. Once the updated criteria are finalized, the EMTS section will distribute the new criteria to EMS agency medical directors, EMS personnel and Regional EMS and Trauma Advisory Councils so that the criteria can be incorporated into local training efforts and in the development of regional destination protocols. Increased awareness and enhanced usage of the updated criteria for decision-making by prehospital personnel should lead to an increase in the percent of severely injured trauma patients who are ultimately cared for at a Level I-III trauma center and as a result, have a greater likelihood of survival.

*Evaluation of Prior Year Performance:*

The unit achieved its benchmark/goal for FY 2008-09. Actual changes in this metric between FY 07-08 and FY 08-09 show a 1 percent increase. This indicates that there was an improvement in FY 08-09 in trauma patients with an ISS equal to or greater than 16 who were admitted to Level 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.

SB 09-002 authorized an increase in revenue and spending authority for state grants through collection of an additional \$1 per vehicle registration. This will double the grant funds beginning in FY 2009-10. This increased support will lead to enhanced resources at the local level (e.g., additional ambulances, trained personnel and equipment) and will ultimately increase the success in transferring and treating patients including severely injured trauma patients.

# STATE OF COLORADO

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**Colorado Department  
of Public Health  
and Environment**

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**Emergency Preparedness and Response Division  
Department of Public Health and Environment  
Director – Chris Lindley**

## **Strategic Plan** **FY 2010-11**

## ***Introduction***

The Emergency Preparedness and Response Division (EPRD) develops and implements emergency response plans for the Colorado Department of Public Health and Environment to fulfill the State's Emergency Support Function #8: (Health, Medical and Mortuary). The department is the responsible state agency for the protection of health and the medical response of victims when an emergency occurs in Colorado.

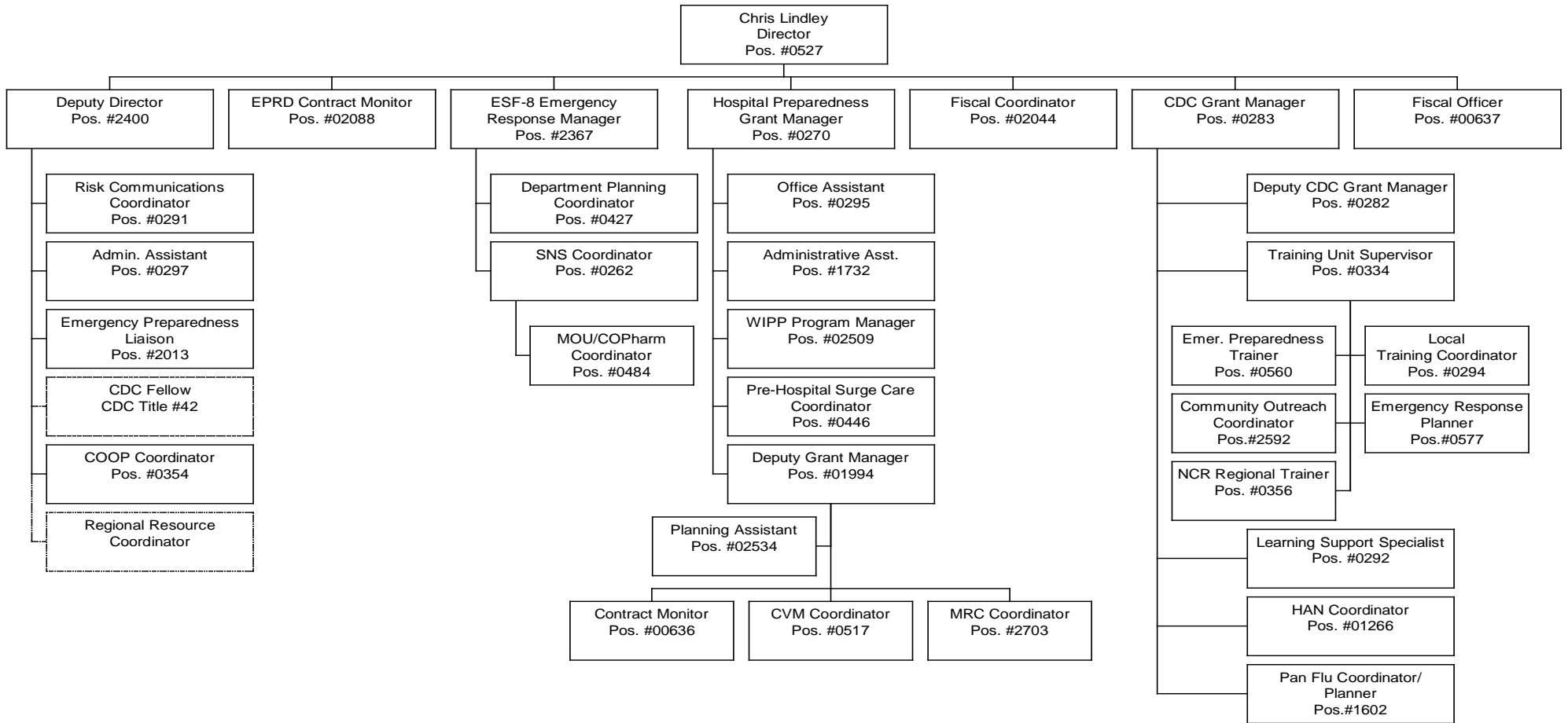
The division has multiple program areas, but functions as a single program. Those programmatic functions are:

- **Planning** – the division works to ensure that the department, local public health agencies, and medical agencies have plans for responding to emergency events and administering medication in mass quantities to all citizens in Colorado.
- **Assessment** – the division assesses natural and man-made disaster events, for enhancing response and trains health and medical professionals on the latest and improved response protocols.
- **Integration** – the division is the lead program for ensuring public health and medical activities are integrated with law enforcement, the Division of Emergency Management and other state agencies critical to the state's response.
- **Training** – the division is responsible for delivery and coordination of emergency preparedness education and training to CDPHE employees, medical and public health partners.
- **Communication** – the division is responsible for ensuring effective and redundant communication connectivity among stakeholders involved in public health detection and response. The division is also responsible for effective distribution of critical and routine health information.
- **Identification** – the division assesses the state's ability to respond to emergency events relating to the medical care of victims and assists in identifying best practices for mass casualty response.

## ***Statutory Authority***

The statutory authority for the Emergency Preparedness and Response Division is found in Title 25, Article 1 of the Colorado Revised Statutes (2009).

Colorado Department of Public Health and Environment  
Emergency Preparedness and Response Division



**Organization Chart**

**31.9 FTE      \$18,504,501**

## *Objectives*

The Emergency Preparedness and Response Division aims to monitor its success through implementing the following key objectives and the associated performance measures:

1. Develop, enhance and integrate emergency response planning and response activities into routine public health operations.
2. Increase the efficiency of identifying, reporting, and responding to health events that could result from terrorism or naturally occurring events, in partnership with other agencies.
3. Develop and test plans to prevent and respond to public health threats, including Internal Operations Plan, State Emergency Operations Plan Annex, Strategic National Stockpile (SNS) plans and Continuity Of Operations Plans.
4. Continue to expand a statewide program to certify local public health agencies in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) Program. (PPHR is the only national program designed for preparedness certification of public health agencies.)



## EPRD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 1. Developing Partnerships

*Objective 1:* develop, enhance and integrate emergency response planning and response activities into routine public health operations.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
The number of partnerships with emergency responders, hospitals and other health care entities, local officials, educational institutions, businesses and local and state agencies as measured by the number of signed MOU's .	Benchmark	60	85	120	150
	Actual	60	83		
Percent increase in partnerships as measured by signed memorandums of understanding	Benchmark	100%	41.7%	41%	25%
	Actual	100%	38%		

*Strategy:*

The Emergency Preparedness and Response Division uses all opportunities to identify potential emergency response partners and establish formal and informal relationships with these partners. Partnerships are key elements in the development of Emergency Response plans and response activities. Establishing partnerships allows the exchange of information and assistance in order to increase the likelihood that entities have established roles and responsibilities before any type of event. The formalization of these partnerships can be quantified through the establishment of Memorandums of Understanding (MOU) between the partner agencies.

Some specific strategies that Emergency Preparedness and Response Division has used and will continue to use to build partnerships include participation in discipline specific committees and workgroups, attendance and presentations at professional conferences, and membership in national advisory committees.

*Evaluation of Prior Year Performance:*

The division was just slightly below its benchmark goal for formalized partnerships with local organizations. The division is satisfied with its progress and believes it will continue to make good progress with outreach efforts and developing partnerships in the coming year.

## EPRD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 2. Response capability

*Objective 2:* Increase the efficiency of identifying, reporting, and responding to health events that could result from terrorism or naturally occurring events, in partnership with other agencies.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number of key partners notified within two hours; number of volunteers in the CVM database; participation rate in exercises; percent of CDPHE staff who are ICS/NIMS certified	Benchmark	50 key partners notified within 2 hours 100 volunteers in CVM 30% participation in exercises 20% of staff trained in ICS/NIMS	100 key partners notified within 2 hours 200 volunteers in CVM 40% participation in exercises 40% of staff trained in ICS/NIMS	120 key partners notified within 2 hours 400 volunteers in CVM 50% participation in exercises 60% of staff trained in ICS/NIMS	150 key partners notified within 2 hours 500 volunteers in CVM 75% participation in exercises 75% of staff trained in ICS/NIMS
	Actual	50 key partners notified within 2 hours 100 volunteers in CVM 20% participation in exercises 20% of staff trained in ICS/NIMS	140 key partners notified within 2 hours 110 volunteers in CVM 25% participation in exercises 60% of staff trained in ICS/NIMS		

*Strategy:*

The Emergency Preparedness and Response Division is engaged in a number of activities to improve ability to respond to health events that could result from terrorism or naturally occurring events. One major aspect of this strategy is to build partnerships with organizations and volunteers across the state. The division has consolidated all volunteer recruitment and deployment activities into the Colorado Volunteer Mobilizer (CVM) database. The CVM serves as a repository for all medical and public health volunteers in Colorado. Any response to an emergency that exceeds the ability of a local jurisdiction to respond could require the services of volunteers. The CVM would be used to identify and activate appropriate volunteers for the response.

The CVM and the department's COTrain systems will register and track the volunteers completion and compliance with National Incident Management System /Incident Command System (NIMS/ICS) training. Volunteers are encouraged to participate in the training and become certified. NIMS/ICS training is available through multiple sources, including this department, the Colorado Division of Emergency Management and the FEMA online program. By identifying those who have completed training, the Colorado Volunteer Mobilizer system will help to identify the most prepared volunteers to call upon first.

One key to maintaining commitment and engagement of the volunteers is to conduct exercises to evaluate their level of preparedness.

The department will use multiple resources to achieve these goals. Marketing the CVM system to professionals through professional publications, through their professional associations, and at conferences. Once individuals are registered in the system, they can be easily contacted to promote NIMS/ICS training and exercises, and receive notifications.

*Evaluation of Prior Year Performance:*

As shown in the chart above, one goal for FY 2008-09 was to notify 100 key partners within two hours. The division attributes its success in exceeding that benchmark to success in getting multiple, verifiable means to notify the participants. Success in exceeding this benchmark indicates that the Colorado Volunteer Mobilizer system is an effective way of reaching and notifying volunteers and partners.

The FY 2008-09 benchmark on the enrollment measure was to enroll 200 volunteers. The division fell short of meeting that goal because of issues with the contracting process that resulted in a late start. These issues have been resolved and the division anticipates meeting this goal in the coming year.

The contract delays also led the division to fall short in achieving the benchmark on the participation in exercises measure, but, as stated above, those issues are now resolved and the division anticipates meeting the performance goals in future years.

The division exceeded the FY 2008-09 benchmark goal for having staff NIMS and ICS certified and looks forward to continuing to certify more staff each year. Having more staff certified means that the division can more effectively support its partners and protect citizens.

## EPRD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 3. Develop Plans

*Objective 3:* Develop and test plans to prevent and respond to public health threats, including Internal Operations Plan, State Emergency Operations Plan Annex, Strategic National Stockpile (SNS) plans and Continuity Of Operations Plans.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of plans completed and tested	Benchmark	New Measure	75%	90%	100%
	Actual	New Measure	75%		

*Strategy:*

Development, testing, and continual improvement of plans are essential elements of the public health preparedness and response process. The plans identified in this objective are the basis for emergency response operations for the department and fulfill grant requirements with funding agencies. These plans are also the foundation for more specific annexes and appendices that focus on other activities.

To develop these plans the division works with state, regional and local partners, both public and private, to assess the needs of their jurisdictions and plan for emergency response operations. The division also uses the “after-action” reports from previous exercises and responses to actual events to assess previous performance and determine improvements to future actions.

*Evaluation of Prior Year Performance:*

The plans detailed in this objective are part of a continuous cycle of development, testing, evaluation and updating. The outcome measures reflected here are in keeping with that cycle.

The goal was to complete and test 75 percent of plans in FY 2008-09. The division was able to complete and test the 75 percent as planned despite some major emergency situations. “Real world” events including several blizzards and the H1N1 Swine Influenza outbreak provided additional opportunities to test the plans. All of these plans must be included in the continuous cycle of revisions.

## EPRD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 4. Colorado plans Score compared to national average

*Objective 3:* Develop and test plans to prevent and respond to public health threats, including Internal Operations Plan, State Emergency Operations Plan Annex, Strategic National Stockpile (SNS) plans and Continuity Of Operations Plans.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Colorado score on Department of Health and Human Services Strategic National Stockpile Plans (SNS) and Cities Readiness Initiative (CRI) plans compared to the national average score.	Benchmark (National average score)	New Measure	SNS –87 CRI – 89	SNS – 90 CRI – 90	SNS – 90 CRI - 90
	Actual (Colorado)	New Measure	SNS – 94 CRI – 91		

\*All scores are out of 100 total possible points

*Strategy:*

All states, including Colorado, are required through their cooperative agreements with Department of Health and Human Services (DHHS) to complete the same core set of requirements. DHHS assesses and compares performance on a few of these required components including Strategic National Stockpile (SNS) and Cities Readiness Initiative (CRI) plans for all states and territories. The Emergency Preparedness and Response Division participates in the development of these plans as part of its core business.

*Evaluation of Prior Year Performance:*

The results shown above demonstrate that Colorado is above the national average score in both the strategic national stockpile and the Cities Readiness Initiative.

## EPRD CORE OBJECTIVES AND PERFORMANCE MEASURES

### 5. Local Public Health Agencies participating in and recognized by the PPHR program.

*Objective 4:* Continue to expand a statewide program to certify local public health agencies in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) Program.

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Number and percent of local public health agencies participating in and recognized by the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) Program	Benchmark	New Measure	6 6 100% 100%	15 15 100% 100%	25 25 100% 100%
	Actual	New Measure	6 6 100% 100%		
Percent of the 55 Colorado Local Public health Agencies recognized by PPHR	Benchmark	New Measure	11%	27%	45%
	Actual	New Measure	11%		

*Strategy:*

Project Public Health Ready (PPHR) is the only national program to develop standardized criteria for the evaluation of local public health agencies. The PPHR program is peer developed and evaluated and provides recognition for successful local applicants. The division is using the PPHR criteria as the contract deliverables for receipt of CDC preparedness funds. This certification is a standardized, consistent, clear and locally driven framework, widely used, with a built in cycle of recertification that quantifies the effectiveness of local preparedness. The division assists local agencies to achieve recognition by providing technical assistance and guidance based on national programs and best practices. Upon completion of the program, local public health agencies have achieved a nationally recognized level of preparedness that places them in the highest level of agencies in the United States.



*Evaluation of Prior Year Performance:*

In 2008-09 all six participating local health agencies were recognized. This means they completed the program and met all of the criteria. Success in meeting this goal is due largely to the efforts of the staff in the six local public health agencies. The division plans to continue encouraging additional local public health agencies to participate in future years. However it is likely that achieving recognition for the remaining Colorado counties will be more difficult given staff and other resource constraints.