

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

**Department of Public Health and Environment
Executive Director – Martha E. Rudolph**

Strategic Plan FY 2011-12

STATE OF COLORADO

Bill Ritter, Jr., Governor
Martha E. Rudolph, 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) is committed to its mission of protecting and improving the health of Colorado's people and the quality of its environment. Over the past several years, under the leadership of Governor Bill Ritter, the people who make up the department have responded to events that threatened public health and moved forward to capitalize on significant new opportunities to improve environmental quality. Time and again, people across the department have worked together – often engaging local public health agencies as well as the private sector – to reach common goals. Our successes in areas such as lowering the risk of food-borne illness through inspection and enforcement in food facilities, improving patient safety through inspections of health facilities, and reducing the risk of exposure by cleaning up contaminated sites illustrate how all of us at the department are striving to accomplish our goal of making Colorado the state with the cleanest environment and the healthiest people. Some of our most significant recent achievements are discussed below.

The Disease Control and Environmental Epidemiology Division and the Emergency Preparedness and Response Division worked closely with each other, community partners and the Federal government to respond to the H1N1 flu pandemic, while simultaneously preparing for the advent of the typical flu season. The department received and successfully distributed H1N1 vaccine to 1,549 registered H1N1 providers across the state. In addition, the department distributed much-needed assets from the Strategic National Stockpile (everything from antiviral medications to surgical masks) throughout the state. Using the epidemic plans that have been in place for several years, the department effectively implemented mass vaccination programs across the state. This ultimately involved

the distribution of more than 1.6 million doses of H1N1 vaccine to Coloradans, with special prioritization for those who were particularly susceptible to the new flu strain.

On February 17, 2009, the President signed into law the American Recovery and Reinvestment Act (ARRA). That multi-faceted legislation made an additional \$62 million available to the state for drinking water and waste water infrastructure improvements. The Act included ambitious deadlines for committing funds as well as requirements such as expending 20 percent of the funds on green infrastructure investments. The Water Quality Control Division worked with the Water Quality Control Commission to re-write Colorado's Intended Use Plan to reflect these new opportunities and requirements, and to develop a process for considering how these funds would be awarded. A process that routinely takes 18 months was reduced to just seven months to help ensure that 34 water and wastewater projects to receive ARRA funds could begin construction by Sept, 30, 2009, as required under the Act. As of June 30, 2010, approximately 159 construction-related jobs had been generated as a result of these projects.

These projects will improve public health and water quality in small communities across Colorado. The Water Quality Control Division also worked with drinking water systems across the state to implement green water savings projects estimated to result in a savings of 45 million gallons of potable water each year.

These examples illustrate the dedication the staff of the Colorado Department of Public Health and Environment has to fulfilling the department's mission. Over the past four years, staff members have gone above and beyond the call of duty to respond to public health emergencies and to help improve the quality of our environment. The economic recession and the consequent reduction in tax revenues have created a whole new set of challenges. Despite significant budget constraints, the department staff put forward the extra effort needed to meet those challenges. Our ability to fulfill our mission in spite of adversity is a clear indication that every one of the department's employees understands 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.

I am proud of the work this department is doing for the state of Colorado, and hope you are as well.

Martha E. Rudolph 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. Martha E. Rudolph serves as executive director of the department.

The department is organized into 11 divisions that fall under three broad groupings: health programs, environmental programs and administration. Acting Chief State Medical Officer Lisa Miller heads up the department's five health divisions, plus the Emergency Preparedness and Response Division and the Office of Health Disparities. Acting Director Howard Roitman leads the department's four environmental divisions.

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.

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.

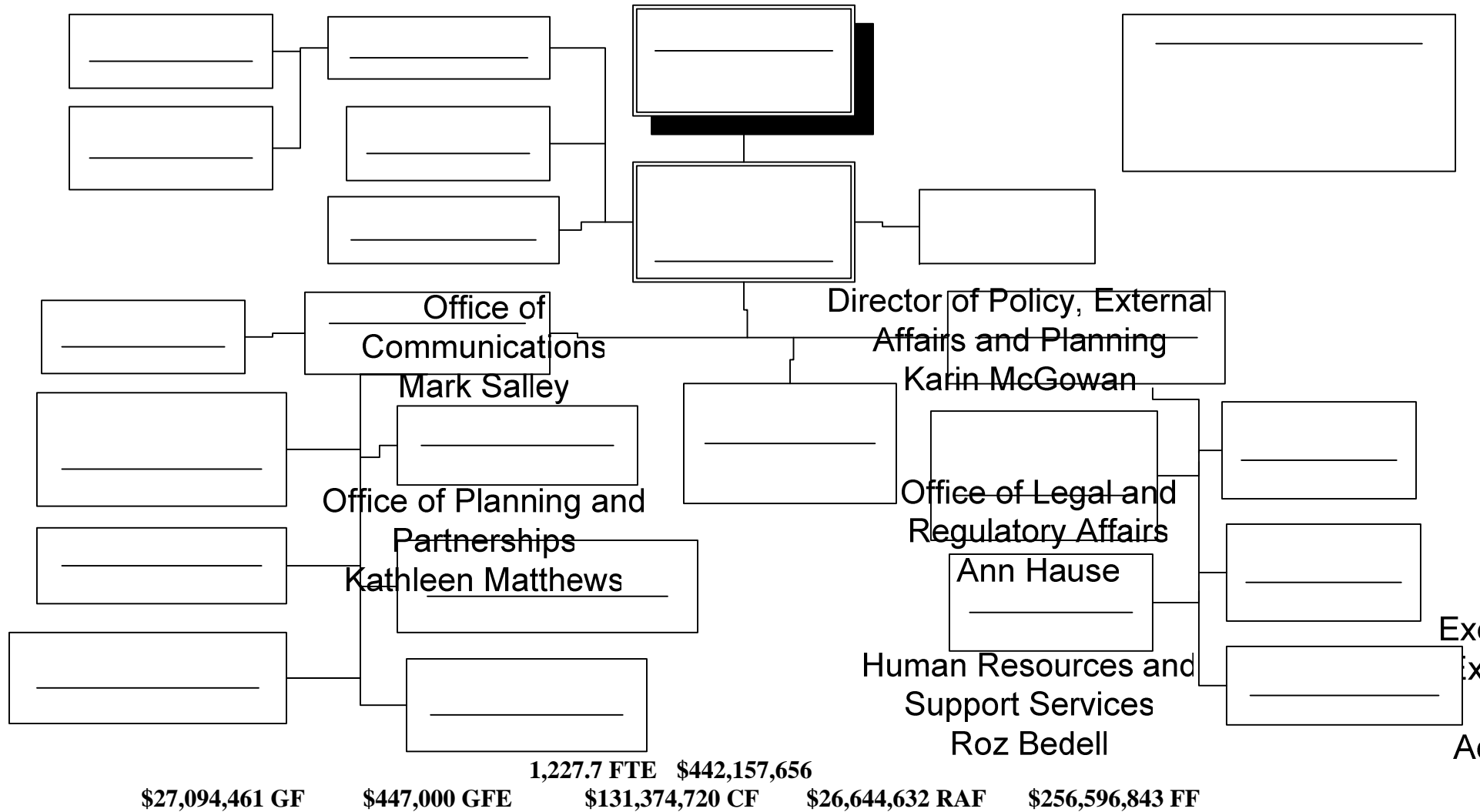
The department pursues its mission through broad-based public health and environmental protection programs, including disease prevention; control of disease outbreaks; health statistics and vital records; health facilities licensure and certification; health promotion; maternal, child, adolescent, and 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 1,227 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 \$442 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 (2010).

Colorado Department of Public Health and Environment



Please note that the organizational chart reflects the FY 2010-11 Long Bill. Organizationally, the Consumer Protection Division and the Office of Environmental Integration and Sustainability have been merged to become the Division of Environmental Health and Sustainability.

**Office of Health
Disparities
Mauricio Palacio**

**Health Programs
Chief Medical Officer
Lisa Miller, MD, Acting Director**

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. Build a strong public health system
2. Maintain an effective climate change strategy
3. Encourage and lead Coloradans to healthier lifestyles from birth to old age
4. Maintain an effective public health and emergency response system to address communicable disease, epidemics, and other public health and environmental problems
5. Protect and improve air and water quality across the state
6. Eliminate health inequities in Colorado

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

1. Local Capacity for Essential Public Health Services

Objective 1. Build a strong public health system

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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. A national accreditation system is being developed for state and local public health departments and agencies which measures the capacity to provide the 10 essential services. Once the system is available, Colorado's local public health agencies can voluntarily choose to seek accreditation.

As reported last fiscal year, 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. Colorado's Public Health Improvement Plan-From Act to Action was completed at the close

of 2009 with input from local, state and other public health system stakeholders. Following a recommendation in this plan, The Office of Planning and Partnerships is developing standardized instruments for community health assessments as well as a planning template to support local public health agencies' completion of local plans. In addition, a baseline assessment of the current capacity of local public health agencies is planned for FY 2010-11. This assessment will catalogue current county-level services, shared services among counties, available resources and monitoring systems. The baseline assessment will then serve to provide baseline measures for this core objective. The revised National Public Health Performance Standards State and Local Instruments will be incorporated into the assessment process. The program has sought funding to expedite this capacity assessment, so as to have new baseline performance measures available for next year's Strategic Plan as well as for local public health agencies to use for setting performance objectives.

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. One local public health agency conducted the NPHPS Assessment independently this past year and the Office of Planning and Partnerships participated for the purpose of determining whether this was an effective tool to use for measuring this objective.

The 2009 Colorado's Public Health Improvement Plan-From Act to Action recommended a number of strategies and action steps to strengthen Colorado's public health system over the next five years. Some of these action steps have been completed while many others are still in the process of being completed. Some examples include:

- Draft core services and standards have been defined so as to be incorporated into the capacity assessment process;
- A standard set of public health indicators is under development to measure health outcomes consistently;
- Standard components of a statewide assessment and planning system including criteria for setting priorities and the improvement plan format are in development.

Supporting products will include technical assistance resources on acquiring additional data, data interpretation, stakeholder input, facilitation and strategic planning. Other activities include the establishment of a task force to develop improvements to streamline the contacts/grants administration processes among CDPHE and local public health agencies.

Public Health Improvement Plan activities include representatives from local and state public health agencies as well as community partners and is guided by a steering committee 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.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

2. Greenhouse Gas Reduction

Objective 2. Maintain 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 ₂ e	N/A	N/A	20% below 2005 levels =94.2 MMT CO ₂ e
	Actual	117.7 MMT CO ₂ e			

Strategy:

The State of Colorado has committed to a 20 percent reduction in greenhouse gas emissions from 2005 levels by 2020. CDPHE will play a key role in reaching that goal through partnering with many community, industry and governmental organizations and implementation of a variety of strategies.

Evaluation of Prior Year Performance:

The Department participated in the launch of an adaptation vulnerabilities assessment which is ongoing. The assessment is designed to evaluate the state's climate vulnerabilities in the arenas of water, tourism, agriculture, energy and forestry. An example of the type of issue being assessed is early runoff which causes flooding, erosion, and sediment loads in our streams, and leaves our irrigators without water later in the season. The report will tee up possible adaptation strategies for the next administration to consider. This is part of Governor Ritter's End Strong platform.

The Governor has also assembled the Colorado Carbon Capture and Sequestration (CCS) Task Force. The task force is assessing gaps in the legal and regulatory landscape for CCS for potential legislation or other action.

CDPHE’s Core Objectives and Performance Measures

3. Adult Tobacco Use in Colorado

Objective 3. Encourage and lead Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	CY2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	18.4%	18.2%	18.3%	18.6%
	Actual	17.6%	17.1%		

Note: the figures in this table differ somewhat from the rates in the table on page 25 because the figures on page 25 represent rolling 3-year time periods (2005-2007 listed under CY2007 and 2006-2008 listed under CY 2008).

Strategy:

The State Tobacco Education and Prevention Partnership (STEPP) program works to reduce tobacco prevalence through the implementation of four evidence-based strategies. These include population-based counseling and treatment provided by the Colorado Quitline; implementing health care systems’ change through partnerships with key stakeholders; creating and implementing media campaigns targeted at populations most disparately affected by tobacco; and funding local health agencies and community-based organizations to implement tobacco control policies 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 approximately 2,000 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 200,000 participants, with over 32 percent successfully quitting tobacco use, whereas only four percent of smokers succeed when trying to quit on their own.

The Tobacco Cessation and Sustainability Partnership, a multidisciplinary group convened by the Colorado Department of Public Health and Environment, brings stakeholders together to provide insight, expertise and leverage to encourage private and public plans to provide comprehensive and effective tobacco benefit for their membership, and to identify opportunities to increase sustainability for cessation services, including the Colorado QuitLine.

Strategic, culturally appropriate and high impact messages to reduce tobacco use in Colorado are developed through a media vendor with tobacco prevention and control expertise.

Local public health agencies and community-based organizations work to mobilize the community to strengthen and enforce existing clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing and enforce laws to reduce illegal tobacco sales to minors. These interventions 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 17.1 percent in 2009. The smoking rate change between 2008 and 2009 is not statistically significant.

A 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 42.4 packs per capita per year in 2009. 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. In February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency. Due to funding reductions to the Tobacco Education, Prevention and Cessation Grant Program, several programs were cut or substantially reduced in FY 2009-10.

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, a statutorily authorized body charged with making funding recommendations for the program to the Board of Health, is responding to the budget reductions by strategically distributing the cuts in an effort to minimize impacts on Colorado's smoking rates.

Research demonstrates that the single most effective strategy to reduce tobacco use rates is to increase the unit price of tobacco. A federal tobacco tax was implemented nation-wide in March 2009 and is likely to impact tobacco prevalence among all populations. However, the program cannot, at this time, make projections for how the tax will impact prevalence among smokers, but elimination of key programming as discussed above may offset the benefits of the price increase.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

4. Tobacco Use in Colorado in High School Students

Objective 3. Encourage and lead Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	CY 2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	11.8%	11.2%	11.9%
	Actual	11.9%	N/A*		

**Data are not collected annually and therefore not available for 2009.*

Strategy:

The State Tobacco Education and Prevention Partnership (STEPP) utilizes evidence-based strategies to prevent and reduce tobacco use among youth and young adults. Due to funding reductions to the Tobacco Education, Prevention and Cessation Grant Program, several programs were cut in FY 2009-10. However, STEPP remains committed to reducing tobacco use among young people and is maintaining a skeletal infrastructure in order to continue parts of an evidence-based, comprehensive program. Strategies funded through the grant program to prevent and reduce tobacco use among youth and young adults include a youth cessation program and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

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.

Local public health agencies and community-based organizations mobilize the community to strengthen and enforce existing clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing, and enforce laws to reduce illegal tobacco sales to minors.

Other strategies not funded through Amendment 35 include school-based tobacco prevention efforts, reaching youth identified as susceptible to becoming tobacco users and young adults not attending college through tobacco prevention and cessation messaging.

Evaluation of Prior Year Performance:

Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 11.9 percent in 2008 (our most recent youth survey), thus surpassing the Center for Disease Control and Prevention's Healthy People 2010 goal of 16 percent. To the extent that funding allows, the department will continue to administer evidence-based programs, in an effort to continue past achievements in reducing and eliminating tobacco use among 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 February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency.

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 impacts on Colorado's smoking rates.

CDPHE’S CORE OBJECTIVES AND PERFORMANCE MEASURES

5. Tobacco Use in Colorado in Pregnant Women

Objective 3. Encourage and lead Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10.6%	10.3%	10.1%	10.1%
	Actual	8.1%	N/A*		

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

Strategy:

In January 2010, STEPP received funds through the America’s Recovery and Reinvestment Act (ARRA) to support and encourage pregnant women to quit smoking. A statewide advisory group has been convened to develop a marketing/outreach campaign specifically for pregnant women. Components of the campaign include both earned and paid media including transit advertising, direct mailings, posters, brochures, health care provider resources and newsletter/e-mail content. In addition, to support a woman’s successful quit throughout her pregnancy and postpartum period, the QuitLine incorporated a number of enhancements into its services. First, the prenatal counseling protocol will be expanded with the implementation of the “Postpartum Protocol Script for Tobacco Quit-Line Counseling.” The protocol developed by national experts offers a detailed guideline for QuitLine counselors to use as they encourage and support postpartum mothers to quit smoking or remain quit after delivery. In addition, programming will be enhanced to ensure any pregnant or postpartum woman has the option of working with the same coach (who has received specialized training) throughout her quitting or relapse prevention process. Building rapport and consistency can provide additional motivation and support for a woman to successfully quit and sustain a quit. Additionally, referral to community cessation programs, such as the Tobacco Free Baby and Me program, will be provided to those women who indicate they would prefer to receive person-to-person cessation services and/or would like to participate in both telephonic and in-person interventions.

The Baby and Me Tobacco Free Program has been funded by the Colorado Health Foundation to provide incentives (vouchers for free diapers) for low-income pregnant women who quit smoking and participate in carbon dioxide monitoring during pregnancy

and after the delivery of the baby. This program is available in the majority of Colorado counties. The goal is to obtain additional funding so that implementation can be statewide and all counties can be offered this program. The intervention is being implemented through local health agencies or community-based organizations.

Evaluation of Prior Year Performance:

Data is not yet available for FY 2009-10. The 2008-9 actual rates of smoking prevalence during pregnancy declined significantly from 2007-08. However, the decrease in tobacco use during pregnancy is related to the decrease in the prevalence of women who smoked prior to pregnancy and does not reflect improvements in pregnant smokers quitting. While this decline in overall prevalence rates is very positive, targeted efforts to reduce smoking among pregnant women continues to be of the highest priority. It is anticipated that the enhancements to QuitLine services and the development of a targeted statewide media/outreach campaign with key statewide partners will have a positive impact on the number of pregnant women who successfully quit smoking during pregnancy and stay quit after delivery.

CDPHE’S CORE OBJECTIVES AND PERFORMANCE MEASURES

6. Adult Obesity in Colorado

Objective 3. Encourage and lead Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Obesity in Colorado: Obesity (Adults).	Benchmark	19%	20%	20%	20%
	Actual	19.1%	19.0%		

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., the 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 has the lowest adult obesity rate in the nation. Although the benchmark was achieved (19%), this rate may change, due in part to Colorado’s childhood obesity rate. It is anticipated that Colorado’s low obesity rate may not be sustainable and an adult rate of higher than 19% may occur in the next few years.

CDPHE’S CORE OBJECTIVES AND PERFORMANCE MEASURES

7. Obesity in Colorado Children

Objective 3. Encourage and lead Coloradans to healthier lifestyles from birth to old age

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Obesity in Colorado: Overweight (Children)*	Benchmark	15%	15%	15%	15%
	Actual	13.6%	14.7%		

* Data available for children ages 2-14

Strategy:

Colorado continues to have modest success in promoting physical education and healthier meal options in schools. In 2009, healthy beverage standards were enacted in Colorado schools that eliminate soda from school vending machines and cafes. Strategic partnerships between various state and local agencies and community groups are also promoting active community environments where children can safely walk, bike and play. Local efforts seek to increase community and school gardens, decrease TV viewing and other screen time, increase Safe-Walkable Routes to School, increase quality recess and physical education, and increase access to healthier foods, including produce, in neighborhoods identified as “food deserts”. Breastfeeding for infants is also promoted which helps to lead to healthier weights in children and youth.

Evaluation of Prior Year Performance:

Colorado’s childhood obesity rate has increased slightly over the last five years. Despite Colorado’s having the lowest adult obesity rate in the nation, the childhood obesity rates are ranked in the middle when compared nationally. Western states such as Oregon, Wyoming, Washington, Utah, and Montana all have lower childhood obesity rates. The state of Oregon has the lowest childhood obesity rate of 9.9%. Colorado has barely sustained its benchmark goal of 15% (14.7% in 2009-10).

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

8. Tuberculosis Treatment

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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%	75%	75%
	Actual	80%	67.3%		

*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 substantially reduces the risk that TB infection will progress to active disease (on average 20-30 percent of contacts are infected).

The Tuberculosis Program and community partners have identified measures to help increase the number of infected contacts who complete treatment. These measures include focusing resources on contacts at high risk for progression to disease; closely monitoring adherence to treatment and offering incentives for treatment completion; and 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. 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. In 2009 however, only 67.3% of contacts to active tuberculosis cases completed treatment. A total of 22 persons (20%) chose to stop treatment, 10 (9%) were lost to follow-up, and 4 (3.7%) stopped treatment due to adverse reactions to the medication.

The standard treatment for contacts to active tuberculosis cases is nine months of daily Isoniazid medication. In light of the fact that 20 percent of persons chose to stop treatment, the TB program staff is currently conducting a cost analysis to determine if using a new treatment regimen of four months of daily Rifampin therapy will be a more cost effective measure and therefore will improve treatment completion rates.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

9. Pregnant Women Screened for HIV During Pregnancy

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percentage of pregnant women screened for HIV during their pregnancy	Benchmark	95%	95%	95%	95%
	Actual	89.2%	89.3%		

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 FY2010 provisional data indicate that 89.3 percent of pregnant women were tested for HIV.

The 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, it is anticipated that the testing rate will increase over time.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

10. Attainment of Ozone Standards

Objective 5. Protect and improve air and water quality across the state

Performance Measure	Outcome	CY 2008	CY 2009	CY 2010	CY 2011
		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%	86%	

Strategy:

The Air Pollution 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, plans continue to be developed to reduce summertime ozone concentrations and bring the area into compliance with the federal ozone health standards. Measures adopted between 2004 and 2008 have been implemented and the region is now showing compliance at the monitoring sites for the older, less-stringent standards. In March 2008, the federal standard became more stringent, requiring the evaluation of additional strategies to ensure that counties already in attainment of the new standard do not lose that designation, and to bring non-attaining counties into compliance. In the fall of 2010 we expect that the federal standard will again be tightened, which will require the continuing evaluation and adoption of ozone-reducing strategies in possibly more counties.

Evaluation of Prior Year Performance:

As shown above the department has achieved its benchmark/goal for the percent of counties in attainment with the federal ozone standard. The counties that are not in attainment with the federal ozone standard are all located in the Denver metro area and northern Front Range region. In order to improve ozone conditions in these counties, a broad mix of mandatory and voluntary ozone-reducing emission control programs have been implemented in recent years. EPA has proposed to approve the 2008 Ozone State Implementation Plan which was adopted to achieve attainment with the prior standard. However, the EPA is expected to mandate a more stringent ozone standard, which will necessitate a revised plan. This plan must be developed and filed with the EPA in 2013. As a part of developing the plan to meet the more stringent ozone limits, additional emission control strategies will need to be considered and technical analyses performed during the next two calendar years. Depending on how stringent EPA sets the standard, additional areas may fall out of attainment with the ozone standards. If this occurs, evaluations of emission control measures will have to occur for counties outside of the current ozone non-attainment area.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

11. Small Water Systems Meeting All Standards

Objective 5. Protect and improve air and water quality across the state

Performance Measure	Outcome	FFY 2008-09	FFY 2009-10	FFY 2010-11	FFY 2011-12
		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	90%	90%	90%	90%
	Actual	88.6%	90%		

Strategy:

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

Evaluation of Prior Year Performance:

The division is achieving its benchmark/goal for the percentage of small community drinking water systems that are meeting standards. The data provided are preliminary as the federal fiscal year is not yet complete, but the division believes that the final data will support achievement of the target. Obtaining 100% compliance with all health-based standards is the division's goal and the division continues to work with communities that are not in compliance. However, remediating water supply issues can be technically difficult, time intensive and expensive. The CORADS project, for example, is a multi-year effort. Many of the water systems that are not currently in compliance are in various stages of attaining compliance, ranging from conducting pilot studies to being under construction. Some of these systems received funding from the American Recovery and Reinvestment Act. The division will continue to work to ensure that all small community water systems meet standards.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

12. Tobacco Use Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

Performance Measure	Outcome	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012
		Actual	Actual	Approp.	Approp.	Request
State Funding						
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	18.4%	18.2%	17.7%	18.0%	18.6%
	Actual	16.5%	17.8%			
Tobacco Use in Colorado: Smoking, African American (current adult smokers)	Benchmark	24%	24%	25%	27.6%	28.2%
	Actual	25.2%	24%			
Tobacco Use in Colorado: Smoking, Hispanic (current adult smokers)	Benchmark	22.9%	22.5%	23%	23.5%	23.8%
	Actual	21.5%	22%			

Note: the figures in this table represent rolling 3-year time periods (2005-2007 listed under CY2007 and 2006-2008 listed under CY 2008).

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 (OHD) 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 (State Tobacco Education and Prevention Partnership) 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 (2001-2008) 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. 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 past several years.

The results clearly illustrate the need to continue efforts to conduct outreach to these disparately impacted communities in culturally appropriate ways and to implement evidence-based strategies specifically targeting these populations. However, given the recent funding reductions for tobacco cessation programs, tobacco use rates may increase.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program. In February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line for the Program by over \$15 million due to the state fiscal emergency. As a result of the budget cuts, funding to all of the above strategies to reduce tobacco use among ethnic groups was reduced or eliminated.

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 are adjusted to reflect the budget reductions. These budget reductions have had a significant impact in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs and media campaigns.

Research demonstrates that the single most effective strategy to reduce tobacco use rates is to increase the unit price of tobacco. A federal tobacco tax was implemented nation-wide in March 2009 and is likely to impact tobacco prevalence among all populations. However, the program cannot, at this time, make projections for how the tax will impact prevalence among smokers including minority smokers. Additionally the program believes that elimination of key programming as described above, may offset the benefits of the price increase.

The State Tobacco Education and Prevention Program did have one notable expansion of tobacco cessation services during the evaluation period. Beginning in January 2010 the QuitLine telephone based cessation program entered a contractual relationship with the California Quitline to provide cessation coaching and support to Coloradans in four Asian languages. The Colorado QuitLine continues also to provide cessation services in English and Spanish.

Additionally, The Tobacco Review Committee, the body with statutory authority to allocate the Tobacco Education, Prevention and Cessation Grant Program dollars, allocated \$2.2 million for community-based organizations and local public health agencies to mobilize the community to strengthen and enforce clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing and improve enforcement of laws to reduce illegal tobacco sales to minors. In June 2010, the State Tobacco Education and Prevention Program (STEPP) released a Request For Applications for these funds and expects to award contracts to 19 agencies beginning in October 2010.

CDPHE’S CORE OBJECTIVES AND PERFORMANCE MEASURES

13. Colorectal Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

Performance Measure	Outcome	CY 2006	CY 2008	CY 2010	CY 2012
	Benchmark *	>50%	>50%	>50%	>50%
Colorectal Screening: Proportion of adults 50+ Fecal occult blood test (FOBT) in past year	Actual	28.6%	22.7%	**	
Proportion of African American adults 50+ FOBT	Actual	35.0	28.8%	**	
Proportion of Hispanic adults 50+ FOBT	Actual	21.8	19.2%	**	
	Benchmark *	>75%	>75%	>75%	>75%
Colorectal Screening: Proportion of adults 50+ Endoscopy (colonoscopy & sigmoidoscopy) in past 5 years	Actual	56.9%	62.2%	**	
Proportion of African American adults 50+ Endoscopy (colonoscopy & sigmoidoscopy) in past 5 years	Actual	55.9%	65.1%	**	
Proportion of Hispanic adults 50+ (colonoscopy & sigmoidoscopy) in past 5 years.	Actual	47.2%	49.5%	**	

Note: These cancer measures are collected during even-numbered years.

* Benchmark per the State of Colorado Cancer Plan 2010 (http://www.coloradocancercoalition.org/cancer/cancer_index.aspx). The updated Colorado Cancer Plan 2010-2015 will be released on November 5, 2010

** Data for 2010 will not be available until Spring 2011.

Strategy:

Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in the United States. 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. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC.

The Office of Health Disparities (OHD) 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 affected 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 the need for CRC screening to disparate populations.

Evaluation of Prior year Performance: Data will not be available for 2009 and 2010 until the spring of 2011. However the program has had several positive outcomes as discussed below.

In September 2009, Colorado was awarded a federal grant to assist with funding colorectal cancer screening. These grant funds have been allocated for endoscopy services only, thus it is likely that when performance data is available it will continue to demonstrate improvements in endoscopy screenings and a trend toward decreased FOBT screenings. The federal grant is being used to fund screenings for Coloradans who earn less than 250% of the federal poverty level and have no insurance or means to pay co-payments. The locations where these services are offered include two federally qualified health centers, one safety net hospital and two rural community health clinics.

The program also funded endoscopy services through the state Amendment 35 funded screening program held by the University of Colorado Cancer Center. This effort screened 168 persons and detected one cancer.

The program also used research focused on encouraging Native Americans to get screening. A special meeting was held in April between the Women's Wellness Connection, Denver Indian Health Services, CDPHE and the Weaving Project. The Weaving Project is a Center for Disease Control funded project that works with urban Indian health centers and populations. Because of this, arrangements have been made to provide colorectal cancer screening to Native Americans that utilize Denver Indian Health for primary care services.

Additionally, the program oversaw media research which resulted in a strategic marketing plan aimed at Coloradans age 50-64. As a result of the research the marketing efforts will utilize television as the primary outreach method in program year 2010-11.

In program year 2010-11, efforts will continue to focus on reaching disparate populations. Several new emerging studies are providing a framework to effectively reach Hispanic populations through the use of FOBT versus endoscopy and culturally competent patient navigators. Efforts will also continue to use a variety of media outlets to direct messaging to all cultures to encourage screening.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

14. Cervical Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

Performance Measure	Outcome	CY 2006	CY 2008	CY 2010	CY 2012
	Benchmark *	92%	92%	92%	92%
Cervical Cancer Screening: Proportion of women 18+ (Pap test within past 3 years)	Actual	86.1%	85.3%	**	
Proportion of African American women 18+ (Pap test within past 3 years)	Actual	92.3%	88.6%	**	
Proportion of Hispanic women 18+ (Pap test within past 3 years)	Actual	86.2%	83.1%	**	

Note: These cancer measures are collected during even-numbered years.

* Benchmark per the State of Colorado Cancer Plan 2010 (http://www.coloradocancercoalition.org/cancer/cancer_index.aspx). The updated Colorado Cancer Plan 2010-2015 will be released on November 5, 2010.

** Data for 2010 will not be available until Spring 2011.

Strategy:

Cervical cancer mortality has declined by more than 70% in the U.S. since adoption of the Papanicolaou test in the 1940s. The Papanicolaou test (also called Pap smear, Pap test, cervical smear, or smear test) is a screening test used to detect premalignant and malignant processes in the cervix. The test aims to detect potentially pre-cancerous changes. The test is inexpensive to do and remains an effective, widely used method for early detection of pre-cancer and cervical cancer.

Despite the fact that nearly all cervical cancer cases can be prevented, Colorado still averages about 160 new cervical cancer cases and about 40 cervical cancer deaths each year. Incidence rates for invasive cervical cancer differ by race/ethnicity in Colorado women. Although rates fluctuate from year to year, African Americans and Latinas in Colorado generally have higher rates compared to the general population.

The Office of Health Disparities (OHD) 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. 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 cervical cancer screenings to disparate populations include the following:

- Coordinate 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 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.
- Provide leadership to the Colorado Cancer Coalition State Cancer Plan on Cervical Cancer Screening.

Evaluation of Prior year Performance:

Performance data will not be available for 2009 and 2010 until the spring of 2011. However the program has had several positive outcomes as discussed below.

The trend in Colorado demonstrates a slight decrease in the percent of women reporting having had a cervical cancer screen and is seen in all ethnicities. This trend may be due to the liquid based technology screening method which became available in 2007. This method has better detection of abnormal cells and is recommended every two years as opposed to the conventional Pap test which is recommended every year.

Under the Women's Wellness Connection program, grants for screening were put in place for Latina, Asian Pacific and Native American women. According to internal data, the program saw an increase in the number of women screened for cervical cancer. The increased screenings resulted in an increase in the number of pre cancers and invasive cancers found and referred to treatment. Data collected by ethnicity demonstrates an increase in women served who are African American, Latina and Asian. This data provides the program with a basis to continue contracting for navigation services to these populations.

Women's Wellness Connection staff provides on-going technical assistance to the Office of Health disparities (OHD) on its grant projects and has made use of the network established by OHD to provide trainings on disparities. In fall 2009, Women's Wellness Connection in coordination with OHD hosted two train-the-trainer sessions based on the Kaiser Permanente Disparities in Health video series to several OHD grantees. The training focused on how disparities arise in our health care system due to historical perspective, inability to adopt practices effective for minorities, and stereotypes. Feedback from the trainings was positive and the Women's Wellness Connection continues to support training efforts based on this project.

Additionally, the Women's Wellness Connection, Immunization Unit and Cancer Registry staff collaborated in the development of the cervical chapter of the Colorado Cancer Coalition 2020 State Cancer Plan (<http://www.coloradocancercoalition.org/>) which addresses health disparities in Colorado and outlines activities state groups can take to further reduce the incidence and prevalence of cervical cancer.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

15. Breast Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

Performance Measure	Outcome	CY 2006	CY 2008	CY 2010	CY 2012
	Benchmark *	85%	85%	85%	85%
Breast Cancer Screening: Proportion of women 50+ (mammogram within past 2 years)	Actual	71.2%	69.5%	**	
Breast Cancer Screening: Proportion of African American women 50+ (mammogram within past 2 years)	Actual	71.9%	71.9%	**	
Breast Cancer Screening: Proportion of Hispanic women 50+ (mammogram within past 2 years)	Actual	66.2%	66.8%	**	

Note: These cancer measures are collected during even-numbered years.

* Benchmark per the State of Colorado Cancer Plan 2010 (http://www.coloradocancercoalition.org/cancer/cancer_index.aspx). The updated Colorado Cancer Plan 2010-2015 will be released on November 5, 2010

** Data for 2010 will not be available until Spring 2011.

Strategy:

Breast cancer is the most common cancer among women in the United States. Likelihood of 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 early malignancies.

Early detection of breast cancer has changed very little over the past decade for Colorado women. However, for African American and Hispanic women, the early detection rate is worse. Compared to Colorado's early detection rate of 72%, in 2007, 66% of breast cancers in Hispanic women were detected early, and 62% of breast cancers in African American women were detected early. For African Americans, this represents a decrease of 8 percentage points compared to the 2002-2006 time period (*Cancer in Colorado 1997-2007*, Colorado Central Cancer Registry).

The Office of Health Disparities (OHD) 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. 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 OHD-funded grant projects with the Women's Wellness Connection program to increase outreach regarding 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 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: Data will not be available for 2009 and 2010 until the spring of 2011. However the program has had several positive outcomes as discussed below.

The trend in Colorado remains relatively stable even though it is below state benchmarks. Under the Women's Wellness Connection, grants were established to make screenings more available to Latina, Asian Pacific and Native American women. These grants resulted in an increase in those screened for breast and cervical cancers. According to internal data, the program was able to increase the number of women receiving breast cancer screening. This increased screening resulted in an increase in the number of cancers found and referred to treatment. The data demonstrates an increase in the number of women served who are

African American, Latina and Asian. This information provided the program with a basis to continue contracting for navigation services to these populations.

The Women's Wellness Connection staff provides on-going technical assistance to the Office of Health disparities (OHD) on its grant projects and has made use of the network established by OHD to provide trainings on disparities. In fall 2009, the Women's Wellness Connection in coordination with OHD hosted two train-the-trainer sessions based on the Kaiser Permanente Disparities in Health video series to several OHD grantees. The training focused on how disparities arise in our health care system due to history, lack of change and stereotypes. Feedback from the trainings was positive and the Women's Wellness Connection continues to support training efforts based on this project.

Additionally, the Women's Wellness Connection, the Colorado Breast Cancer Task Force and the Cancer Registry staff collaborated in the development of the breast chapter of the Colorado Cancer Coalition 2020 State Cancer Plan (<http://www.coloradocancercoalition.org/>) which addresses social determinants of health that Colorado women face and outlines activities state groups can take to further reduce the incidence and prevalence of breast cancer.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

**Department of Public Health and Environment
Administration and Support
Director – Martha E. Rudolph**

Strategic Plan FY 2011-12

Introduction

The Division of Administration and Support oversees and supports the activities of the other 10 divisions within the Colorado Department of Public Health and Environment. The division includes the Executive Director's Office, financial services, human resources, legal and regulatory affairs, policy and external affairs, Special Health Programs, Local Public Health Planning and Support, and Special Environmental Programs.

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

The **Policy and External Affairs Section** oversees the Office of Communications and the Office of Local Public Health Planning and Support, and provides overall policy and legislative strategy for the department. The policy and external affairs work includes coordination with the Governor's office, development of the department's legislative agenda, and other policy decisions. The Office of Communications works directly with the significant elements of the state's mass media channels and 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 provides the executive director with a sounding board for most key decisions and policy statements prior to their 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 Local Public Health Planning and Support ensures a positive working relationship with the state's local public health agencies in implementing the state's public health objectives. 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, building operations, and facilities. These functions are critical to smooth operations within the department as well as being key to successful interactions with other state departments and various external entities.

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 Health Programs** unit includes the Office of Health Disparities (OHD). The OHD 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 Amendment 35 tobacco tax funds 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.

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

The Local Public Health assessment and support 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 agencies to CDPHE and promotes internal collaboration to provide coordinated consultation for local health agencies.

Special Environmental Programs. The **Office of Environmental Integration and Sustainability** (OEIS) supports the departmental priority of pollution prevention. The office includes programs for greening state government such as the Environmental Leadership Program (ELP), the Pollution Prevention Program, the Confined animal Feeding Operations (AFOs) program, the Recycling Resources Economic Opportunity Grant Program, Waste Tire Program, the Oil and Gas consultation program 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 waste tire program that focuses on the cleanup and recycling of waste tire stockpiles;

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 work 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 by the state vehicle fleet.

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 (2010).

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 (2010).

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 (2010).

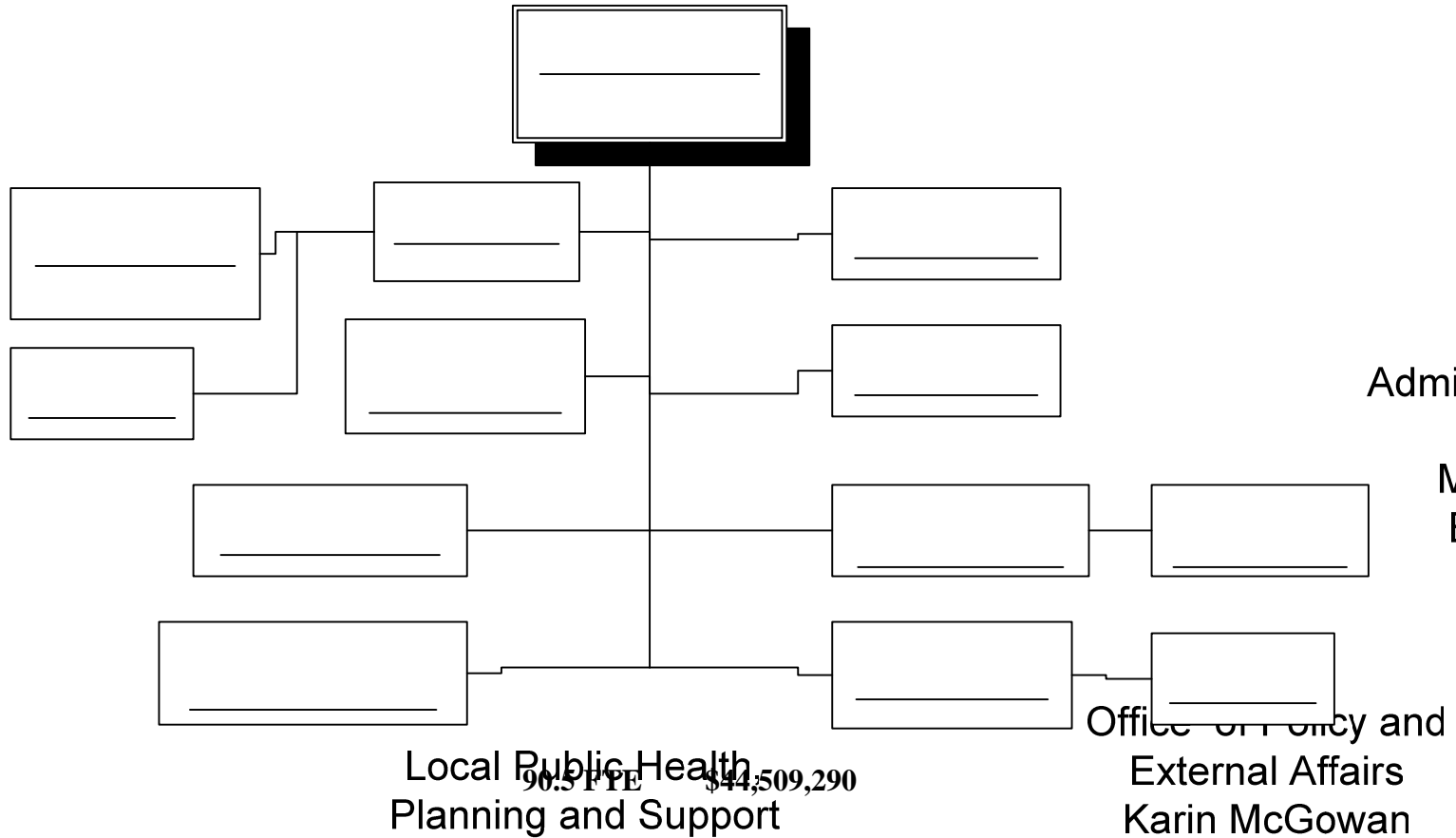
The statutory authority for the Department of Public Health and Environment, Office of Health Disparities, Health Disparities Grant Program is found in Title 24, Article 22-117 of the Colorado Revised Statutes (2010).

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 (2010).

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 (2010).

The statutory authority for the Department of Public Health and Environment, Waste Tire Program is found in Title 25, Article 17-202 of the Colorado Revised Statutes (2010).

Administration and Support Division



Office of Communications 5

Office of Legal and Regulatory Affairs
Ann Hause

Objectives

1. Identify innovative ways to hire and retain staff in the department in order to have a highly skilled, productive and motivated workforce
2. Identify and implement changes / enhancements that would improve processes and increase productivity
3. Provide staff with the training, tools and resources they need to be effective
4. Ensure that information is readily available to and easily understood by customers, stakeholders, elected officials, citizens and the media
5. Develop a comprehensive statewide plan for providing essential public health services
6. 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
7. Provide technical assistance to local public health agencies as they provide services, conduct community health assessments and develop local public health improvement plans
8. Support and facilitate the greening government policies and practices in all aspects of conducting the department's business

AFSD 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Turnover rate of staff within the Department. The benchmark is the overall turnover rate for state employees.	Benchmark	11.1%	11.1%	10%	9%
	Actual	10.3%	8%		

Strategy:

Strategies to retain good staff include:

- 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 departing employees to identify areas for improvement

Evaluation of Prior Year Performance:

As shown by the data in the chart above, the turnover rate in the department was less than the turnover rate statewide. However, the department remains committed to continuing to use all possible best practices to minimize staff turnover.

The department conducted an employee exit survey in March 2010. The survey was sent to 400 former department employees and results were compared with the employee exit survey that was sent to previous employees in 2005. As a result of this, the department will be implementing new initiatives to build a retention culture. The Office of Human Resources continues to offer leadership development and supervisory training to develop good managers for the department. Tuition assistance and mentorship are also offered to retain employees.

AFSD 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Average number of days to fill vacant positions.	Benchmark	45	45	60	45
	Actual	27	57		

Strategy:

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

- 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:

During FY2008-09 the time to hire was 27 days, which was 18 days less than the benchmark of 45 days. In FY2009-10 the number of days to hire was 57, 12 days longer than the benchmark/goal. The increased time to fill vacant positions in 2009-10 is due to the significantly increased number of qualified applicants who applied for vacant positions. As a result of the economy, the number of job seekers has increased dramatically. Because the applicant pools are larger, there are, by necessity, more steps such as testing and oral boards to identify the top three candidates. Each step adds time but is necessary to select the best candidate.

AFSD 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Rate/ratio of internal promotion vs. outside hires	Benchmark	25%	25%	30%	35%
	Actual	18%	34%		

Strategy:

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

- Offer a leadership development program and supervisory training to prepare aspiring employees for supervisory and management level jobs
- Provide mentoring of employees by experienced employees to help with career advancement
- Maintain a rewards and recognition program to recognize outstanding achievements and motivate employees

Evaluation of Prior Year Performance:

The rate of internal promotions vs. outside hires grew from 18% in 2008-09 to 34% in 2009-10. This is a significant increase that is well above the benchmark/goal of 25%. The Office of Human Resources facilitates an internal leadership development program and supervisory training to increase internal promotions to supervisory and management positions. A pilot program for mentoring was successful in the department, and the program was renewed for another year with improved processes for matching and training the mentor/mentee pairs. The department continues to promote a Rewards and Recognition program to recognize and motivate employees. Each division has a plan for their rewards program, and the Executive Director makes annual awards to outstanding staff and selects the Employee of the Year. With the fiscal limitations, the department is using administrative leave for the rewards rather than cash as has been done in previous years.

AFSD 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: Provide staff with the training, tools and resources they need to be effective.

Performance Measure	Outcome	FY 2006-07	FY 2009-10	FY 2010-11	FY 2013-14
		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	N/A
	Actual	4.07	N/A		

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:

The department conducted an employee engagement survey in April 2007 and planned to redo the survey in April 2010. Due to fiscal constraints, it was not possible to conduct the follow-up survey in 2010. However, there are plans to repeat the survey this fiscal year. In response to the previous survey findings, the amount of internal training opportunities was increased in FY 2008-09 and 2009-10. Additionally, employees are regularly informed about training classes offered by the Professional Development Center at the Division of Human Resources, DPA.

AFSD 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	92%	92%	92%
	Actual	90.5%	N/A		

Strategy:

In order to evaluate customer satisfaction and identify strengths and areas for improvement, the division developed a customer survey instrument in FY 2008-09. The first survey was administered during the summer of 2009. The division plans to administer the survey annually and develop strategies to respond to issues identified in the survey and improve performance.

Evaluation of Prior Year Performance:

The division conducted its second customer satisfaction survey in May and June of 2010. Only 29 people responded to the second survey, compared to the 114 respondents for the initial survey. The low response rate means that the results are not statistically valid and thus have not been reported. The division is reviewing the responses and developing strategies to respond to the comments and trends that emerged. The division is also reviewing the survey methodology and developing strategies to secure greater participation in future surveys.

AFSD 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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 “ <i>The overall performance of the unit is satisfactory.</i> ”	Benchmark	New Measure	86%	86%	86%
	Actual	84.4%	N/A		

Strategy:

In order to evaluate customer satisfaction and identify strengths and areas for improvement, the division developed a customer survey instrument in FY 2008-09. The first survey was administered during the summer of 2009. The division plans to administer the survey annually and develop strategies to respond to issues identified in the survey and improve performance.

Evaluation of Prior Year Performance:

The division conducted its second customer satisfaction survey in May and June of 2010. Only 29 people responded to the second survey, compared to the 114 respondents for the initial survey. The low response rate means that the results are not statistically valid and thus have not been reported. The division is reviewing the responses and developing strategies to respond to the comments and trends that emerged. The division is also reviewing the survey methodology and developing strategies to secure greater participation in future surveys.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

7. Training, Tools and Resources

Objective 3: Provide staff with the training, tools and resources they need to be effective.

Performance Measure	Outcome	FY 2006-07	FY 2009-10	FY 2010-11	FY 2013-14
		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	N/A
	Actual	3.73	N/A		

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 satisfaction with training, tools and resources 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:

The department conducted an employee engagement survey in April 2007 and planned to redo the survey in April 2010. Due to fiscal constraints, it was not possible to conduct the survey. There are plans, however, to repeat the survey during the 2010-11 fiscal year. This survey measured employees' satisfaction on the statement "I have the necessary resources and equipment to do my job well." The overall score in 2007 was 3.73 on a 5-point scale. This result is positive, but indicates some opportunity for improvement.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

8. Information Sharing with External Stakeholders

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	92%	92%	92%	92%
	Actual	90.9%	N/A		

Strategy:

In order to evaluate customer satisfaction and identify strengths and areas for improvement, the division developed a customer survey instrument in FY 2008-09. The first survey was administered during the summer of 2009. The division plans to administer the survey annually and develop strategies to respond to issues identified in the survey and improve performance. External 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.

Evaluation of Prior Year Performance:

The division conducted its second customer satisfaction survey in May and June of 2010. The response rate for external stakeholders continued to be too low to make meaningful inferences. Only three people responded to the second survey, compared to the 11 respondents for the initial survey. However, the division is reviewing the responses and developing strategies to respond to the comments and trends that emerged. The division is also reviewing the survey methodology and developing strategies to secure greater participation in future surveys.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

9. Statewide public health improvement plan

Objective 5. Develop a comprehensive statewide plan for providing essential public health services.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent complete of statewide public health plan	Benchmark	N/A	100%	N/A	N/A
	Actual		100%		

Strategy:

SB 08-194, the Public Health Act, mandated that every five years, a statewide public health improvement plan be developed, with the first plan to be completed by December 2009.

Evaluation of Prior Year Performance:

Colorado’s Public Health Improvement Plan-From Act to Action was completed at the close of 2009 with input from over 250 local, state and other public health system stakeholders. This plan recommends a number of strategies and action steps to strengthen Colorado’s public health system over the next five years. Some of these action steps have already been completed and many are in the process of being completed. All activities include representatives from local and state public health agencies. The Public Health Improvement Steering Committee guides the implementation of the plan. This committee is comprised of ten local public health directors, nine CDPHE division or center directors, CDPHE’s executive director and chief medical officer, the director of the Colorado Association of Local Public Health Officials, a staff member from Colorado Counties Inc., and the president of the State Board of Health.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

10. Completion of Local/District health assessments and plans

Objective 7. 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of county public health agencies with completed community health assessments	Benchmark	New Measure	New Measure	27 %	60 %
	Actual	New Measure	New Measure		
Percent of county public health agencies with completed improvement plans	Benchmark	New Measure	New Measure	27 %	60 %
	Actual	New Measure	New Measure		

Strategy:

The 2008 Public Health Act requires that local public health agencies complete local public health improvement plans every five years. Colorado’s Public Health Improvement Plan-From Act to Action recommends the establishment of a statewide planning system with a standardized process for assessing health outcomes, setting priorities for improvement and the formation of local public health improvement plans. Colorado’s local and district public health agencies are working with CDPHE to create and implement an assessment and planning process that is coordinated and consistent across the state. Using an agreed-upon statewide system for assessment and planning enables local public health agencies along with CDPHE to consistently identify public health priorities, and then direct resources towards improving health outcomes.

Evaluation of Prior Year Performance:

Following a survey of the readiness and capacity of local public health agencies to begin assessment and planning activities conducted in January 2010, seven sites made up of fifteen agencies were selected to participate in the development and piloting of the standardized process and tools for community health assessments, prioritization of public health issues, and local public health improvement plans. This includes two regional, multi-county collaborative partnerships. These agencies are assisting in the selection of tools/templates to be used and will then pilot assessments of their community health status and capacity to provide services. Priority issues will be identified using standard criteria to inform the local public health improvement plans. Upon completion of the pilots, the agencies will evaluate the strengths and challenges of the assessment and planning process. The tools and guidance will be modified as necessary, and training will begin throughout the state on the process. During the next two years, depending on the number of agencies that agree to work in regional partnership, the additional sites will be scheduled for their assessment and planning activities. Staggering the sites allows for technical assistance to be provided on a regional basis. The goal is to work with approximately one third of the counties each year until all counties have completed assessments and plans.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

11. Greening Government through Hybrid or Alternative Fuel Vehicles

Objective 8: Support and facilitate the greening government policies and practices in all aspects of conducting the department’s business.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-21
		Actual	Actual	Approp.	Request
Percent of department fleet vehicle purchases that are hybrids or alternative fuel vehicles.	Benchmark	75%	75%	75%	75%
	Actual	64%	78%		

Strategy:

The department will continue to evaluate all vehicle replacement requests to ensure that the vehicles being requested match the programs’ needs. This review is anticipated to reduce the number of trucks and SUVs actually purchased. In cases where trucks or SUVs are warranted by programmatic activities, they will be replaced with hybrid SUVs or flex fuel trucks.

Evaluation of Prior Year Performance:

The department exceeded its benchmark/goal for percent of hybrid/alternative fuel vehicles purchased in 2008-09. There were two sets of vehicle purchases completed during the year. The first cycle was to purchase 12 vehicles to replace vehicles being taken out of service. Ten of the 12 vehicles, or 83%, were hybrids. An additional 11 vehicles were purchased for the Health Facilities Division due to increased staff and workloads. Eight of those 11 vehicles, or 73%, were hybrids. The combined vehicle purchases for FY 2009-10 were 78% hybrid vehicles.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

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

Objective 8: Support and facilitate the greening government policies and practices in all aspects of conducting the department’s business.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Total gallons of fuel used for departmental business annually, including fuel used by fleet vehicles and personal vehicles.	Benchmark	84,500	80,300	76,300	75,300
	Actual	76,285	75,753		

Strategy:

In an effort to reduce the amount of fuel utilized for departmental business, the department encourages the use of state-owned vehicles rather than reimbursing employees for using their own vehicles. Since the department has such a large hybrid composition in its fleet, using department vehicles will result in greater fuel economy. NOTE: 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 that same rate will be 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 to reduce the gallons of fuel used in both 2008-09 and 2009-10. The department’s fleet of 116 vehicles used a total of 51,692 gallons of fuel in FY 2009-10. The total number of reimbursed personal vehicle miles that were reimbursed was 507,695. Using the EPA Light-Duty Fuel Economy Trends Report, U.S. fleet averages 21.1 mpg. Dividing the 21.1 mpg rate into the 507,695 reimbursed miles results in an estimated 24,061 gallons of fuel used in the personal fleet. The combined fuel usage for the department was 75,753 gallons. This is 4,547 gallons less than the benchmark/goal of 80,300 gallons.

AFSD CORE OBJECTIVES AND PERFORMANCE MEASURES

13. Greening Government through Paper Use Reduction

Objective 8: Support and facilitate the greening government policies and practices in all aspects of conducting the department’s business.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number of cases of paper purchased and used at the department.	Benchmark	3,070	3,009	2,949	2,900
	Actual	2,844	3,044		

Strategy:

The department has a number of strategies to reduce paper:

- Purchase only replacement printers that are 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 did not achieve its paper reduction benchmark/goal for FY2009-10. The number of cases of paper used increased by 200 over the FY2008-09 amount, an increase of 7%. The department used 35 more cases of paper than it had targeted in its benchmark. One likely explanation for the increase is a large paper order placed the last week of the fiscal year to replenish the supply. This paper was not used in FY2009-10 but was purchased and therefore counts toward the FY2009-10 totals. However, since the department has a surplus of paper to start FY2010-11, this may reduce the amount of paper ordered this year and in turn reduce numbers for FY2010-11.

STATE OF COLORADO



**Colorado Department
Of Public Health
and Environment**

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

Strategic Plan FY 2011-12

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, and administers the Medical Marijuana Registry. The division is divided into two sections: (1) Vital Records, and (2) Health Statistics.

The **Vital Records** Section 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.

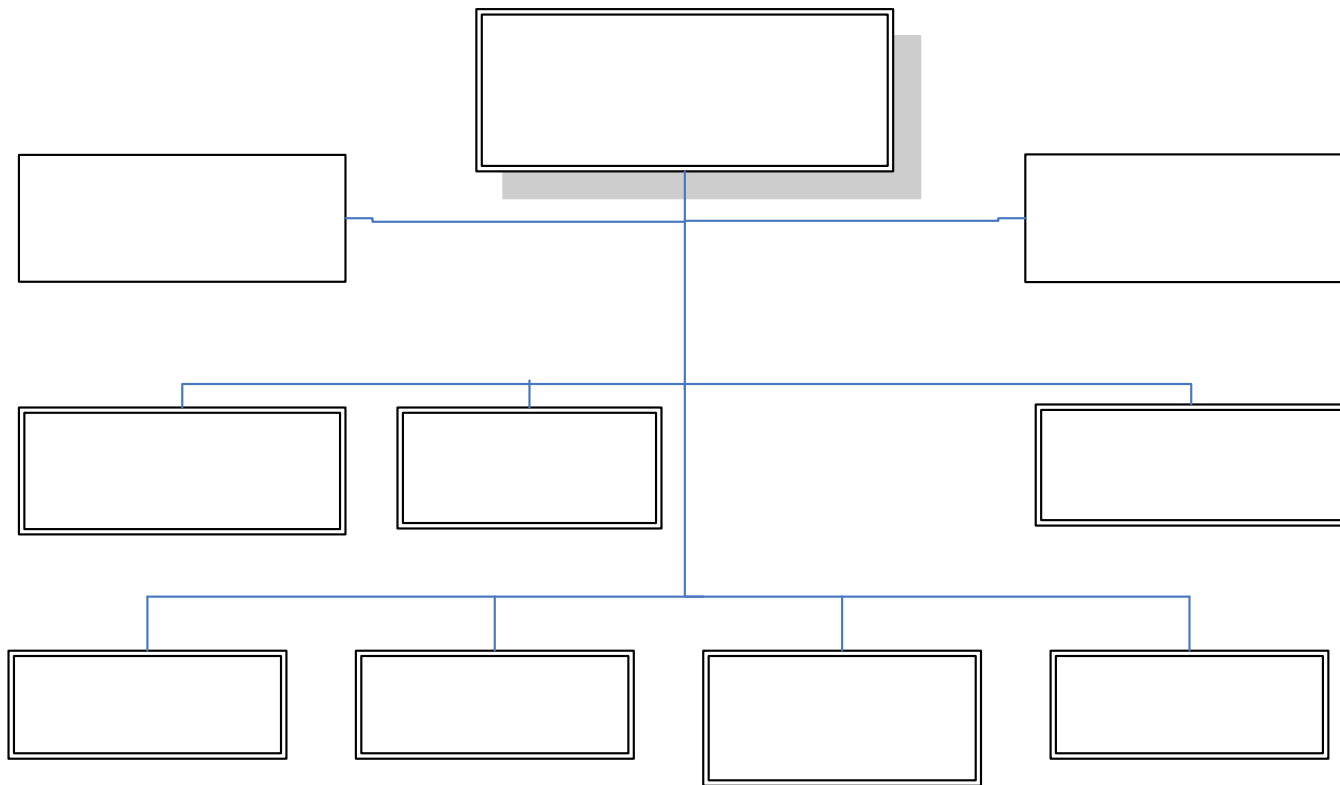
The **Health Statistics** Section uses birth and death certificate data to examine indicators of health for all age groups. Those indicators measured by birth certificate data include prenatal care, low birth weight, maternal smoking during pregnancy, and teen births. Death rates for unintentional injury, 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, physical activity, body weight, 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 and is primarily funded by federal grants and contracts.

The division also coordinates information technology services for the department. Staff in this division work closely with the centralized Information Technology department to ensure that department information technology services are managed efficiently and effectively.

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 (2010).

The statutory authority related to provision of information technology services is found in Title 24, Article 37.5-102 of the Colorado Revised Statutes (2010)



Center for
Environment
and Sta

Division
Bob O'

Telecom Budget

Objectives

1. Provide accurate and understandable information that is easy to access.
2. Communication and information move easily and quickly among 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number of successful data queries run against the Colorado Health Information Dataset (CoHID) each year	Benchmark	60,000	60,000	60,000	60,000
	Actual	57,800	57,956		

Strategy:

In order to assist users to be successful in obtaining the desired information from the division’s datasets, the section staff will:

- Embed Colorado Health Information Dataset (CoHID) in the department’s data portal to make it easier to find.
- Continue to update datasets as the individual programs publish new data.
- Stay in contact with all of CDPHE’s programs to seek new datasets.
- Continue to offer training at the annual Colorado Public Health Association conference and other venues as appropriate.

Evaluation of Prior Year Performance:

The Health Statistics Section was successful in building an enhanced data portal for the department and embedded the Colorado Health Information Dataset (CoHID) within the enhanced portal. The portal can be accessed from the department’s home page. The section also provided training on using COHID for local health assessment at the annual Colorado Public Health Association conference. Section staff trained approximately 100 people.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number of data sets, data tables and reports available through the State Health Department Data Portal.	Benchmark	4	12	30	30
	Actual	4	30		

Strategy:

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

- Complete an inventory of data sets available throughout the department
- Complete design of a data portal
- Prioritize the data sets which will be added to the portal
- Add the first four data sets
- Create a plan for the remaining data sets
- Continue to update the datasets as programs publish new data.
- Stay in contact with all of the department's programs to seek new datasets.

Evaluation of Prior Year Performance:

The Health Statistics Section was extremely successful in achieving this objective. The section completed the data portal thus making it easier for customers to access department data. The section was also able to include 30 datasets. This is well above the benchmark/goal of including 12 datasets and includes most of the datasets that are available in the department. Additionally, some of the datasets can be accessed through queries, which allows the customer to create reports tailored to the customer's specific needs.

CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

3. Availability of CDPHE Internal Network

Objective 2: Communication and information move easily and quickly among staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of work time that the CDPHE internal network is available	Benchmark	99.5%	99.5%	99.5%	99.9%
	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
- Continue to perform preventive maintenance and virus protection
- Use each incidence of down time to learn lessons for the future.

Evaluation of Prior Year Performance:

The section performed all preventive maintenance activities needed to maintain network reliability and followed up on all security incidents to prevent the spread of viruses. There were no major network outages during the year.

CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

4. Data Turnaround Time

Objective 2: Communication and information move easily and quickly among staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	98%	100%	100%	100%
	Actual	98%	95%		

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:

The section was successful in negotiating clear agreements with clients and prioritizing requests. However, a prolonged illness in the section prevented it from completing all requests within the established three days response goal.

CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

5. Incidence of Release of Confidential Information

Objective 2: Communication and information move easily and quickly among staff, customers and stakeholders within statutory boundaries.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number of incidents of inappropriate release of confidential information.	Benchmark	0	0	0	0
	Actual	0	2		

Strategy:

Given the 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 including annual refresher courses
- Continue to audit program staff and program managers for adherence to the department’s privacy and security policies.
- Continue to analyze any security incidents and modify procedures to prevent further occurrences.
- Continue to produce and disseminate lessons learned from all security incidents at the Privacy and Security Board.

Evaluation of Prior Year Performance:

There were two incidents of release of sensitive data during the prior fiscal year. In each case envelopes containing sensitive data were sent to the wrong individuals. The section notified the affected individuals. As a result of these incidences the section has modified the procedures for sending data. The revised procedure includes an independent check of the envelope address and contents by a second staff member. No further incidents occurred after the revised procedure was implemented.

There were also two incidents in which laptop computers were stolen from the department. In each case the hard drives were encrypted to protect the data and no sensitive data was stored on the laptops. Thus no release of confidential information occurred.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of CDPHE help desk calls resolved within one week.	Benchmark	100%	100%	100%	100%
	Actual	99%	99%		

Strategy:

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

- Install a new system to track help desk calls and their resolution.
- Install a 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.
- Continue to track the response time on all calls and modify procedures if the response times are not adequate.

Evaluation of Prior Year Performance:

The division was successful in achieving its goal. Almost all requests were resolved within two hours of the helpdesk receiving the call.

CHEIS CORE OBJECTIVES AND PERFORMANCE MEASURES

7. Vital Records Customer Satisfaction

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of Vital Record customers reporting a positive experience on an active customer survey	Benchmark	New Measure	85%	85%	85%
	Actual	New measure	N/A		

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:

Due to the significant and unanticipated increase in workload in the unit, the division has been unable to dedicate any resources to developing a customer survey. The division hopes to return to this project once workload within the unit has stabilized.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of CDPHE PC's that are four years of age or less	Benchmark	100%	100%	100%	100%
	Actual	100%	100%		

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. The section will monitor PC purchases weekly to ensure an adequate rate of replacement.

Evaluation of Prior Year Performance:

The department was successful in maintaining the four-year replacement standard. The department replaced 400 PC's during the fiscal year.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number of internal and external people trained each year on basic biostatistics, epidemiology, data analysis, and planning.	Benchmark	500	500	200	200
	Actual	150	218		

Strategy:

Maximize the appropriate and effective use of public health data for planning, assessment and evaluation by providing training to local Health professionals.

- Use statewide conferences as venues for training.
- Contact professional organizations (e.g., Colorado Association of Local Public Health Officers) to promote the capacity of the Health Statistics Section to provide training.
- Advertise the availability and benefits of the training and the associated skills by making presentations at conferences.

Evaluation of Prior Year Performance:

The training program is continuing to grow and expand. In 2008-09 150 individuals attended training and in 2009-10 that number increased to 218. Trainings were conducted across the state with a wide range of individuals including new public health professionals, environmental health specialists, master's level students at the Colorado School of Public Health, medical professionals and those working in community and faith-based organizations.

STATE OF COLORADO



**Colorado Department
Of Public Health
And Environment**

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

Strategic Plan FY 2011-12

Introduction

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

The division is organized into the following units:

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

The **Laboratory Services** unit is subdivided into the Chemistry program and the Microbiology program. The Chemistry program provides more than 53,000 analyses of environmental samples and over 33,000 analyses of drug and alcohol levels for law enforcement. The Microbiology program provides newborn screening (detecting approximately 7,000 abnormal results per year) and testing for communicable diseases (detecting an average of 6,000 abnormal results per year and verifying approximately 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.

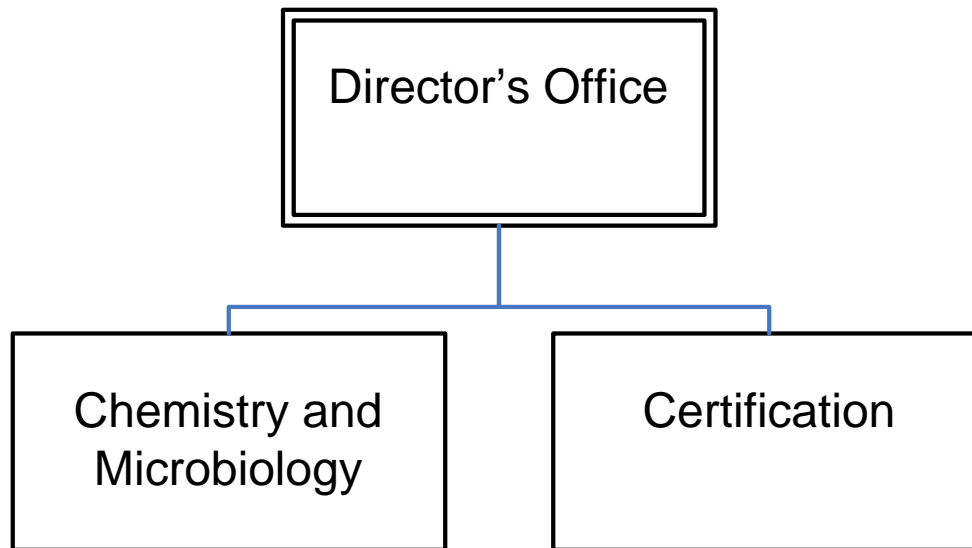
The **Certification** program provides regulatory oversight to entities performing laboratory testing and administers the breathalyzer portion of the State's DUI/D program. The program ensures evidential breath alcohol equipment is maintained and accurately calibrated in addition to providing certification to all Colorado law enforcement officers performing breath alcohol testing for DUI enforcement purposes. The Evidential Breath Alcohol Testing Unit repairs and certifies approximately 400 intoxilyzer instruments, inspects an average of 130 law enforcement agencies annually, and provides expert testimony and consultation to the legal community on a regular basis.

The Certification program also oversees approximately 3,000 labs including medical, environmental, dairy, and forensic toxicology laboratories located throughout the State. The program establishes protocols and ensures compliance with applicable state and federal standards. Staff members conduct annual and biennial inspections and monitor compliance at approximately 370 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 (2010).

Laboratory Services Division



76.7 FTE \$10,472,969

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of newborn screening tests completed and results reported within the established turnaround times	Benchmark	90%	90%	90%	90%
	Actual	97%	92%		

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 for 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. The division will continue to enhance the courier network by adding other programs and pickup locations, expanding electronic result reporting where feasible, sending report cards to customers, and cross-training staff to improve the overall turnaround time.

Evaluation of Prior Year Performance:

The Division experienced significant down time over a three-month period (August 2009 – October 2009) due to aged computer servers and insufficient data line transfer capacity. These system issues resulted in delays in processing newborn screening results. In response, the Division submitted and received authorization for emergency supplemental funding to replace the server with a new system that is capable of handling larger volumes of data and contracted with Qwest for additional data transfer capability. These solutions addressed the data delays and the program is once again matching turnaround times from previous years. Turnaround time performance for the months not impacted by the server issues was 96% within established timeframes.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of proficiencies successfully performed	Benchmark	95%	95%	95%	95%
	Actual	99.21%	97.33%		

Strategy:

The State 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 to maintain and enhance skills.

The Lab also has a quality assurance (QA) program staffed by a full-time QA Officer whose job is to track proficiency results and audit recommendations. The division QA program also includes a QA Committee that 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 exceed its goals for successful completion of proficiency tests and continues to meet its certification requirements to remain in good standing for all test services offered. The Division continues to immediately address each protocol and proficiency error through the monthly Quality Assurance meetings and remedial action by the Quality Assurance Officer. Although the FY2010 actual rates are slightly below the 2008-09 rates, the Division continues to exceed its 95% benchmark goal.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	77.8%	87.5%		

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 performance in 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; simplify the invoice process; and make other improvements as they are necessary and feasible. The biggest impact to improving customer service will be filling vacant positions.

Evaluation of Prior Year Performance:

FY2010 showed a significant increase in customer satisfaction (12.5%) from the previous year's results. This represents a significant improvement, but is still slightly below the benchmark goal of 90% satisfaction. The Laboratory continues to emphasize customer service and has developed an on-line mandatory customer service training course. All Laboratory employees must complete the course annually to reinforce these Division values.

STATE OF COLORADO



**Colorado Department
Of Public Health
And Environment**

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

Strategic Plan FY 2011-12

Introduction

The Air Pollution Control Division (APCD), 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 (TSP) is responsible for protecting and improving public health and the environment through 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 track air quality trends and compliance with air quality standards. Air toxics monitoring has also taken place in several communities over the past few years. The Technical services Program is responsible for providing complex modeling analysis to determine the impacts that various sources will have on air quality. These models are also 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 (MSP) works to prevent or reduce unnecessary exhaust emissions from motor vehicles. Program staff evaluate and investigate strategies aimed at reducing vehicular emissions, and conduct research, modeling and planning on the causes and effects of mobile source air pollution. In conjunction with the Department of Revenue, the MSP administers the gasoline vehicle Automobile Inspection and Readjustment (AIR) Program in the Denver metro area. This program oversees vehicle emissions monitoring requirements and assists vehicle owners to resolve emissions issues. The Mobile Sources 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 (DERA) and the American Recovery and Reinvestment Act (ARRA).

The Stationary Sources Program (SSP) protects and works to improve public health and the environment through several means including issuing permits for stationary sources of pollution such as 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 SSP also focuses attention on building local capacity by providing direct support to nine 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 as local service providers can offer a broader range of services to the public than the state.

In 2006 the SSP expanded responsibilities by forming a unit that focused on oil and gas sources. This unit combines divisional efforts to address all aspects of work involved with oil and gas sources. Permitting, enforcement, emissions inventory, inspections and coordination of control efforts with State Implementation Plan (SIP) goals are the major focus.

In addition, the program is responsible for coordinating air pollution efforts with other agencies doing similar work. Other areas of focus for the program are indoor air issues and 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 Stationary Sources program also implements the state odor rules in conjunction with local agencies.

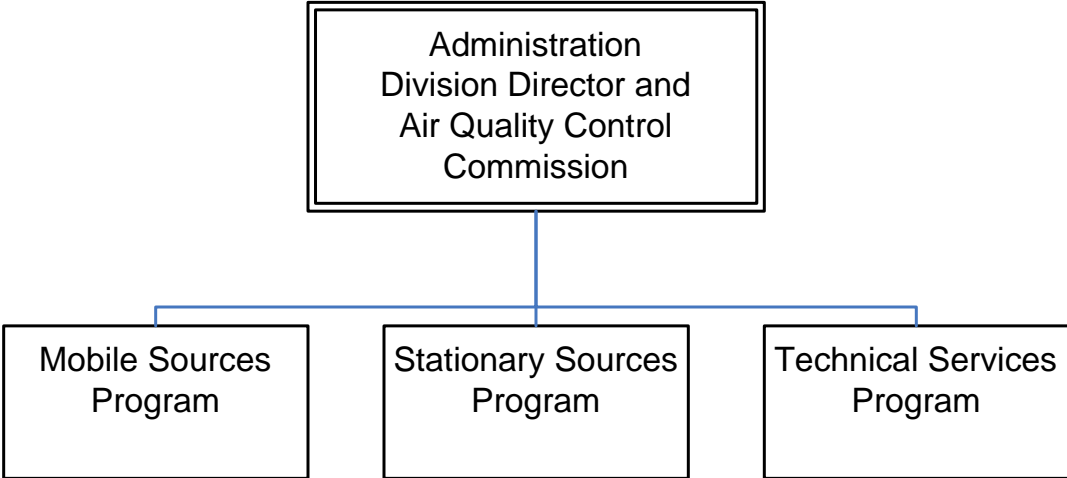
Division-wide staff focus on cross-sectional air quality planning, policy, education and community outreach tasks designed to protect and improve public health and prevent future problems that are not program specific. Included among these responsibilities are air quality plan development and implementation for ozone and other pollutants; 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 community-based environmental protection program; coordination of the division's air toxics and climate change activities; dissemination of information regarding air quality; coordination of division initiatives such as the Four Corners Interagency Task Force and the Rocky Mountain National Park Initiative; providing environmental education and outreach activities; and pollution prevention focusing on multi-media and local needs. Division-wide staff also serve as a focal point

for coordination of emergency response and preparedness activities related to air quality as well as coordinating the winter and summer high pollution notification process. Division-wide work also includes management of fiscal and business functions including interaction with legislative processes and requests, fiscal analyses and managing the division's budget.

Statutory Authority

The statutory authority for the Air Pollution Control Division is found in Title 25, Article 7 of the Colorado Revised Statutes (2010).

Air Pollution Control Division



161.1 FTE \$18,249,959

Objectives

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

APCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

1. Protect and Preserve Public Health

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

Performance Measure	Outcome	CY 2008	CY 2009	CY 2010	CY 2011
		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%	86%	

Strategy:

The APCD focuses its efforts on implementing measures that reduce ozone-creating emissions. For the Denver Metro Area/North Front Range counties, plans continue to be developed to reduce summertime ozone concentrations and bring the area into compliance with the federal ozone health standards. Measures adopted between 2004 and 2008 have been implemented and the region is now showing compliance at the monitoring sites for the older, less-stringent standards. In March 2008, the federal standard became more stringent, requiring the evaluation of additional strategies to ensure that counties already in attainment of the new standard do not lose that designation, and to bring non-attaining counties into compliance. In late summer 2010, the federal standard will again be tightened, which will require the continuing evaluation of ozone-reducing strategies in possibly more counties.

Evaluation of Prior Year Performance:

The division has achieved its benchmark/goal for the percent of counties in attainment with the federal ozone standard. The counties that are not in attainment with the federal ozone standard are all located in the Denver metro area and northern Front Range region. In order to improve ozone conditions in these areas, a broad mix of mandatory and voluntary ozone-reducing emission control programs have been implemented in recent years. The EPA has proposed to approve the 2008 Ozone State Implementation Plan which was adopted to achieve attainment with the prior standard. However, the EPA is expected to mandate a more stringent ozone standard, which will necessitate a revised plan. This plan must be developed and filed with the EPA in 2013. As a part of developing the plan to meet the more stringent ozone limits, additional emission control strategies will need to be considered and technical analyses

performed during the next two calendar years. Depending on how stringent EPA sets the standard, additional areas may fall out of attainment with the ozone standards. If this occurs, evaluations of emission control measures will have to occur for counties outside of the current ozone non-attainment area.

APCD - CORE OBJECTIVES AND PERFORMANCE MEASURES

2. Protect and Preserve Public Health

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	14	16	12	12
	Actual	14	16		

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 FY2010-11, the locations for division activities will include

- Denver metro area/northern front range communities for ozone;
- Garfield County for oil and gas impacts;
- Aspen for particulates;
- Fort Collins for carbon monoxide;
- El Paso, Gunnison, La Plata and Dolores Counties for diesel school bus retrofits;

- Support of the Southern Ute/Colorado Environmental Commission and its adopting of a minor source air permitting program to improve air quality on the Southern Ute Indian Tribe Reservation in southwest Colorado;
- Grand Junction for inversion-related fine particulates.

Statewide efforts include

- Four Corners Air Quality Task Force for developing mitigation options for improving air quality
- Continuing work on the Three-State Pilot Project for ozone monitoring, data warehouse development and base-case modeling.

Evaluation of Prior Year Performance:

For 2009-10, the locations for division activities included

- Denver metro area/northern front range communities for ozone reduction, including implementation of vehicle inspection and testing programs for ozone in points of Larimer and Weld counties;
- 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;
- Lamar, Alamosa and Grand Junction for blowing dust.

Statewide efforts included the Four Corners Air Quality Task Force for developing mitigation options for improving air quality and conducting research. Work also commenced on a Three-State Pilot Project for ozone monitoring, data warehouse development and base-case modeling. The division and department also supported the Southern Ute/Colorado Environmental Commission in its adoption of a Clean Air Act minor source permitting program to reduce air emissions from sources located on the Southern Ute Indian Tribe Reservation in southwest Colorado.

APCD - 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Anticipated new emission reductions for each year due to new regional haze and ozone regulations	Benchmark	Regional Haze: NOx 1432 tpy; SO2 6100tpy Ozone: 143 tons/day	RH: 0 tons/day Ozone: 0 tons/day	RH: 16,000 tons/year Ozone: 50 tons/day	RH: 0 tons/day Ozone: 0 tons/day
	Actual	Regional Haze: NOx 1432 tpy; SO2 6100 tpy Ozone: 143 tons/day	RH: 0 tons/day Ozone: 0 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. The division is proposing emission reduction measures 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 2009-10 the division worked with EPA to define the elements necessary for an approvable regional haze state implementation plan (SIP). Additional information has been obtained from sources that must be included in the regional haze SIP, and four- and five-factor analyses have been performed for those sources. The division has proposed modifications to the regional haze SIP with respect to BART measures, reasonable progress measures, and measures under HB10-1365 emissions reduction plans collectively. These will significantly reduce air pollution emissions. Following legislative review the department will submit the SIP to EPA for approval.

APCD - 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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 2010-2011.
- 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 produced water 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.

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

Evaluation of Prior Year Performance:

The division achieved its benchmark of five projects as described below.

- Visibility improvement in Colorado’s Class 1 national parks and wilderness areas: In preparation for revising the State’s visibility improvement plan, the division evaluated emission control options for large stationary sources that have a significant impact on visibility in Colorado. A Regional Haze State Implementation Plan revision has been proposed to the AQCC in 2010 that will, if approved, afford dramatic reductions in air emissions to improve visibility and to reduce ozone levels between 2010 and 2017.
- 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 2010 and beyond.
- Develop and implement oil and gas odor reduction measures under COGCC rule 805: In FY 2009/10, the division assisted the Colorado Oil and Gas Conservation Commission (COGCC) in implementing odor reducing emissions controls for condensate tanks, dehydrators, and evaporation ponds. The COGCC rule 805 has been implemented under the division’s permitting process including both standard and general permit for 805 subject sources. The division also worked with industry and the COGCC to provide guidance and clarification for rule 805. The division is also training COGCC staff to implement Rule 805 odor requirements (parallel to AQCC Reg. No. 2).
- Rocky Mountain National Park Initiative: A “contingency plan” was developed in FY 2009-10, designed to put in place a process for improving nitrogen deposition conditions if planned activities fail to meet established goals; the plan is proposed for endorsement before the AQCC. The division took the lead in working with the National Park Service and the EPA to develop the plan, to conduct technical assessments, and to perform stakeholder outreach.
- The division continues to evaluate and make RACT determinations for produced water ponds to work with EPA in understanding emissions associated with these ponds.

STATE OF COLORADO



**Colorado Department
Of Public Health
And Environment**

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

Strategic Plan FY 2011-12

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 Commission). The Governor-appointed Commission develops the rules for water quality management in Colorado. The Commission 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, the Division 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. The Division is also responsible for enforcing water quality regulations at commercial hog facilities.

The Division is organized into three programs: Administration; Clean Water; and Drinking Water. These programs mirror the lines in the Department's Long Bill.

Administration is comprised of the Division's Fiscal Support and Business Services Unit, Financial Solutions Unit, and Business Data Services Unit. These units provide business, fiscal, policy, and administrative operations to the Division. The Financial Solutions 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 **Clean Water Program** is comprised of the Watershed Program and the Water Pollution Control Program. 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. The program is comprised of three units that execute various regulatory and non-regulatory functions. 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 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. The unit focuses on restoring waters to full attainment of classified uses and standards, and protecting the quality of those waters that are in attainment.

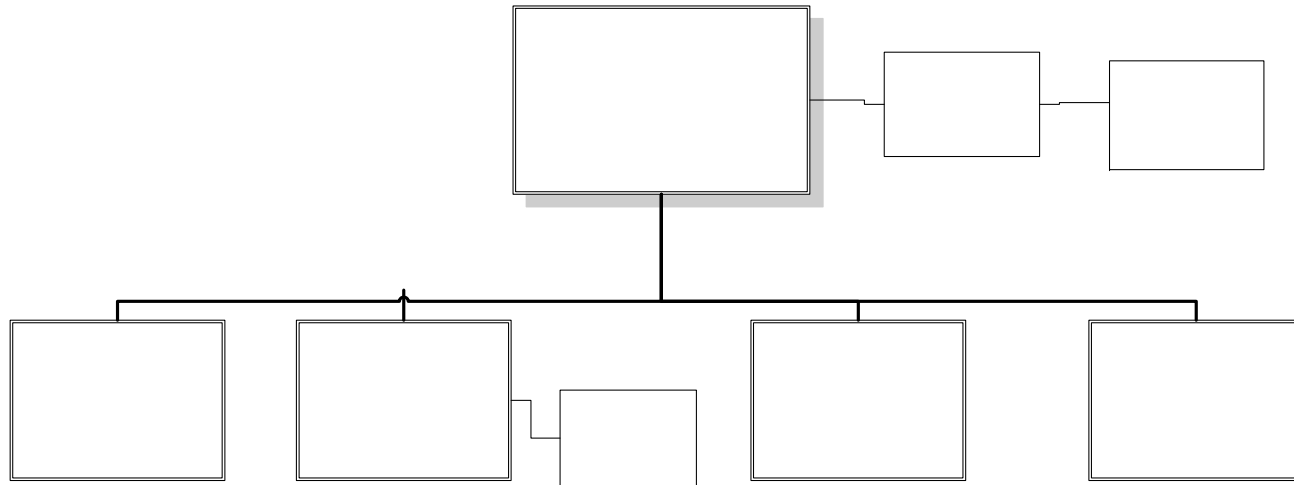
The Water Pollution Control Program issues permits and approves other activities which assure that discharges of pollutants from point sources to Colorado waters, including regulated stormwater sources, are protective of adopted standards and classified uses. Programs include the permit program to control 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 regulatory 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 (2010).

Water Quality Control Division



133.9 FTE \$15,347,482

**OPERATIONS
PROGRAM**

**WATER POLLUTION
CONTROL PROGRAM**

WQCD D

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 provision of compliance assistance and formal legal (enforcement) actions.

WQCD CORE OBJECTIVES AND PERFORMANCE MEASURES

1. Public Health Protection

Objective 1: Protect human health by reducing exposure to contaminants in drinking water and through source water protection of public water supplies.

Performance Measure	Outcome	FFY 2008-09	FFY 2009-10	FFY 2010-11	FFY 2011-12
		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	90%	90%	90%	90%
	Actual	88.6%	90%		

Strategy:

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

Evaluation of Prior Year Performance:

The division is achieving its benchmark/goal for the percentage of small community drinking water systems that are meeting standards. The data provided are preliminary as the federal fiscal year is not yet complete, but the division believes that the final data will support achievement of the target. Obtaining 100% compliance with all health-based standards is the division’s goal and the division continues to work with communities that are not in compliance. However, remediating water supply issues can be technically difficult, time intensive and expensive. The CORADS project, for example, is a multi-year effort. Many of the water systems that are not currently in compliance are in various stages of attaining compliance, ranging from conducting pilot studies to being under construction. Some of these systems received funding from the American Recovery and Reinvestment Act. The division will continue to work to ensure that all small community water systems meet standards.

WQCD CORE OBJECTIVES AND PERFORMANCE MEASURES

2. Implement source water protection plans to improve ground water and surface water quality.

Objective 2: Protect and improve surface and ground water quality across the state.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of Protection Plans implemented. (Total = 841)	Benchmark	1.30% (11 Plans)	3.32% (28 Plans)	4.75% (40 Plans)	8.32 (70 Plans)
	Actual	2.02% (17 Plans)	4.04% (34 Plans)	5.95% (50 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:

The division exceeded its benchmark/goal for plans implemented in both FY 2008-09 and FY 2009-10. In FY 2009-10 the division completed 0.72 percent or 34 plans, 6 more plans than established in the benchmark/goal. The plan implementation rate is increasing as additional source water protection grants are executed across the state.

WQCD CORE OBJECTIVES AND PERFORMANCE MEASURES

3. Restoration of impaired water body segments

Objective2: Protect and improve surface and ground water quality across the state.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of Impaired water body segments restored.	Benchmark	0.1.17% (2 out of 171 Segments Based on 2008 Reg 93 Listing.)	0.58% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)	0.58% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)	0.58% (1 out of 171 Segments Based on 2008 Reg. 93 Listing)
	Actual	0.58% (1 out of 171 Segments)	0.58% (1 out of 171 Segments)	0.58% (1 out of 171 Segments)	

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. The TMDL limits will include controls for the specific pollutants causing the impairment. Controls include mechanisms such as discharge permits that limit the amount of a specific pollutant that can be released into an impaired water body segment. The program also provides funds for local initiatives to develop water quality restoration plans.

Evaluation of Prior Year Performance:

The program did not meet its benchmark/goal of restoring two segments in FY 2008-09; it restored only one. However the program did meet its goal and restore one segment in FY 2009-10. The program still hopes to achieve its goal of having three water body segments restored by 2011.

WQCD CORE OBJECTIVES AND PERFORMANCE MEASURES

4. Reducing Pollutant Loads Through Enforcement

Objective 3: Reduce pollution of Colorado waters by returning violators to compliance through provision of compliance assistance and formal legal (enforcement) actions.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of final compliance deadlines met in enforcement actions for numeric effluent violations.	Benchmark	NA	85%	90%	95%
	Actual	n/a	81%*		

* 81% of process water majors were compliant with the schedules in their enforcement orders in FFY 2009.

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. Beneficial uses include using water for drinking water and 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 also include deadlines by which final compliance with permit requirements must be achieved.

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 based on the 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 the first year that the division has tracked and reported data on this measure. At 81% compliance, the program fell slightly short of the 85% benchmark/goal. The program is continuing to refine data collection mechanisms and methods for increasing compliance and believes that it will achieve the benchmark/goal in FY 2010-11.

STATE OF COLORADO



**Colorado Department
Of Public Health
And Environment**

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

Strategic Plan FY 2011-12

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 that the protective cleanup of contaminated sites is accomplished and, if possible, the land is returned to beneficial use.

The Division is organized into the following program areas:

The **Administration Program** provides management 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 the Environmental Protection Agency and the Departments of Energy, Defense and others to providing technical and managerial assistance to small Colorado communities with waste issues.

The mission of the **Hazardous Waste Control Program** is to protect and improve public health and the environment in Colorado by establishing and implementing sound programs ensuring 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.

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 (e.g., tailings left under streets that are exposed in utility repairs).

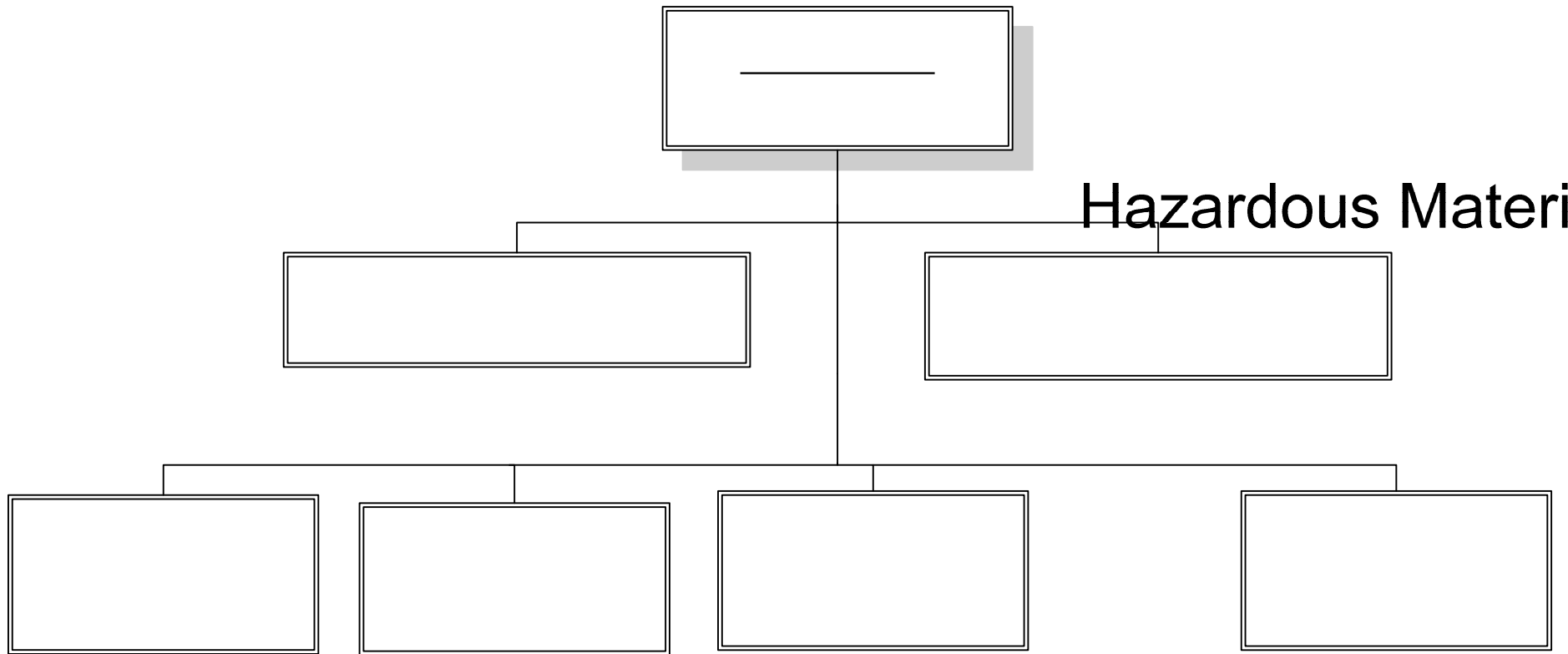
The mission of the **Contaminated Sites Cleanup Program** is to minimize human exposure and environmental damage from hazardous substances and ensure protective cleanup of federal facilities and federal Superfund sites as well as the redevelopment and transfer of contaminated properties. This is accomplished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

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

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

Statutory Authority

The statutory authority for the Hazardous Materials and Waste Management Division is found in Title 25, Article 15 through Article 16 of the Colorado Revised Statutes (2010).



134.6 FTE* \$20,077,087

**Please note the FTE in this chart do 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 solid waste, hazardous waste and radiation control 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percentage of sites with cleanup completed or no further action required.	Benchmark	70%	75%	75%	75%
	Actual	69%	75%		

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 is achieving its benchmarks and continues to make progress on remediation and cleanups at sites throughout Colorado despite the challenges of working with partners whose available resources, project 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of facilities with human exposure risk under control.	Benchmark	91%	93%	93%	96%
	Actual	91%	93%		

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 had anticipated exceeding this objective by bringing one additional facility within risk parameters. This was achieved, but because of actions taken by EPA over some PCB contamination at another facility, that facility was determined to no longer meet the “Human health risk under control” standards. Therefore the Division’s total remains 93% or 41 of 44 sites in compliance.

HMWMD CORE OBJECTIVES AND PERFORMANCE MEASURES

3. Facility Compliance

Objective: Ensure compliance with solid waste, hazardous waste and radiation control regulations through the implementation of an effective monitoring and enforcement program.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Hazardous Waste Program: Percent of facilities in compliance with regulatory requirements.	Benchmark	75%	75%	75%	75%
	Actual	73%	69%		
Solid Waste Program: Percent of facilities in compliance with regulatory requirements	Benchmark	85%	85%	85%	85%
	Actual	83%	72%		
Radiation Program: Percent of facilities in compliance with regulatory requirements	Benchmark	85%	85%	80%	80%
	Actual	80%	82%		

Strategy:

Compliance rates in Division-regulated sectors are generally high. Therefore, the division’s strategy centers on maintaining compliance rates at or above historical levels. This requires 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**, hazardous waste regulatory requirements are very extensive. 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 likely to be somewhat higher than shown in the measures above, since inspections target facilities likely to have compliance problems. In the last year, this Program has emphasized compliance at

small hazardous waste generators, particularly in the dry-cleaning sector. The program has penetrated this group more than ever before and is finding more compliance problems than in an average year. As such, the overall hazardous waste compliance rate has dropped, but the program believes this will be a temporary situation as compliance should rapidly improve as staff work with these sectors through the next year.

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 70 percent.

In the **Radiation Program** the slight improvement—80% to 82% in compliance—is attributed to newer staff achieving full inspector status.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan **FY 2011-12**

Introduction

The Consumer Protection Division is one of four environmental divisions in the Colorado Department of Public Health and Environment. The division's primary mission is ensuring food in Colorado is safe, wholesome and free of contamination and pathogens which could cause foodborne illnesses. Achieving this mission includes regulatory oversight of food from the manufacturer to the retail operation and oversight of 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 Consumer Protection 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 by promulgating statewide rules and regulations; inspecting retail food establishments in 11 counties which do not have the infrastructure for retail food inspections; and providing technical assistance to the remaining 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 **Dairy Program** inspects those industries that 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 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 **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*. 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*.

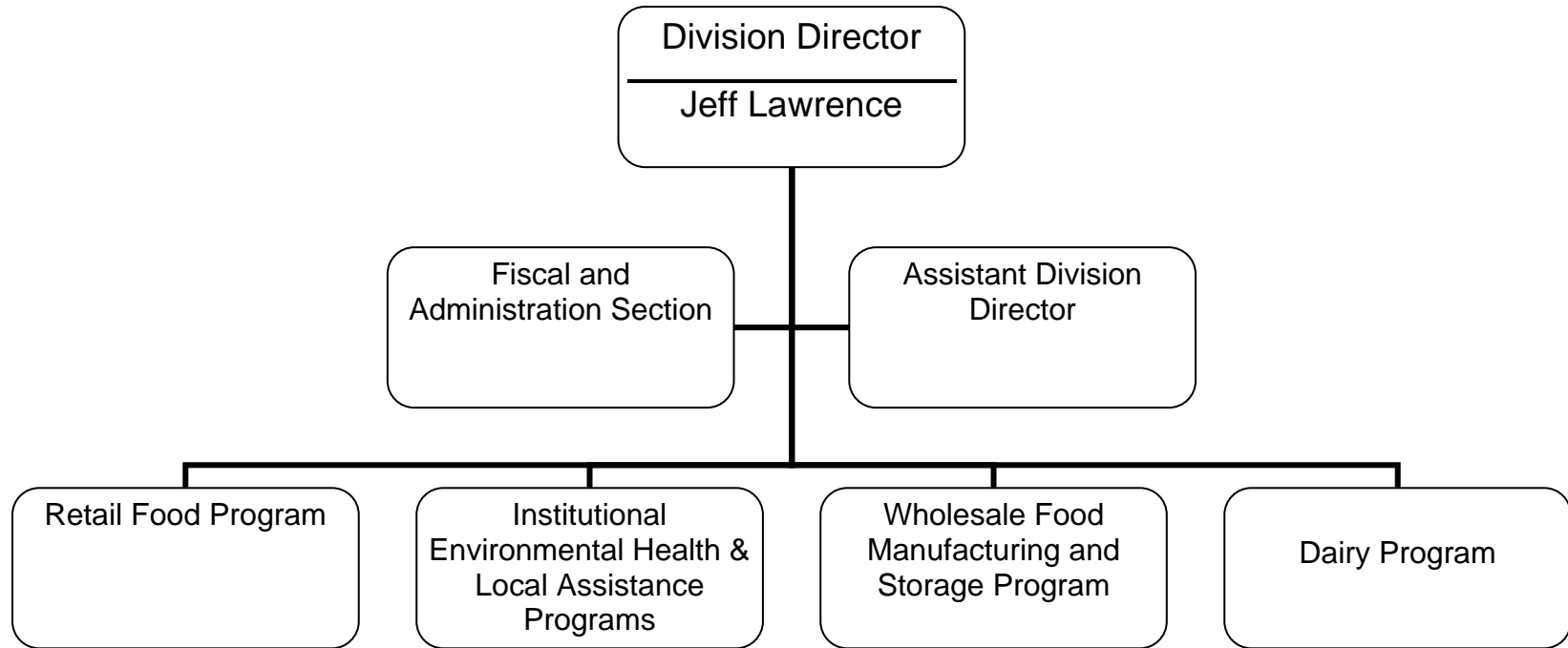
The **Local Assistance Program** provides training, information and technical assistance to staff of local public health agencies that conduct retail food, child care and school inspection programs in their jurisdictions. Additionally, program activities include consultation and technical assistance 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 citizens' 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 (2010).

Consumer Protection Division



30.5 FTE \$2,692,192

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 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of Colorado dairy industry members in compliance with state and federal milk shippers requirements	Benchmark	90%	90%	90%	90%
	Actual	90%	92%		

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: The division slightly exceeded the performance target for FY2009-10.

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 and incidences of foodborne illness.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	12.4%	15.1%		

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 entities and their staffs. Additionally, data tools have been developed and are continually being evaluated and refined 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 five years. Utilization of the methodology has aided the division in exceeding its benchmark/target goal and facilitated the continuation of a downward trend in violations for the last two years. The risk-based methodology assists with identifying establishments where operations and practices present the greatest risk for causing foodborne illness. Additionally, the division's approach allows the use of varying inspection strategies 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.

CPD CORE OBJECTIVES AND PERFORMANCE MEASURES

3. Risk at Schools and Child Care

Objective 3: Protect public health in child care facilities and schools by increasing compliance with critical sanitation standards.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent reduction in enforcement actions issued to schools and childcare centers.	Benchmark	10%	10%	10%	10%
	Actual	24%	67%		

Strategy:

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:

The division's approach of emphasizing the immediate correction of significant violations at the time of inspection has resulted in a decrease of enforcement letters to schools and child care facilities throughout the division's jurisdiction. This process improvement resulted in a 24% decrease in the need for enforcement letters in FY 2008-09 and a 67% decrease in FY 2009-10. The Division conducts approximately 210 inspections of child care facilities and schools within its jurisdictional authority each year.

In addition,, the division, in collaboration with the Department's Sustainability Program, coordinated a collection/chemical roundup of old outdated chemical inventories in schools throughout Colorado. Removal of these chemicals not only significantly assisted these schools in meeting their compliance obligations and ensured a safer environment for students and staff, but also ensured appropriate disposal of these chemicals thereby also protecting the environment.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan **FY 2011-12**

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 tuberculosis. 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 and Occupational Health Program** works to provide the data needed to document the magnitude of occupational health and safety issues in Colorado and to prevent or reduce human exposure to hazardous substances through consultation in environmental epidemiology, toxicology, and health risk assessment.

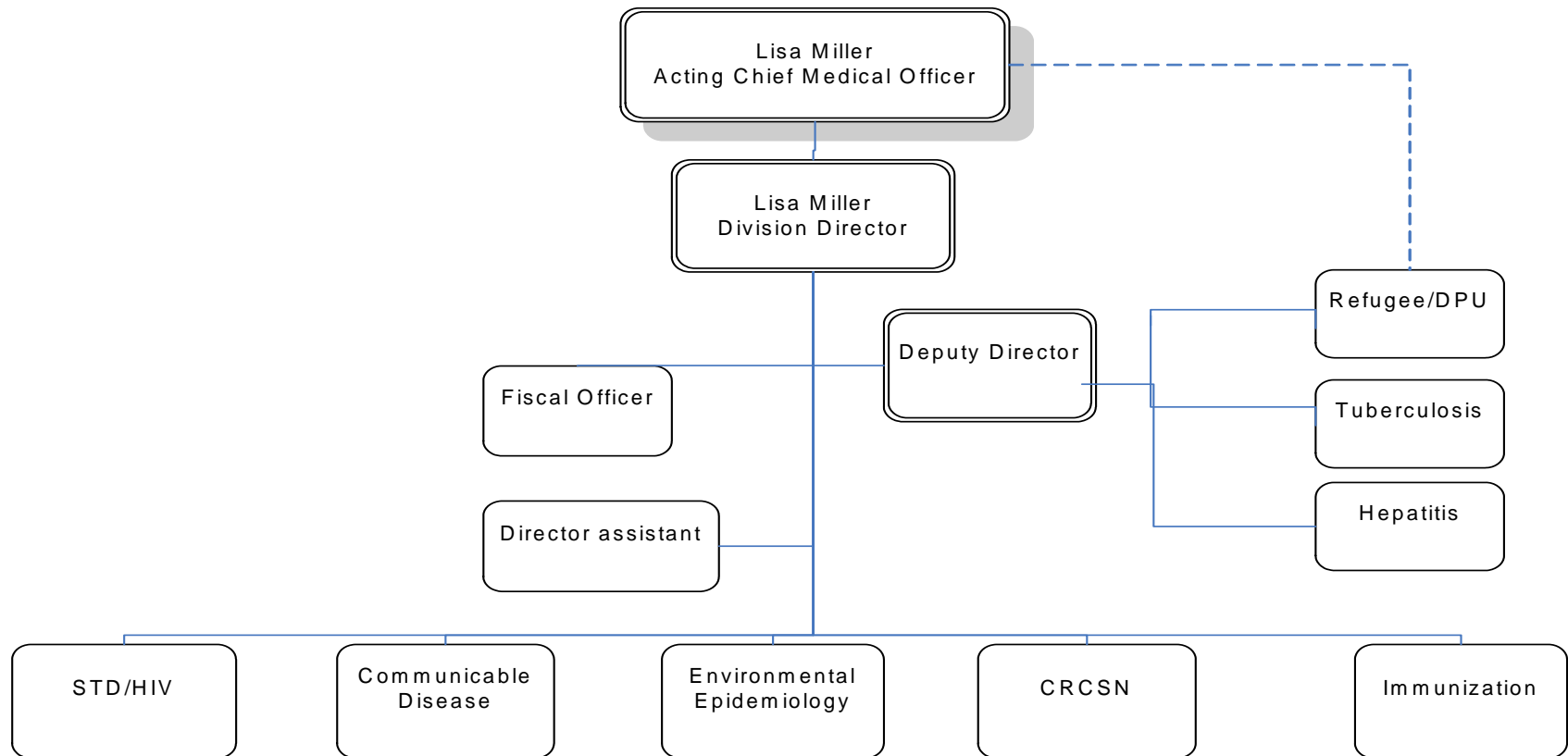
Colorado Responds to Children with Special Needs (CRCSN) is the Birth Defects Monitoring and Prevention Program at CDPHE. It characterizes the epidemiology of birth defects and related disabilities in Colorado. CRCSN maintains a statewide database of pregnancies and young children with birth defects, 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 (2010).

Disease Control and Environmental Epidemiology Division

10/1/2010



150.5 FTE \$56,942,689

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 the public 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 2008	CY 2009	CY 2010	CY 2011	CY 2012
		Actual	Actual	Approp.	Approp.	Approp.
Immunization rates for Coloradans, as measured by National Immunization Survey (up to date 19-35 month olds)	Benchmark	80%	80%	80%	80%	80%
	Actual	79.4%	Not Available (to be released late August 2010)			
Immunization rates for Coloradans, as measured by CDPHE School Survey (kindergartners up to date at school entry)	Benchmark	80%	80%	80%	80%	80%
	Actual	N/A	N/A			
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	77.9%	75.2%			

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.

Evaluation of Prior Year Performance:

Immunization rates in calendar year 2009 were not significantly different from 2008. The Behavioral Risk Factor Surveillance Survey rates, of those 65 years or older receiving a flu shot, appear to show a decrease. This decrease, though slight, could be an effect of the H1N1 Pandemic, and early recommendations for people over 65 years of age to delay vaccination. When the confidence intervals are taken into account, there is no statistically significant difference in the immunization rates for people over 65.

The school immunization survey could not be conducted in school year 2009-10 due to privacy restrictions. The division received an American Recovery and Reinvestment Act grant to focus on developing a new methodology that will be approved by the Colorado Department of Education so that the school survey can be conducted in the 2010-11 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percentage of pregnant women screened for HIV during their pregnancy	Benchmark	95%	95%	95%	95%
	Actual	89.2%	89.3%		

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 FY2010 provisional data indicate that 89.3 percent of pregnant women were tested for HIV.

The 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 over time.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	22	20
	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 states’ information and 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:

In FY 2010 and FY 2011 CRCSN planned to add two conditions that would require additional medical record review as part of a new project. However, it was determined that the two new conditions did not require additional medical record review so there has been no change in the number of conditions.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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%	75%	75%
	Actual	80%	67.3%		

*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 for evaluation and treatment and to identify those persons who are infected without active TB for preventive treatment. Completion of preventive therapy for those individuals who are infected substantially reduces the risk that TB infection will progress to active disease (on average 20-30 percent of contacts are infected).

The Tuberculosis Program and community partners have identified measures to help increase the number of infected contacts who complete treatment. These measures include focusing resources on contacts at high risk for progression to disease; closely monitoring adherence to treatment and offering incentives for treatment completion; and 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. 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. In 2009 however, only 67.3% of contacts to active tuberculosis cases completed treatment. A total of 22 persons (20%) chose to stop treatment, 10 (9%) were lost to follow-up, and 4 (3.7%) stopped treatment due to adverse reactions to the medication.

The standard treatment for contacts to active tuberculosis cases is nine months of daily Isoniazid medication. In light of the fact that 20 percent of persons chose to stop treatment, the TB program staff is currently conducting a cost analysis to determine if using a new treatment regimen of four months of daily Rifampin therapy will be a more cost effective measure and therefore will improve treatment completion rates.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	86%	94%		

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:

The survey results indicated a 94% customer satisfaction rating, which is well above the previous year rating of 86% and the benchmark of 75%. Areas identified as needing improvement in the FY2009 survey were employees intrapersonal skills, effective communication and cultural sensitivity. Each of these issues were addressed one-on-one with staff, training courses for improvement were identified and/or performance plans were written with specific goals for improvement. Staff attended and completed training courses and implemented what they learned in their daily activities. This directly resulted in an 8% increase in overall customer satisfaction with no poor ratings in any area.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan FY 2011-12

Introduction

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

The division is organized into the following six units:

The mission of the **Prevention Programs section** is to reduce the occurrence of a broad range of public health incidents. These programs include the Cancer, Cardiovascular and Chronic Pulmonary Disease grants program; injury, suicide, and violence prevention; the cancer registry, chronic disease and cancer prevention grants; tobacco education, prevention and cessation grants program; and oral health programs. While the range of subject areas varies widely, all of the programs exist to lower the incidence of chronic disease and injury.

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 and men of reproductive age in Colorado. The Unit consists of the following three areas. 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 Maternal Wellness program focuses on preconception/interconception, prenatal and maternal health and well-being through population-based initiatives, such as the Healthy Baby Campaign and the Preconception Health Watch. The Prenatal Plus 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.

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.

The **Prevention Partnerships unit** consists of three programs. The Interagency Prevention Coordination Program 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 managing 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, in securing 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 operation of prevention/intervention programs and (h) an annual review of programs.

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

The **Family and Community Health Program** (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 support 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 fund 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 to advance 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 complement 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 among 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.

The **Children with Special Health Care Needs Unit** manages two statewide initiatives, Colorado Medical Home and Family/Youth Leadership and two programs, Newborn Screening and the Health Care Program for Children with Special Needs (HCP). The Colorado Medical Home Initiative is a public health statewide systems-building effort to improve the quality of the pediatric health system by overcoming barriers faced by providers and families. The Family/Youth Leadership Initiative provides leadership training to families and youth to represent the consumer voice in state and local health systems development. The Newborn Screening Program provides genetics counseling to families with children who are identified as positive for certain disorders. Newborn screening detects congenital diseases during 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. As part of Newborn Screening, the Colorado Infant Hearing Program provides follow-up for infants who fail or miss their newborn hearing screen prior to hospital discharge. The Colorado Infant Hearing Advisory Committee provides best practice guidelines from screening through early intervention. The HCP Program, in collaboration with local health agencies, provides medical, health and resource consultation and coordination to families of children with special medical needs who do not have access to such coordination services. HCP also collaborates with community partners to overcome barriers faced by families and providers. Specialty outreach clinics are sponsored through HCP to ensure that pediatric specialists such as neurologists, cardiologists and developmental pediatricians are accessible to families in rural areas. HCP also contracts with local health departments and agencies to provide 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 limited financial support for therapies, purchased services, and other items that assist the child and family in meeting needs created by the brain injury.

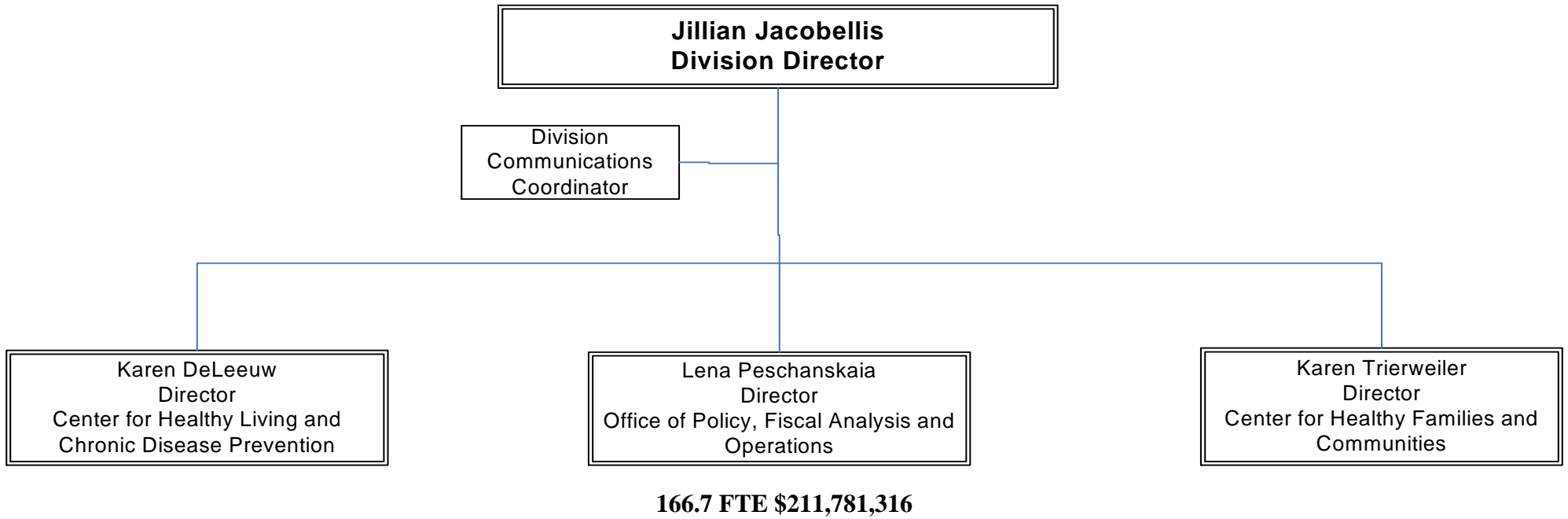
The **Nutrition Services Unit** promotes optimal nutrition and health through supplemental foods, reimbursement and nutrition education to eligible women, infants and children and senior populations. The Unit consists of two programs. The Special Supplemental Nutrition Program for Women, Infants and 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, and 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 (2010).

Prevention Services Division



Objectives

1. Reduce tobacco use in Colorado in adults, 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.
4. Decrease the low birth weight rate in Colorado.
5. Decrease the rate of unintended pregnancy in Colorado.

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	CY2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current adult smokers)	Benchmark	18.4%	18.2%	18.3%	18.6%
	Actual	17.6%	17.1%		

Strategy:

The State Tobacco Education and Prevention Partnership (STEPP) program works to reduce tobacco prevalence through the implementation of four evidence-based strategies. These include population-based counseling and treatment provided by the Colorado Quitline; implementing health care systems' change through partnerships with key stakeholders; creating and implementing media campaigns targeted at populations most disparately affected by tobacco; and funding local health agencies and community-based organizations to implement tobacco control policies 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 approximately 2,000 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 200,000 participants, with over 32 percent successfully quitting tobacco use, whereas only four percent of smokers succeed when trying to quit on their own.

The Tobacco Cessation and Sustainability Partnership, a multidisciplinary group convened by the Colorado Department of Public Health and Environment, brings stakeholders together to provide insight, expertise and leverage to encourage private and public plans to provide comprehensive and effective tobacco benefit for their membership, and to identify opportunities to increase sustainability for cessation services, including the Colorado QuitLine.

Strategic, culturally appropriate and high impact messages to reduce tobacco use in Colorado are developed through a media vendor with tobacco prevention and control expertise.

Local public health agencies and community-based organizations work to mobilize the community to strengthen and enforce existing clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing and enforce laws to reduce illegal tobacco sales to minors. These interventions 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 17.1 percent in 2009. The smoking rate change between 2008 and 2009 is not statistically significant. A 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 42.4 packs per capita per year in 2009. 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. In February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency. Due to funding reductions to the Tobacco Education, Prevention and Cessation Grant Program, several programs were cut or substantially reduced in FY 2009-10.

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, a statutorily authorized body charged with making funding recommendations for the program to the Board of Health, is responding to the budget reductions by strategically distributing the cuts in an effort to minimize impacts on Colorado's smoking rates.

Research demonstrates that the single most effective strategy to reduce tobacco use rates is to increase the unit price of tobacco. A federal tobacco tax was implemented nation-wide in March 2009 and is likely to impact tobacco prevalence among all populations. However, the program cannot, at this time, make projections for how the tax will impact prevalence among smokers, but elimination of key programming as discussed above may offset the benefits of the price increase.

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	CY 2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (current high school students smokers).	Benchmark	13.9%	11.8%	11.2%	11.9%
	Actual	11.9%	N/A*		

**Data are not collected annually and therefore not available for 2009.*

Strategy:

The State Tobacco Education and Prevention Partnership (STEPP) utilizes evidence-based strategies to prevent and reduce tobacco use among youth and young adults. Due to funding reductions to the Tobacco Education, Prevention and Cessation Grant Program, several programs were cut in FY 2009-10. However, STEPP remains committed to reducing tobacco use among young people and is maintaining a skeletal infrastructure in order to continue parts of an evidence-based, comprehensive program. Strategies funded through the grant program to prevent and reduce tobacco use among youth and young adults include a youth cessation program and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

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.

Local public health agencies and community-based organizations mobilize the community to strengthen and enforce existing clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing, and enforce laws to reduce illegal tobacco sales to minors.

Other strategies not funded through Amendment 35 include school-based tobacco prevention efforts, reaching youth identified as susceptible to becoming tobacco users and young adults not attending college through tobacco prevention and cessation messaging.

Evaluation of Prior Year Performance:

Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 11.9 percent in 2008 (our most recent youth survey), thus surpassing the Center for Disease Control and Prevention’s Healthy People 2010 goal of 16 percent. To the extent that funding allows, the department will continue to administer evidence-based programs in an effort to continue past achievements in reducing and eliminating tobacco use among 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 February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency.

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 impacts on Colorado’s smoking rates.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10.6%	10.3%	10.1%	10.1%
	Actual	8.1%	N/A*		

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

Strategy:

In January 2010, STEPP received funds through the America’s Recovery and Reinvestment Act (ARRA) to support and encourage pregnant women to quit smoking. A statewide advisory group has been convened to develop a marketing/outreach campaign specifically for pregnant women. Components of the campaign include both earned and paid media including transit advertising, direct mailings, posters, brochures, health care provider resources and newsletter/e-mail content. In addition, to support a woman’s successful quit throughout her pregnancy and postpartum period, the QuitLine incorporated a number of enhancements into its services. First, the prenatal counseling protocol will be expanded with the implementation of the “Postpartum Protocol Script for Tobacco Quit-Line Counseling.” The protocol developed by national experts offers a detailed guideline for QuitLine counselors to use as they encourage and support postpartum mothers to quit smoking or remain quit after delivery. In addition, programming will be enhanced to ensure any pregnant or postpartum woman has the option of working with the same coach (who has received specialized training) throughout her quitting or relapse prevention process. Building rapport and consistency can provide additional motivation and support for a woman to successfully quit and sustain a quit. Additionally, referral to community cessation programs, such as the Tobacco Free Baby and Me program, will be provided to those women who indicate they would prefer to receive person-to-person cessation services and/or would like to participate in both telephonic and in-person interventions.

The Baby and Me Tobacco Free Program has been funded by the Colorado Health Foundation to provide incentives (vouchers for free diapers) for low-income pregnant women who quit smoking and participate in carbon dioxide monitoring during pregnancy and after the delivery of the baby. This program is available in the majority of Colorado counties. The goal is to obtain additional funding so that implementation can be statewide and all counties can be offered this program. The intervention is being implemented through local health agencies or community-based organizations.

Evaluation of Prior Year Performance:

Data is not yet available for FY 2009-10. The 2008-09 actual rates of smoking prevalence during pregnancy declined significantly from 2007-08. However, the decrease in tobacco use during pregnancy is related to the decrease in the prevalence of women who smoked prior to pregnancy and does not reflect improvements in pregnant smokers quitting. While this decline in overall prevalence rates is very positive, targeted efforts to reduce smoking among pregnant women continues to be of the highest priority. It is anticipated that the enhancements to QuitLine services and the development of a targeted statewide media/outreach campaign with key statewide partners will have a positive impact on the number of pregnant women who successfully quit smoking during pregnancy and stay quit after delivery.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Obesity in Colorado: Obesity (Adults).	Benchmark	19%	20%	20%	20%
	Actual	19.1%	19.0%		

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., the American Heart Association), healthcare systems (e.g., Kaiser Permanente), various community groups, local public health agencies, and many others. Strategies to address obesity include promoting safe and accessible places for physical activity and healthy eating. Other initiatives include worksite wellness programs; active community environments where adults and families can safely walk, bike and play; promoting an increase in breastfeeding initiation and duration; promoting improvements to local food systems (e.g. development of community gardens, farmers markets, and improving access to grocery stores in neighborhoods without convenient access) and conducting social marketing and implementing environmental change to make healthy choice the easy choice.

Evaluation of Prior Year Performance:

Colorado has the lowest adult obesity rate in the nation. Although the benchmark was achieved (19%), this rate may change, due in part to Colorado’s childhood obesity rate. It is anticipated that Colorado’s low obesity rate may not be sustainable and an adult rate of higher than 19% may occur in the next few years.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Obesity in Colorado: Overweight (Children)*	Benchmark	15%	15%	15%	15%
	Actual	13.6%	14.7%		

* Data available for children ages 2-14

Strategy:

Colorado continues to have modest success in promoting physical education and healthier meal options in schools. In 2009, healthy beverage standards were enacted in Colorado schools that eliminate soda from school vending machines and cafes. Strategic partnerships among various state and local agencies and community groups are also promoting active community environments where children can safely walk, bike and play. Local efforts seek to increase community and school gardens, decrease TV viewing and other screen time, increase Safe-Walkable Routes to School, increase quality recess and physical education, and increase access to healthier foods, including produce, in neighborhoods identified as “food deserts”. Breastfeeding for infants is also promoted which helps to lead to healthier weights in children and youth.

Evaluation of Prior Year Performance:

Colorado’s childhood obesity rate has increased slightly over the last five years. Despite Colorado’s having the lowest adult obesity rate in the nation, the childhood obesity rates are ranked in the middle when compared nationally. Western states such as Oregon, Wyoming, Washington, Utah, and Montana all have lower childhood obesity rates. The state of Oregon has the lowest childhood obesity rate of 9.9%. Colorado has barely sustained its benchmark goal of 15% (14.7% in 2009-10).

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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%	40%
	Actual	29%	36%		

Strategy:

In 2006, this department, in partnership with the Colorado Department of Human Services and the 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 among 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/goal of 60% was based on limited information and experience. Between October 1, 2007 and March 31, 2008, of the 2,573 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 3,005 total referrals made to Early Intervention Colorado, 863 or 29 percent were from primary health care providers. During the most recent reporting period 36% of referrals to Early Intervention Colorado came from Primary Care Providers (3,081 out of 8320), a 7% increase. 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 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.

In March 2010, the ABCD Project convened partners to develop a new three-year strategic plan. Included in the strategic plan are measureable goals related to the percentage of ABCD engaged providers who make referrals to Early Intervention Colorado, the percentage of providers who receive referral status updates, as well as a plan to evaluate the percentage who continue to refer during year three. In order to address systematic issues with referral, ABCD continues to engage community partners through community ABCD orientations and facilitating primary care provider-community relationships.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	APPROP.	Request
Percent of Infants Born at a Low Birth Weight	Benchmark	8.9%	8.8%	8.8%	8.7%
	Actual	8.9%	N/A*		

** Data available November 2010*

Strategy:

There are many factors that contribute to the low-birth weight rate in Colorado. Two factors that the division is attempting to address through a population-based public information campaign are inadequate maternal weight gain and smoking cessation for pregnant women. 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 (decreasing 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 CY 2008, the percent of infants born at a low birth weight was 8.9 and met the benchmark/goal. There are many risk factors that affect the birth-weight; not all of them are known or can be affected. PSD programs attempt to address two of the modifiable risk factors: inadequate weight gain during pregnancy and tobacco use during pregnancy. The Maternal and Child Health program addresses preconception health with an emphasis on weight status prior to pregnancy, perinatal depression and appropriate weight gain during pregnancy, including its relationship to early childhood obesity prevention.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Rate of unintended pregnancy among the Colorado population.	Benchmark	36.2%	36%	35.8%	35.6%
	Actual	N/A *			

* Data available December 2010

Strategy:

The Family Planning Program coordinates and provides family planning services paid for through a combination of state, local, private and federal dollars for 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. Comprehensive family planning services were provided to 56,300 clients in FY 2008-09 through the Title X Family Planning Program and private funds. The unintended pregnancy rate in 2007-08 was 36.2 percent, down from 39.6 percent in 2006-07. The data demonstrate the continued positive trend in reducing the unintended pregnancy rate in Colorado.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan **FY 2011-12**

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 Centers for Medicare and Medicaid Services standards; 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. The division's 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 quality and safety standards. The program establishes health and safety standards (i.e., regulations) and conducts periodic inspections (surveys) to determine whether facilities are in substantial compliance. The program also provides compliance assistance to industry and information about compliance to the public.

The 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, home care agencies, 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 1,890 facilities are licensed under the General Licensure unit.

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 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 which are certified to provide care to Medicare and Medicaid residents/consumers. 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** (EMS) 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 (EMTs); 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.

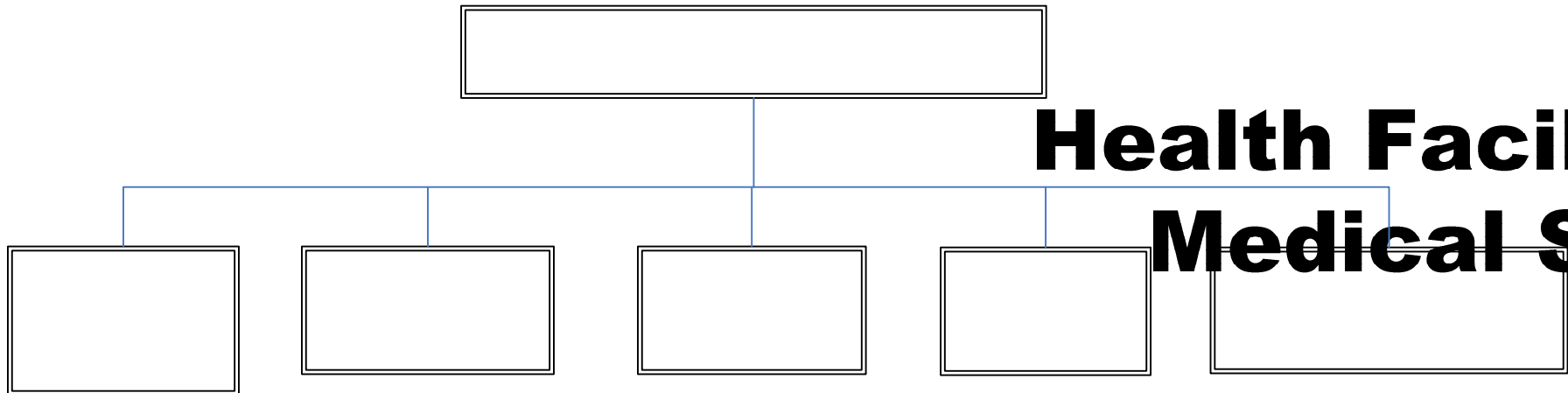
The Colorado Coroners Standards and Training Board ensures minimum standard training and certification of coroners.

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 (2010).



Health Facilities Medical Services

170.0 FTE \$25,298,712

Division
Howard

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 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. 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of citations at the “harm and immediate jeopardy” level in long-term care facilities.	Benchmark	7%	7%	6%	6%
	Actual	5.82%	4.69%		

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 division exceeded its benchmark for the percent of “harm and immediate jeopardy” citations in both FY 2008-09 and 2009-10. The division believes that the continued drop in the percentage of critical citations is an encouraging trend that is due in part to program activities such as educational outreach, information sharing with facilities on regulatory changes, and improvements to the survey process, standards for care and best practices.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of building/construction related life/safety citations in the three categories: “isolated (I)” “pattern (P)” and “widespread (W)” in long-term care and assisted living/alternative care facilities.	Benchmark	(I) 60% (P) 30% (W)10%	(I) 65% (P) 25% (W) 10%	(I) 65% (P) 31% (W) 4%	(I) 65% (P) 31% (W) 4%
	Actual	(I) 66.61% (P) 29.28% (W) 4.11%	(I) 63.58% (P) 33.1% (W) 3.32%		

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 pattern and widespread because isolated citations will likely impact fewer patients/customers. An example of an isolated versus widespread citation would be that a single smoke detector failed testing, versus all smoke detectors in the facility were spaced too far from one another for rated fire coverage.

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 division plans to accomplish this narrowing of scope of citations 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.

Evaluation of Prior Year Performance:

Note: Actual performance results for FY 2008-2009 are restated to include assisted living/alternative care facilities, which were not included in previous data.

The division exceeded its benchmark for increasing the percent of violations that were isolated rather than pattern or widespread in FY 2008-09, but missed the benchmark/goal in FY 2009-10. The division believes the fluctuations are likely due to a change in the life safety code survey policy in FY 2009-2010 that combined pattern (P) and widespread (W) citations for assisted living/alternative care facilities. These levels were combined because pattern and widespread deficient practice in these facility types is essentially the same, in that all residents could be affected by deficient practice at either level. The division expects the metrics for this performance measure will normalize in the coming year and that the percentage of pattern and widespread citations will continue to decrease in favor of the less severe isolated citations.

HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

3. 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of citations that are at the “harm or life threatening” levels in assisted living residences and alternative care facilities	Benchmark	1.5%	1.5%	3%	3%
	Actual	1.45%	2.56%		

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 new fees the program was able to hire additional staff. With these additional staff the division will emphasize high priority surveys, revisits and complaint investigations. This should result in problems being addressed more quickly and a reduction in recurring problems.

Evaluation of Prior Year Performance:

The percentage of health survey citations at the “harm or life threatening” level in assisted living residences and alternative care facilities increased 1.11% from FY 2008-2009 to FY 2009-2010. This increase in harm or life threatening citations is attributed to a 50% increase (24 versus 16) in complaint reports being filed that involved alleged harm or life threatening conditions at these facility types. While it concerns the division that this performance measure has gone up, it does not necessarily mean that the incidence of harm or life threatening conditions and events are on the rise; instead, it appears that people are more willing to report complaints. The division believes that increased reporting is positive and beneficial by allowing the program to more quickly identify and address deficient practices, resulting in a reduction of recurring problems and helping to protect residents.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Update licensure requirements and program fees and regulations	Benchmark		<u>Hospitals</u> General Licensure Enforcement regulations Dialysis center and hospice license fees Cord blood donation regulations Provisional certification of EMTs	Nursing home license fees Hospitals: Pediatrics, OB/GYN, Psych, Emergency Depts Community Clinics Group homes for the Developmentally Disabled Hospice	
	Actual	<u>Life Safety Code</u> <u>Plan Review</u> Fees and regulations for hospital and ambulatory surgery center facility types	<u>Assisted Living Residence & Alternative Care</u> Facility Fees, Home Care Agencies Life Safety Code Review Fees and regulations for remaining facility types		

Strategy:

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

Evaluation of Prior Year Performance:

Planned regulation development activities were completed during FY 2009-10, with the exception of nursing home license fees. The Assisted Living Residence and Alternative Care Facility Fees, Home Care Agencies Life Safety Code Review Fees and regulations for the remaining facility types were passed by the Board of Health. Preparation of these proposals required extensive stakeholder interaction and the Division did not have adequate resources to complete nursing home fees along with the other updates. However, a hearing is set for November 2010 on the fees as well as several substantive updates to the nursing home regulations.

HFEMS CORE OBJECTIVES AND PERFORMANCE MEASURES

5. Complaints Against EMTs

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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%	4%	4%
	Actual	4.5%	3.8%		

Strategy:

The Emergency Medical and Trauma Services section maintains a registry of certified EMTs and provides training for EMTs in order to increase effectiveness of EMT services and education statewide. The section investigates complaints against certified EMTs and takes appropriate actions ranging from requiring additional training to decertification.

Evaluation of Prior Year Performance:

The division met its benchmark/goal for reduction of complaints related to standard of care errors for FY 2008-09 and slightly exceeded its benchmark for FY 2009-10. Performance on this metric between FY 07-08, FY 08-09 and FY 09-10 show continued improvement with a total decrease of 1.7 percent in complaints related to standard of care errors over the three years. This trend reflects 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 will improve the safety and quality of care of Emergency Medical and Trauma services received by Colorado citizens.

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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%	96%	96%	96%
	Actual	95%	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. Thus it is the program’s goal to ensure that as many patients as possible with injury severity scores greater than or equal to 16 are admitted to Level I – III designated trauma centers.

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:

At 95% of patients with injury severity scores greater than or equal to 16 being admitted to Level I – III designated trauma centers, the unit was just slightly under its benchmark/goal of 96% for FY 2009-10.

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan FY 2011-12

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 described below:

The **Planning** 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.

The **Assessment** division assesses natural and man-made disaster events for enhancing response and trains health and medical professionals on the latest and improved response protocols.

The **Integration** 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.

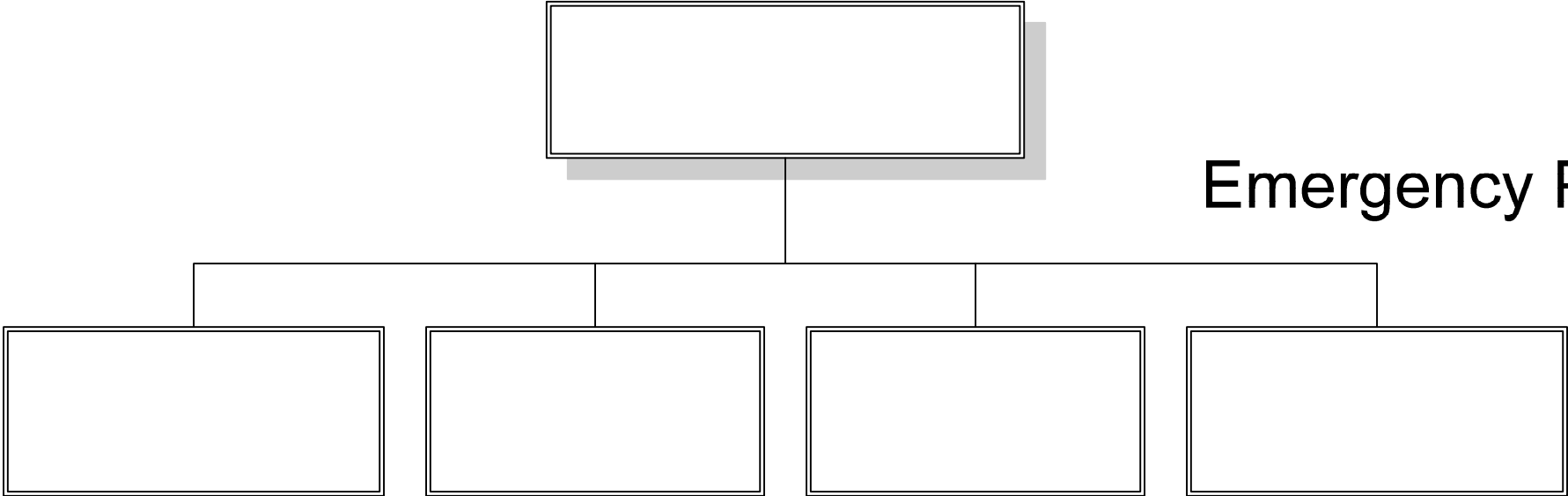
The **Training** division is responsible for delivery and coordination of emergency preparedness education and training to CDPHE employees, medical and public health partners.

The **Communication** 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.

The **Identification** 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 (2010).



Emergency Pre

42.5 FTE \$21,292,154

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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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		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	85	120	80	80
	Actual	83	74		
Percent increase in partnerships as measured by signed memorandums of understanding	Benchmark	41.7%	41.0%	5%	5%
	Actual	38.0%	29%		

Strategy:

The Emergency Preparedness and Response Division uses all opportunities to identify potential emergency response partners and establish formal and informal relationships with them. 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 the 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 through the use of MOUs. 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request.
Number of key partners notified within two hours	Benchmark	100	120	900	1100
	Actual	140	811		
Number of volunteers in the CVM database	Benchmark	200	400	1720	1770
	Actual	110	1669		
Participation rate in exercises	Benchmark	40%	50%	70%	80%
	Actual	25%	60%		
Percent of CDPHE staff who are ICS/NIMS certified	Benchmark	40%	60%	95%	100%
	Actual	60%	90%		

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 of 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:

The division exceeded all of its benchmarks for 2009-10 on these performance measures. As shown in the chart above, one goal for FY 2009-10 was to notify 120 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. Not only were volunteers notified and activated at the local level during H1N1, the first statewide activation of the CVM during a real event took place in August 2010 in response to the Hepatitis A outbreak in Grand County. Over 800 volunteers were notified in less than 2 hours, quickly mobilizing clinical staff to respond to the aid of a small local public health agency with less than 24 hours notice to respond.

In addition, since 2007, Colorado Volunteer Mobilizer (CVM) administrator training has been posted on CO.TRAIN and offered throughout the state. Training will continue to be offered on a quarterly basis. To date, approximately 93 administrators have

been trained on the CVM web-based system. This training enables administrators to register, manage, and alert the volunteers within their groups at the regional and county-level.

The FY 2009-10 benchmark on the enrollment measure was to enroll 400 volunteers. The division exceeded this goal.

The division also exceeded the FY 2009-10 benchmark goal for having staff NIMS and ICS certified and looks forward to continuing to certify more staff each year. The EPRD NIMS coordinator conducts an annual update on the status of CDPHE employees who have completed the NIMS training and reports this information to the Colorado Division of Emergency Management. In 2009-2010 the department had 90% of its employees trained in IS-100 and 700. EPRD staff continue to meet additional NIMS training requirements with 91% having completed the advanced ICS-300 level course.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of plans completed and tested	Benchmark	75%	90%	90%	90%
	Actual	75%	100%		

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 as well as fulfilling 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 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 identified plans in FY 2009-2010. As a result of real world situations such as H1N1, and participating in statewide exercises in partnership with the

Colorado Division of Emergency Management The division was able to complete and test 100 percent of its emergency plans. Specific plans that have been reviewed and tested during the 2009-2010 year include the following:

CDPHE Internal Emergency Response Plan: multiple CDPHE divisions were involved in the response to the 2009-10 H1N1 influenza pandemic, testing the department’s capabilities and coordination with internal and external public, private and non-profit partners throughout the state. EPRD will continue to support CDPHE divisions in the development, testing and revising of their emergency response annexes and will work to ensure that division annexes to the CDPHE Internal Response Plan are maintained and updated based upon lessons learned during exercises and real events.

CDPHE Continuity of Operations Plan (COOP): On May 17, 2010 a functional exercise was held in which CDPHE divisions tested various elements of their Continuity of Operations Plan. The After Action Report (AAR) identified the need for new or modified MOU's with alternate facilities and a unified communications strategy to enable staff to receive and distribute key, timely information. The CDPHE Continuity Task Force will continue to address these issues and the EPRD Continuity of Operations Coordinator will meet with each division to assist in the remediation of any deficits identified in the AAR. EPRD will continue to support all CDPHE divisions in the development, testing and revising of their Continuity Plans.

Strategic National Stockpile (SNS): Colorado’s Strategic National Stockpile (SNS) plan was last revised in March 2009. In April 2009 the plan was tested on multiple levels during the emergency response to H1N1. Portions of the plan continue to be tested as the division continues SNS operations in inventory management and distribution. After Action Reports were conducted to focus on strengths and areas for improvement in the SNS plan, and key stakeholders, government and private industry partners have been engaged in plan improvement discussions. The SNS plan will undergo annual revision and will incorporate the changes recommended by October 2010.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Colorado score on Department of Health and Human Services Strategic National Stockpile Plans (SNS)	Benchmark	87	90	90	90
	Actual	94	96		
Colorado score on Cities Readiness Initiative (CRI) plans compared to the national average score	Benchmark	89	80	90	90
	Actual	91	90		

*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. Colorado's SNS plan undergoes formal assessment annually by CDC's Division of The Strategic National Stockpile. This assessment is a thorough, detailed process and scores have the opportunity to impact grant funding. The SNS plan was last assessed in April 2009 and was given a 96% which is the highest score the plan has received to date. The next SNS assessment is scheduled for October 2010.

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Number and percent of local public health agencies participating in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) Program	Benchmark	6 / 100%	15 / 100%	55 / 100%	55 / 100%
	Actual	6 / 100%	55/100%		
Number and percent of local public health agencies recognized by the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) Program	Benchmark	6 / 100%	15 / 100%	34/100%	55/100%
	Actual	6 / 100%	15/100%		
Percent of the 55 Colorado Local Public health Agencies recognized by PPHR	Benchmark	11%	27%	67%	100%
	Actual	11%	27%		

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.

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. EPRD is using the PPHR criteria as the contract deliverables for receipt of CDC preparedness funds.

Evaluation of Prior Year Performance:

In 2008-09 six local health agencies completed the PPHR process and were nationally recognized. This program was so beneficial, EPRD required all local public health agencies in the state to complete the PPHR process. Colorado is one of only a handful of states that is currently requiring all local public health agencies to complete NACCHO's Project Public Health Ready (PPHR) process.

As NACCHO does not have enough national reviewers to evaluate all 55 of Colorado's local public health applications at one time, NACCHO asked that Colorado send PPHR applications in batches, or cycles, of no more than 17 applications per cycle over a period of two years. In order to receive 2009-10 and 2010-11 public health preparedness funds from CDC, all Colorado local public health agencies must complete a PPHR application for national review. The first cycle of 15 local public health applications will be sent to NACCHO for national review in September 2010. An additional 17 applications will be sent to NACCHO in March 2011 and in September 2011 the remaining 17 applications will be sent to NACCHO. By December 2011, Colorado hopes to be the first state in the nation to have all local public health agencies nationally recognized for public health preparedness. In addition, CDPHE completed a state PPHR application using the same criteria required of local public health agencies. A committee of state public health preparedness staff is working in collaboration with the Association of State and Territorial Health Officials (ASTHO) to review state applications for national recognition.