

CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Colorado Department of Public Health and Environment
Priority Number:	4
Change Request Title:	Sustaining the Office of Health Disparities Infrastructure

SELECT ONE (click on box):

- Decision Item FY 08-09
- Base Reduction Item FY 08-09
- Supplemental Request FY 07-08
- Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Colorado Department of Public Health and Environment (“CDPHE” or the “Department”) is requesting an increase of \$58,240 in General Fund and 3.0 FTE for FY 2008-09 (and subsequent fiscal years) to administer the Office of Health Disparities (OHD). The request will require an additional \$174,720 in Cash Funds Exempt (CFE) Amendment 35 Tobacco Taxation funds from the Health Disparities Grant Fund for Personal Services and operating costs. This increase will be offset by a decrease of the same amount in the grants line, resulting in a net-zero change.

Background and Appropriation History:

Over the past 50 years, the United States has benefited greatly from advances in medicine, environmental protection, disease control, and health promotion strategies. Improved technologies within the medical, public health, and environmental fields have resulted in an increased life expectancy and a better quality of life. However, racial and ethnic groups have not benefited equally from these advances. Racial and ethnic minority populations have higher rates of disease, disability, and death compared to Caucasians. These health disparities exist across all health areas: chronic disease, communicable disease, injury, and maternal and child health. Coloradans bear these

costs through taxes paid for public health programs and through cost shifting of care for the uninsured.

The Department's response to this important health issue has included the development of an Office of Health Disparities to coordinate minority health initiatives internally and externally. The office monitors minority health status, including positive health indicators as well as those with the highest levels of disease and death rates. The office will also partner with communities that experience health disparities, to address their unique health issues. The OHD was officially introduced in September of 2004. The ground work for the Office started in 1999 as the Colorado Turning Point Initiative, part of the Robert Wood Johnson Foundation's (RWJF) national Turning Point Initiative. RWJF awarded Colorado with planning and implementation grants to build collaborative public health capacity to address health disparities. This grant provided an excellent opportunity to collect and report data on health disparities and identify resources, infrastructure, and strategies to address them. In response to disparity data and to sustain the momentum of Turning Point, the Executive Director of the CDPHE officially approved the new Office of Health Disparities in April 2004. The OHD is a state program of multi-cultural professionals dedicated to eliminating racial and ethnic health disparities in Colorado, by fostering systems change and capacity building through multi-sectoral collaboration. Multi-sectoral collaboration is when non-profit, private, and public organizations, and community members form a partnership whose purpose is to solve problems that impact the whole community.

The OHD consists of 6.3FTE. These FTE include:

3.3 appropriated FTE to administer the Health Disparities Grant Program as required in HB-05-1262 which includes: distributing \$5,886,980 annually in grant funds, providing technical assistance to the grantees, conducting site visits and audits, data gathering and reporting and all aspects of financial management and revenue forecasting. (0.5 FTE have been in place for a few years, and 2.8 FTE were added starting July 1, 2007 resulting from a FY 2007-08 decision Item.)

3.0 FTE non-appropriated FTE supported by a private grant from Kaiser Permanente which includes: The Program Director, Program Coordinator, and a Program Assistant. The Program Director provides overall leadership and management for personnel and projects for the Office of Health Disparities and the Health Disparities Grant Program. This position serves as the senior authority on matters related to health disparities for the department and the state. This position provides technical expertise, advice, and guidance to division directors within the department, senior management in other state agencies, community leaders, community-based organizations, and advocacy groups.

The office director also manages the coordination of the Minority Health Advisory Commission and the Interagency Health Disparities Leadership Council.

The Program Coordinator conducts community outreach, establishes relationships and partnerships with diverse communities and providers, coordinates with other agencies and partners to hold conferences and town hall meetings, coordinates the Minority Health Advisory Commission, provides training to the Commission, and maintains information and resources updates on the office's website.

The Program Assistant provides administrative and programmatic support to the OHD, the Interagency Health Disparities Leadership Council, and the Minority Health Advisory Commission

The office was statutorily created in the Department through SB07-242. The 3.0 non-appropriated FTE are currently funded by a private grant from Kaiser Permanente. This grant ends in June 30, 2008 and currently funds the 3.0 FTE requested above. Multiple attempts have been made to secure ongoing funding for the OHD through federal and private sources, but the response from potential funding sources has been that this is a state function that should be funded with state dollars. The program has had success in securing funding from private foundations for specific projects, but not for personnel and operating costs.

General Description of Request:

This Decision Item will be used to continue the basic operations of OHD, such as serving in a coordinating, educating, and capacity building role for state and local public health programs and community-based organizations. The office coordinates the Department's Minority Health Advisory Commission, the Interagency Health Disparities Leadership Council and administers the Health Disparities grant program. This request includes \$232,960 and 3.0 FTE to sustain the work of the office of health disparities. Closing the gap of health disparities in Colorado, requires a coordinating entity dedicating its work to understanding the context in which health disparities occur, their root causes, and environmental settings. Effective health disparity elimination work must aim at breaking down organizational silos to address the social determinants of health. The OHD provides a comprehensive health disparity elimination strategy to ensure that impacted communities are educated about health disparities (including cancer, cardiovascular, and pulmonary disease), the social determinants of health, disease prevention, health promotion, and access services and health care. The OHD's strategy also includes other state agencies, service providers, and policy makers to ultimately decrease the disproportionate burden of health disparities on racial and ethnic minority populations.

The work of the 3.0 OHD FTE, play a crucial role in the elimination of health disparities in Colorado and the successful administration and implementation of the Health Disparities Grant Program. This request includes funding support for these core positions from Amendment 35 dollars, as their coordination, training, and supportive functions are necessary for the effective development and implementation of the Health Disparities Grant Program and its grantees. In addition, persistent Health Disparities are documented in the burden of cancer, cardiovascular and pulmonary diseases. Effective health disparity strategies require providing capacity building and technical assistance to providers and communities, building partnerships with stakeholders, and breaking siloed approaches through coordinated efforts. Approval of this Decision Item will redirect \$174,720 from the grants line to the personal services line. The balance of the work performed by the FTE cannot be classified under the statutorily defined activities for Amendment 35 funding (i.e. dealing with cancer, cardiovascular and pulmonary diseases), and thus must be funded from the General Fund.

These 3.0 FTE actively participate in the OHD's coordination of several mechanisms that directly impact the programs funded by Amendment 35, such as the Minority Health Advisory Commission (the statutory proposal review committee for the Health Disparities Grant Program), bidders' conferences, proposal reviews, grant-writing classes, and community outreach (events, conferences, technical assistance, town hall meetings). The OHD staff provides cultural competence trainings, health disparity presentations, health disparities strategic planning activities, and information and training on services for limited English Proficient persons.

Consequences if Not Funded:

If this request is not funded the Office of Health Disparities will become inoperable and unable to perform its core functions and activities described above, and ultimately cease all activities, except the distribution and monitoring of the Health Disparities Grant Funds. In addition, this action will result in inadequate resources to coordinate the Minority Health Advisory Commission, the Interagency Health Disparities Leadership Council, and the administration of the Health Disparities Grant Program as required by Colorado Revised Statutes Section 25-4-2204.

The Health Disparities Grant Program will be negatively impacted as OHD staff is responsible for coordinating the Minority Health Advisory Commission (the program's statutory proposal review committee), establishing relationships with communities impacted by health disparities, building capacity within communities, including education about health disparities to implement public health programs, and develop reports documenting health disparities (an excellent source to describe health disparities in grant applications).

Calculations for Request:

Summary of Request FY 08-09	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	\$58,240	\$58,240	\$0	\$0	\$0	3.0
<u>Personal Services:</u>	\$205,236	\$51,309	\$0	\$153,927	\$0	3.0
<u>Travel:</u>	\$11,224	\$2,806	\$0	\$8,418	\$0	0.0
<u>Operating:</u>	\$16,500	\$4,125	\$0	\$12,375	\$0	0.0
<u>Grants:</u>	(174,720)	\$0	\$0	(174,720)		

Summary of Request FY 09-10	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	\$58,240	\$58,240	\$0	\$0	\$0	3.0
<u>Personal Services:</u>	\$205,236	\$51,309	\$0	\$153,927	\$0	3.0
<u>Travel:</u>	\$11,224	\$2,806	\$0	\$8,418	\$0	0.0
<u>Operating:</u>	\$16,500	\$4,125	\$0	\$12,375	\$0	0.0
<u>Grants:</u>	(174,720)	\$0	\$0	(174,720)		

Assumptions for Calculations:

	Classification	FTE	Monthly Base\Fringe	Annual Base\Fringe
Personnel: *				
Program Director	GPVI	1.0	\$9,317	\$111,805
Program Coordinator	GP II	1.0	\$3,991	\$47,892
Program Assistant	Program Asst I	1.0	\$3,795	\$45,540
		Sub-Total Personnel: *	3.0	\$205,237
Travel:**				
4 Quarterly Town Hall meetings in rural areas with community stakeholders\citizens				
Overnight lodging for 2.0 FTE - (\$75 per night x 2 rooms x 4 meetings per yr)				\$600
Meal per-diem for 2.0 FTE - (\$25 per day x 2.0 FTE x 4 meetings per yr)				\$400
Room Rental - (\$100 per meetings x 4 meetings per yr)				\$400
4 Quarterly Cultural Competence training sessions w\local health agencies\community based organizations				
Overnight lodging for 2.0 FTE - (\$75 per night x 2 rooms x 4 meetings per yr)				\$600
Meal per-diem for 2.0 FTE - (\$25 per day x 2.0 FTE x 4 meetings per yr)				\$400
Room Rental - (\$100 per meeting x 4 meetings per yr)				\$400
In-State mileage				
3.0 FTE mileage reimbursement - (300 miles per month x 3.0 FTE x 12 months x .39 cents per mile)				\$8,424
		Sub-Total Travel:**		\$11,224
Operating:***				
Supplies - (\$500 x 3.0 FTE)				\$1,500
Printing of the Health Disparities Report				\$10,000
Annual Health Disparities Conference				\$5,000
		Sub-Total Operating:***		\$16,500
		Total Request:		\$232,960

*All personnel calculations are based on existing staff members and their FY08 salaries.

**Quarterly Town Hall Meetings – OHD and the Minority Health Advisory Commission hold town hall meetings throughout the state to provide a formal mechanism for the public to give input to the department on the health disparities issues in their community. The meetings also serve as a vehicle to strengthen collaboration between communities of color and the department.

Quarterly Cultural Competence Trainings – OHD staff conducts cultural competence trainings to service providers to give them tools to become more knowledgeable and sensitive about health care practices of minority communities, the need to involve communities in the development of programs and materials, and the need to effectively respond to the changing demographics and diverse populations in Colorado.

In State Travel – OHD staff travels throughout the state to participate in community meetings, task forces, conferences, and events. In addition, OHD staff travels to assist with strategic planning activities and provide capacity building and technical assistance to other agencies and community-based organizations. OHD staff conducts presentations on health disparities, cultural competence, and servicing limited English Proficient individuals (utilizing qualified medical interpreters, translators, and finding resources).

*** The 3.0 FTE are existing employees, therefore this request does not include capital outlay or computer purchases. The existing 3.0 FTE currently have this equipment.

Impact on Other Government Agencies:

The work of the OHD will impact other local and state government agencies including local city and county health departments, Departments of Corrections, Education, Health Care Policy and Finance, Higher Education, Human Services, and Personnel and Administration. Most of these agencies will be impacted through their involvement in the Interagency Health Disparities Leadership Council, coordinated by the OHD. Many of these agencies will also benefit from core functions and activities provided by the OHD, including access to data reports documenting health disparities, trainings on health disparities, the determinants of health, and cultural competence, and state-level strategic planning on minority health improvement. It is assumed these agencies handle their involvement in the Interagency Health Disparities Leadership Council within existing resources.

Cost Benefit Analysis:

Eliminating health disparities would help to decrease significant costs associated with treating diseases that minority and ethnic groups experience at a higher rate than Caucasians. Investments made in focusing public health prevention efforts on people who are at higher risk for disease could produce dollar savings, reduce deaths due to disease, increase the quality of life for these populations, and lead to better allocation of public resources. Figures 1 through 3 below highlight the disproportionate number of preventable cases of asthma, cancer, and diabetes impacting racial and ethnic minority groups. The potential benefits (in terms of cost savings) associated with eliminating health disparities derive from the preventable additional costs of treating asthma, cervical cancer, and diabetes due to disparities. Dedicated efforts to eliminate health disparities will benefit Colorado taxpayers by reducing the costs of treating these diseases, reducing costly emergency room visits, hospitalizations, and cost shifting from insurance companies and health care providers.

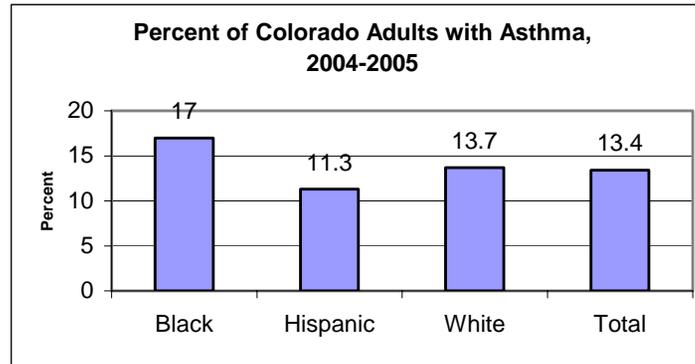
Asthma: Nationally, asthma is the leading cause of school absenteeism, causing children to miss an estimated 14 million school days annually. Asthma accounts for an estimated 14.5 million lost workdays for adults. The economic cost of asthma is \$14 billion annually, including \$4.6 billion in lost productivity¹.

This health problem is the reason for nearly 500,000 hospital stays each year. Its treatment costs billions of dollars each year.²

¹ <http://www.hrsa.gov/performanceview/clinicalmeasures/detailsheet4.htm>

² <http://www.aafa.org/display.cfm?id=8&cont=5>

Figure 1:



Reducing the percentage of black adults with asthma to be comparable to the white population would lower the prevalence by 3.3%. The 2000 Census calculated that there were approximately 190,717³ African Americans/Blacks in Colorado. The percentage of adults was approximately 74.4% (141,893). By reducing the percentage of adults with asthma from 17% (24,122 people) to 13.7% (19,439 people) is a reduction of 4,683 people with asthma.

Diabetes: Nationally, the total annual economic cost of diabetes in 2002 was estimated to be \$132 billion⁴.

Direct medical expenditures totaled \$92 billion and comprised \$23.2 billion for diabetes care, \$24.6 billion for chronic diabetes-related complications, and \$44.1 billion for excess prevalence of general medical conditions. Indirect costs resulting from lost

³ Profile of General Demographic Characteristics: 2000 <http://www.dola.state.co.us/dlg/demog/census/demogprofiles/colorado.pdf>

⁴ <http://www.diabetes.org/diabetes-statistics/cost-of-diabetes-in-us.jsp>

workdays, restricted activity days, mortality, and permanent disability due to diabetes totaled \$40.8 billion.

The per capita annual costs of health care for people with diabetes rose from \$10,071 in 1997 to \$13,243 in 2002, an increase of more than 30%. In contrast, health care costs for people without diabetes amounted to \$2,560 in 2002.

One out of every 10 health care dollars spent in the United States is spent on diabetes and its complications.

Direct Costs of Diabetes

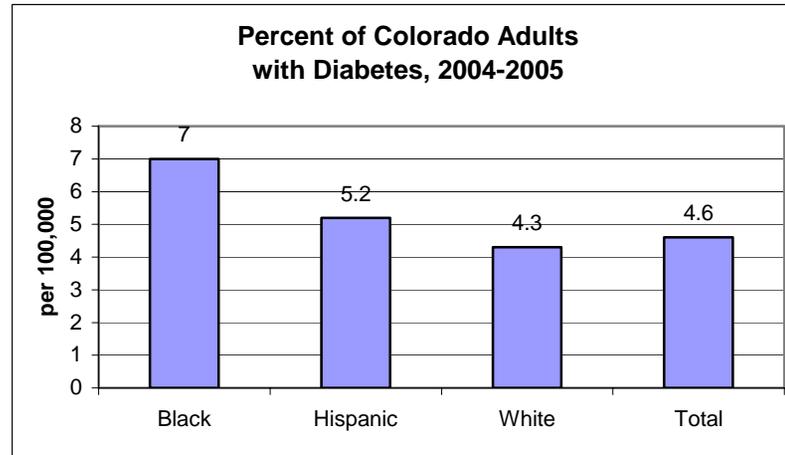
- Estimated at \$92 billion in 2002, compared to \$44 billion in 1997.
- Diabetes alone represents 11% of the US health care expenditure. People with diabetes have medical expenditures 2.4 times higher than they would if they did not have diabetes.
- \$40.3 billion was spent for inpatient hospital care and \$13.8 billion for nursing home care for people with diabetes.
- Diabetes-related hospitalizations totaled 16.9 million days in 2002. Rates of outpatient care were highest for physician office visits, which included 62.6 million visits to treat persons with diabetes.
- Cardiovascular disease is the most costly complication of diabetes, accounting for more than \$17.6 billion of the \$91.8 billion annual direct medical costs for diabetes in 2002.

Indirect Costs of Diabetes

- Estimated to be \$40 billion in 2002.
- In 2002, diabetes accounted for a loss of nearly 88 million disability days.

- 176,000 cases of permanent disability were caused by diabetes, at a cost of \$7.5 billion.

Figure 2:



Reducing the percentage of black adults with diabetes to be comparable to the white population would lower the prevalence by 2.7%. The 2000 Census calculated that there were approximately 190,717⁵ African Americans/Blacks in Colorado. The percentage of adults was approximately 74.4% (141,893). By reducing the percentage of adults with diabetes from 7% (9,933 people) to 4.3% (6,101 people) we get a reduction of 3,832 people with diabetes.

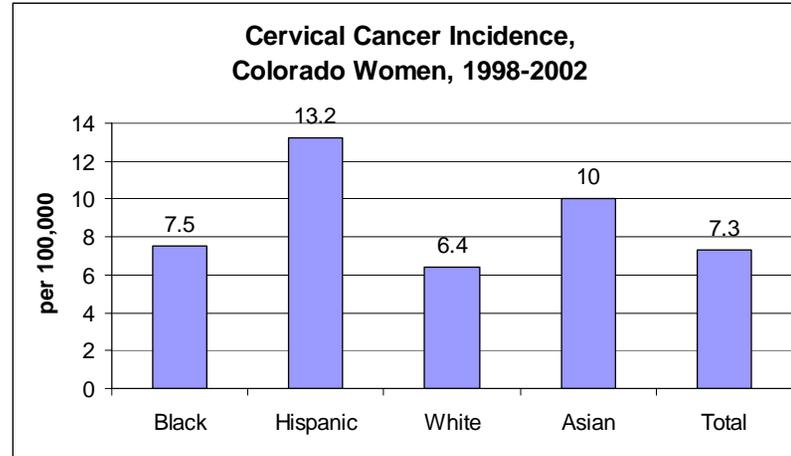
Reducing the percentage of Hispanic/Latino adults with diabetes to be comparable to the white population would lower the prevalence by 0.9%. The 2000 Census calculated that there were approximately 735,601 Hispanics/Latinos in Colorado. The percentage of adults was approximately 64.82% (476,879). By reducing the percentage of adults with

⁵ Profile of General Demographic Characteristics: 2000 <http://www.dola.state.co.us/dlg/demog/census/demogprofiles/colorado.pdf>

diabetes from 5.2% (24,797 people) to 4.3% (20,505 people) we get a reduction of 4,292 people with diabetes.

Cancer: The financial costs of cancer are substantial. The overall, national, annual costs for cancer are estimated at \$107 billion, with \$37 billion for direct medical costs (the total of all health expenditures), \$11 billion for costs of illness (the cost of low productivity due to illness), and \$59 billion for costs of death (the cost of lost productivity due to death). Treatment for lung, breast, and prostate cancers alone accounts for more than half of the direct medical costs⁶.

Figure 3:



The chart above depicts only one type of cancer, and by reducing the percentage of Hispanic women to be comparable to the white population would lower the incidence by 6.8%. The 2000 Census calculated that there were approximately 735,601⁷ Hispanics/Latinos in Colorado. The percentage of adult women was approximately

⁶ <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/cancer.htm>

⁷ Profile of General Demographic Characteristics: 2000 <http://www.dola.state.co.us/dlg/demog/census/demogprofiles/colorado.pdf>

37.2% (273,644). By reducing the percentage of adults with cervical cancer from 13.2% (36,121 women) to 6.4% (17,513 women) we get a reduction of 18,608 women with cervical cancer.

The elimination of health disparities cannot occur overnight. However, targeting health programs toward the reduction of these costly diseases for specific population sub-groups could pay dividends for the health of all residents and the financial resources of Colorado.

Implementation Schedule: The OHD’s 3.0 FTE are already on board providing the core functions and activities discussed previously. The current private funding expires on June 30, 2008. If this decision item is approved, the program will continue on July 1, 2008.

Task	Month/Year
FTE Hired and Currently Working	Already on Board. Ready to continue working on 7/1/08
Start-Up Date	July 1, 2008

Statutory and Federal Authority:

All citations are from the 2006 C.R.S.

25-4-2201. Legislative declaration.

(1) The general assembly hereby finds that:

(a) Although Colorado as a whole is a healthy state, African Americans, Hispanics, and Native Americans, who represent over twenty-five percent of the population, are disproportionately impacted by disease, injury, disability, and death;

(b) Compared to the state average:

(I) African Americans have a twenty-five percent higher death rate from heart disease, a twenty-eight percent higher death rate from stroke, a thirty percent higher death rate from breast cancer, a fifty percent higher death rate from colon cancer, and nearly twice the death rate from diabetes;

(II) Hispanics have approximately twice the incidence of cervical cancer, a fifty percent higher death rate from cervical cancer, and approximately twice the death rate from diabetes;

(III) Hispanics are fourteen and one-half percent less likely to be screened for cervical cancer and both African Americans and Hispanics are, respectively, twenty-eight percent and thirty-nine percent less likely to be screened for colon cancer.

(2) Therefore, the general assembly hereby declares that it is in the best interests of the state to establish a health disparities grant program to provide prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases to minority populations.

Source: L. 2005: Entire part added, p. 941, § 29, effective June 2.

25-4-2204. Office of health disparities - creation. (1) There is hereby created in the Department Of Public Health And Environment the Office Of Health Disparities. The executive director of the department, subject to the provisions of section 13 of article xii of the state constitution, shall appoint the director of the office, who shall be the head of the office.

(2) the office and the director of the office shall exercise their powers and perform their duties and functions specified in this part 22 under the department as if the same were transferred to the department by a **type 2** transfer, as such transfer is defined in the "administrative organization act of 1968", article 1 of title 24, C.R.S. (SB 07-242)

Performance Measures:

STATE OF COLORADO FY 08-09 BUDGET REQUEST CYCLE: Colorado Department of Public Health and Environment

Objective: Build a Strong Public Health System					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of partnerships with community-based organizations, educational institutions, businesses, and local and state agencies.	Benchmark	New measure	New measure	155	220
	Actual	New Measure	New Measure		

Objective: Build a Strong Public Health System					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Level of the department's workforce diversity in the areas of management and policy-making positions. <u>Note:</u> According to Colorado population estimates (2002), people of color comprise 26.7% of the state's population.	Benchmark	New measure	3%	5%	7%
	Actual	New Measure	2.6%		

Objective: Build a Strong Public Health System					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Level of the department's overall workforce diversity. <u>Note:</u> According to Colorado population estimates (2002), people of color comprise 26.7% of the state's population.	Benchmark	New measure	20%	20%	22%
	Actual	New Measure	18.7%		

Objective: Eliminate Health Inequities in Colorado

STATE OF COLORADO FY 08-09 BUDGET REQUEST CYCLE: Colorado Department of Public Health and Environment

Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
The number of programs within the department utilizing data by race/ethnic group for program planning, policy development, and resources allocation.	Benchmark	New measure	New measure	20	25
	Actual	New Measure	New Measure		

Objective: Eliminate Health Inequities in Colorado					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
The number of programs within the department that develop racial and ethnic health disparity reduction goals and objectives that address the identified health disparity areas and conditions. Number of Departmental programs: 77	Benchmark	New Measure	15	20	26
	Actual	New Measure	14		

Objective: Eliminate Health Inequities in Colorado					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
The number of divisions in the department that utilize the language assistance program to ensure meaningful access to the department's programs, activities, and services for limited English proficient (LEP) persons. There are currently 11 divisions in the Department.	Benchmark	New Measure	7	9	11
	Actual	New Measure	7		

STATE OF COLORADO FY 08-09 BUDGET REQUEST CYCLE: Colorado Department of Public Health and Environment

Performance Measure: Number of partnerships with community-based organizations, educational institutions, businesses, and local and state agencies. The purpose of such partnerships is to maximize community participation and develop more inclusive and collaborative efforts.				
Workload Indicators	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of departmental partnerships with community-based organizations.	New measure	New measure	50	60
Number of departmental partnerships with educational institutions			20	30
Number of departmental partnerships with businesses			25	35
Number of departmental partnerships with local agencies			20	30
Number of departmental partnerships with state agencies			15	25
Number of departmental town hall meetings			5	10
Number of departmental community-based meetings			20	30

Performance Measure: Number of partnerships with community-based organizations, educational institutions, businesses, and local and state agencies. The purpose of such partnerships is to maximize community participation and develop more inclusive and collaborative efforts.				
Workload Indicators	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of individuals to be reached through Health Disparities Grants Program grantees outreach efforts to eliminate health disparities in cancer, cardiovascular, and pulmonary diseases.	New measure	New measure	169,431	171,000

Performance Measure: Number of partnerships with community-based organizations, educational institutions, businesses, and local and state agencies. The purpose of such partnerships is to maximize community participation and develop more inclusive and collaborative efforts.				
Workload Indicators	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of individuals reached through the Health Disparities Grants Program grantee outreach efforts.	New measure	New measure	169,431	169,431

Performance Measure: Initiate and participate in pilot programs that improve our business processes and retain quality employees.

STATE OF COLORADO FY 08-09 BUDGET REQUEST CYCLE: Colorado Department of Public Health and Environment

Workload Indicators	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of grantee site visits to conduct fiscal and programmatic contract monitoring.	24	34	35	35

Approval of this Decision Item will provide the Department with sufficient resources to continue this program and meet the goals described above.