

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY FOR COLORADO MINIMUM QUALITY
STANDARDS for PUBLIC HEALTH SERVICES, 6 CCR 1014-9

Adopted by the Board of Health on January 16, 2013

Specific Statutory Authority. The Colorado State Board of Health promulgates this rule pursuant to the following statute:
Section §25-1-503(1)(b), C.R.S.

Basis and Purpose. The State Board of Health is required to establish, by rule, minimum quality standards by which the core public health services should be performed. The major considerations regarding this rule are a) compliance with state law (C.R.S. 25-1-501 et seq.), and b) respect for the spirit of the law that suggests that public health services should be provided to all Colorado residents and visitors at a minimum standard regardless of where the service is provided in the state. All local public health agencies should meet, or exceed, the minimum standards by engaging in an ongoing process of continuous quality improvement.

Background

The Public Health Act (C.R.S. 25-1-501 et seq.) was signed into law in 2008. This law reorganizes public health in Colorado. Furthermore, it requires the State Board of Health to identify core public health services and standards to be provided or assured in every public health jurisdiction. Core public health services were promulgated into rule in 2011 after an extensive stakeholder process. The core public health services are: Assessment, Planning and Communication; Vital Records and Statistics; Communicable Disease Prevention, Investigation and Control; Prevention and Population Health Promotion; Emergency Preparedness and Response; Environmental Health; and Administration and Governance. These core services categories are further defined and described in rule 6 CCR 1014-7.

In addition to the development of core services, the law requires the development of minimum quality standards for public health services. This proposed rule addresses this requirement and establishes thirty-two minimum quality standards. The goal of this proposed rule is to improve the public's health through improved quality and performance of local public health agencies.

Development of Colorado Minimum Quality Standards for Public Health Services

After the establishment of core services, the next challenge was to identify minimum quality standards. Colorado's goals were twofold: 1) set a baseline of quality, 2) preserve enough flexibility for all local public health agencies to meet some standards while working toward meeting others using continuous quality improvement practices. A subcommittee of the Public Health Improvement Steering Committee, co-chaired by one Department representative and one

local public health representative, was brought together to develop a draft set of standards (Colorado Standards Workgroup). Membership on the subcommittee included Department staff as well as staff and directors of local public health agencies serving large, medium and small population jurisdictions. Department staff and subcommittee members conducted a review of standards in other states and the national standards, and carefully considered the time and resources required to develop a separate set of Colorado-specific standards.

Public Health Standards Across the Country

Several other states across the country have developed quality standards, or minimum quality standards, over the past twenty years. Most of these standards were developed in conjunction with a voluntary or mandatory, statewide, local public health accreditation program. These state level programs existed in states such as North Carolina, Michigan and Illinois. With the start of national, voluntary public health accreditation, all states with independent, state-level accreditation programs are working to connect their state-level standards to the new, national standards.

While these other states managed state-specific standards, the Public Health Accreditation Board (PHAB) was learning from these experiences and developing the first national, voluntary, public health standards. PHAB is an independent, 501(c)(3) non-profit organization led by a board of directors who represent local, state and tribal public health agencies, schools of public health and five of the major national public health associations. The national standards were developed during a multi-year process that included multiple iterations, many levels of stakeholder input, and a full test of the set of standards in a wide spectrum of public health agencies across the country. The PHAB standards and measures were developed with consideration of: 1) National Association of County and City Health Officials' (NACCHO) Operational Definition of a Functional Local Health Department, 2) the instruments of the National Public Health Performance Standards Program, 3) existing standards and measures from state-based accreditation and related programs, and 4) Association of State and Territorial Health Officials' (ASTHO) report on services offered by states. NACCHO's Operational Definition of a Functional Local Health Department is composed of standards that describe the responsibilities that every person, regardless of where they live, should reasonably expect their governmental local public health department to fulfill. The National Public Health Performance Standards Program (NPHPSP) is a national partnership that has developed performance standards based on the 10 Essential Public Health Services for state and local public health systems and public health governing bodies. NPHPSP is one of the most longstanding assessment and improvement programs in public health.

The PHAB Standards Development Workgroup reviewed numerous standards and measures and selected those that were most connected to the efficient and effective management and delivery of public health services. The public comment period on the initial set of draft standards and

measures elicited over 4,000 individual comments, as well as other comments through online surveys and group feedback forms. The PHAB Standards Development Workgroup carefully reviewed each comment, and based on the feedback, proposed changes to the documents. The next set of standards and measures were released in July 2009 for a test run of the basic accreditation program, including the measures and site visit process, referred to as the Beta test. Beta test sites and official site visitors were selected from all sizes of public health agencies across the country. Colorado's local public health professionals assisted in the development and testing of the national standards in three key ways: 1) formalized review and comment on standards document at Colorado Association of Local Public Health Officials meeting, 2) individual participation on national standards committees, and 3) participation in the testing process as an agency site visitor.

Colorado Minimum Quality Standards for Public Health Services

The Colorado Standards Workgroup discussed the pros and cons of basing Colorado standards on the national standards. The positive aspects of connection to national standards are: 1) they are based on decades of national work with a high level of representation from the local public health community, 2) they have been tested in agencies of varying sizes, 3) the standards have an inherent flexibility that will fit with the variety of agencies in Colorado, 4) they represent the basics of what local public health agencies should be doing to ensure healthy communities, and 5) they correspond to core services as outlined below.

In attempting to understand the connection between Colorado core services and the national standards, the Colorado Standards Workgroup developed a crosswalk (Table 1). While the connections may be drawn out even further than delineated in the crosswalk, it is clear that there are solid connections between core services and national standards. After careful review, the workgroup determined that it was most prudent to use the national standards as a basis for the Colorado standards.

Colorado Core Public Health Services							
Public Health Accreditation Standard Domains	Assessment, Planning, and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation, and Control	Prevention and Population Health Promotion	Emergency Preparedness and Response	Environmental Health	Administration and Governance
DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	x	x	x	x		x	
DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community			x		x	x	x
DOMAIN 3: Inform and educate about public health issues and functions	x		x	x	x	x	
DOMAIN 4: Engage with the community to identify and address health problems	x		x	x		x	
DOMAIN 5: Develop public health policies and plans	x		x	x	x	x	x
DOMAIN 6: Enforce public health laws			x	x	x	x	x
DOMAIN 7: Promote strategies to improve access to health care services	x			x	x		x
DOMAIN 8: Maintain a competent public health workforce	x			x	x	x	x
DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions				x	x	x	x
DOMAIN 10: Contribute to and apply the evidence base of public health	x		x	x	x	x	x
DOMAIN 11: Maintain administrative and management capacity	x	x		x	x	x	x
DOMAIN 12: Maintain capacity to engage the public health governing entity				x	x		x

Table 1: Crosswalk of PHAB Standards and Colorado Core Services

The national voluntary standards are quite detailed in the level of guidance and explanation required to use the standards for an official accreditation program like PHAB. This level of detail was not necessary, nor appropriate, for Colorado’s minimum quality standards.

Alternative Rules Considered and Why Rejected

The Colorado Standards Workgroup considered creating a separate set of Colorado-specific standards, as some states have done in the past. However, with the national movement toward PHAB standards, the several years of investment and broad stakeholder process used to develop the national standards and guidance, and the expected time and cost to create new, different standards, the group decided against developing Colorado-specific standards or a Colorado-specific reporting system. Local public health agencies will be encouraged to use the PHAB guidance, either formally or informally, to compare their provision of core public health services against the standards.

The workgroup also considered including the PHAB standards document in its entirety as the standards rule. However, after further review, and confirmation that the statute only required the development of minimum standards, the group decided to use the PHAB standards as a framework, but not to include the entire PHAB system (PHAB Standards and Measures Version 1.0) as the rule.

Benefits of Adopting Minimum Quality Standards

The Colorado Standards Workgroup expects local public health agencies to benefit from the process of evaluating if agency systems, processes and services meet the proposed minimum quality standards. These benefits may include:

- Information to guide strategic decisions about the agency, processes and services, in conjunction with the community health assessment and community health improvement plan.
- The collection of valuable, measurable feedback to local public health agencies on their strengths and areas for improvement.
- The opportunity for local public health agencies to learn quality and performance improvement techniques that are applicable to multiple programs.
- A means of demonstrating accountability to elected officials and the community as a whole.
- Improved processes, systems and services that lead to improved health outcomes and healthier communities.

Continuous Quality Improvement

Local public health agencies can meet or exceed the minimum quality standards by using continuous quality improvement tools and processes. Continuous quality improvement (QI) is an ongoing process that uses data as the basis for decisions to improve policies, programs, and agency structure and to facilitate and manage changes necessary to make these improvements. QI has been the mainstay for many industries, private corporations and in health care. While public health has been working to measure success for decades, the systematic use of measurement tools to plan improvement has not been part of the standard way of doing business in public health, nor government services.

Health care and other industries have developed and honed a multitude of QI processes and tools. Public health professionals across the country have been testing and using QI processes in limited places, and a focus on QI is growing in the public health arena. Part of the focus of the PHAB program is to begin measuring public health systems and services against a common standard to allow an agency to understand its current capacity and activities. The purpose of that baseline measurement is to find and plan for improvements.

QI in public health is characterized by the use of a deliberate and defined improvement process focused on activities that lead to improved population and individual health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, quality, performance, and outcomes of services or systems with the goal of improving the health of the community (Accreditation Coalition Quality Improvement Subgroup Consensus Agreement, March 26, 2009).

The end goal of QI is an organization that constantly understands and assesses its strengths and weaknesses and works to improve in ways that ensure better health outcomes and healthier communities.

Stakeholder outreach:

The proposed rule was developed by a workgroup comprised of Department staff as well as staff and directors of local public health agencies serving large, medium and small population jurisdictions. In addition, the Department has made significant efforts to inform and engage their stakeholders. Some examples of these efforts include:

- The Department provided information to local Public Health Directors and asked them to directly inform their local Boards of Health and Boards of County Commissioners as to the proposed rule.
- Department staff engaged in regular communication with local Public Health Directors, the Public Health Improvement Steering Committee and the Colorado Association of Local Public Health Officials regarding the proposed rule.
- Department staff ensured broader community dissemination through Executive Order 5 compliance.
- Department staff communicated with staff from Colorado Counties Incorporated regarding the proposed rule.
- In addition to the standard procedure for notice and public comment for rule-making, the Department posted the proposed rule and informational materials on the Department website.
- Department staff collected informal comments through email to the Department.

The Department reports that the presentation of the proposed rule has not resulted in controversy, primarily due to the fact that these are nationally recognized standards that reflect best practices of local public health agencies. As of the date of this document, no revisions have been proposed to the draft rule.

Pursuant to 25-1-503(1) C.R.S., et seq., the BOH makes the determination that:

- This rule standardizes public health services offered statewide, yet allows each local public health agency to develop and implement programs, strategies, interventions, and activities appropriate to the population served.
- This rule sets a minimum standard that local public health agencies can work toward and that some public health agencies may choose to surpass based on community need and resources.
- This rule fosters a culture of continuous quality improvement to ensure that local public health agencies are using public dollars efficiently and effectively.
- This rule supports local public health agencies that choose to seek voluntary, national accreditation.

- This rule is not an unfunded mandate because agencies can prioritize and plan for improvement.

Appendix A - Summary of Meetings Between Local Public Health Directors and Local Boards of Health / Boards of County Commissioners to Discuss the Proposed Colorado Minimum Quality Standards for Public Health Services

Local Public Health Agency	Date of Meeting	Feedback
Boulder County Public Health	12/18/2012	<p>(Text of an email to Jeff Zayach from LBOH member):</p> <p>I just finished participating in the CALBOH webinar that provided information regarding the proposed state standards. Thank you for helping me be prepared for the meeting by sending me background information. It was very helpful.</p> <p>John Rodwick, Mesa BOH member, moderated the webinar. Lisa, Allison, Shannon and Kathleen were involved in presenting the information and answering questions. A powerpoint was accessible to participants via the internet. The slides were clear and very helpful.</p> <p>I believe there were a dozen or more participants. Unfortunately, I didn't jot down all the names/positions but the counties included Delta, Pueblo (Chris who is a state BOH member), Garfield, Denver, Mesa and Tri-County. Denver had quite a few participants. One county had their public health nurses included.</p> <p>Staff provided a very brief summary of the 2008 Public Health Act. Shannon reiterated that the standards are required by the Act. She said that the Core Services = the WHAT for local departments and the Standards = the HOW. She said that there should be little fiscal impact on counties because counties could choose the best way to implement the standards. She stressed that there are no reporting requirements. (HOORAY!!!) She also stated that compliance with the standards would be determined at the local level. The process to develop the standards was also reviewed. Listeners were urged to provide feedback to local directors.</p> <p>During the question/answer period, I asked what other counties thought about any possible fiscal impacts to his/her county. Delta said there would not be much impact to Delta County.</p>

		<p>Alamosa said that there would be a fiscal impact in the environmental area. Apparently, CDPHE helps provide environmental services, and Alamosa now plans to hire someone locally to do those. Lisa commented that the standards allow each county/region to make their own fiscal decisions. Donald from Tri-County said that to "do it right is expensive and requires a cultural shift." There were no responses to his comment. I made no comments regarding Boulder's thoughts re fiscal impact. The presentation lasted approximately 15 minutes, and the question/answer period may have lasted 10 minutes.</p> <p>Over all, I fully support the process that was followed to create the standards. It was prudent to wait to see the national standards and then to use those as a model which will help Colorado departments to obtain national accreditation. I also support the proposed standards...particularly that (1) the local departments monitor their own compliance with the standards, (2) there will be statewide standards, (3) the standards are a pathway to national accreditation, and (4) the standards complement the core services... Paula</p>
Chaffee County	11/19/2012	<p>Last week I provided the Chaffee County Board of Health with the documents about the Colorado's Minimum Quality Standards for PH Services Rule.</p> <p>I received those documents last month after our board of health had already met for the month so we discussed them today. They did not have any specific questions but they expressed appreciation for the thoroughness of the documents provided by OPP. They also voiced understanding about how the minimum standards relate to LPHA's Core services and the need for standardization across the state.</p>
Cheyenne County	11/12/2012	<p>(Text of an email From Tsering Dorjee):</p> <p>I spoke to Linda and reviewed the talking points which she'll present to her BOCC in December. She's behind Standards 100% She is also going to mention it to the community during her prioritization process in January. She'll share her info with us.</p>
Delta County Health and	August 21, September	At the September meeting there was discussion that the role of Advocacy and Policy Change is critical in influencing public

Human Services	18th, and October 16 th 2012	<p>health at the State and local level, but does not appear to be specifically addressed in the Standards as proposed. Intent is that it is probably included in all affected Core Services, but its specific absence was noted by my Board.</p> <p>Yet another recurring theme was the concern on the fiscal impact of the standards on Counties. I reviewed all of the 'hold harmless' wording in the Regulatory Analysis and FAQ's but the Delta Board's concern was that if a County was unable to fund a specific service, other funding to the County might be tapped or sequestered by the State.</p> <p>In an attempt to reframe the wording of the motion from punitive to supportive, we agreed on the following wording in our motion to support: Proposed wording for a motion was suggested that the Delta County Board of Health would support the implementation of uniform minimum quality standards for public health services provided funding support was proportional to the level of services provided (Johnson/Hovde/Unanimous).</p> <p>Suffice it to say that the Delta County Board of Health supports the Rule for Minimum Quality Standards for Public Health Services.</p>
Eagle County Public Health	11/13/2012	The presentation to my board went well; they didn't have any questions. Their nodding heads told me they felt adopting PHAB standards was moving in the right direction. Next year (we meet quarterly) I'll update them on how we plan to adopt and implement them in Eagle County.
Jefferson County Public Health		I presented and discussed these with our Board of Health at this month's meeting. There were a few questions, but no real concerns. We also have discussed them at our JCPH Leadership meeting (Directors and Supervisors), and no major issues or concerns were raised.
Lincoln County Public Health	12/07/2012	I visited with my County Commissioners this morning, and presented them with a couple copies of the proposed New Rule for minimum quality standards. I reviewed it with them, not in excruciating detail, but fairly thoroughly, and they really had no comments about it at all. They have been notified of the public hearing in January, and I also invited them to get back to me if

		they had any questions or comments later.
Pueblo City County Health Department	10/24/12	The power point was great and very clear. The Board understood the info and they are supportive. We have been keeping them up to date all alone.
Saguache Health Department		<p>We discussed the standards rule-making at both our August, 2012 and November, 2012 BOH meetings. We discussed the draft in August, and reviewed some of the new materials along with the final draft at the November 21, 2012 meeting. The Board did not have any comments to make with regards to the language of the standards.</p> <p>We discussed references to PHAB standards within the document, and how that relates to national accreditation, and the Board expressed some concerns that the Standards could be setting the stage for “mandatory” accreditation at some point in the future. As a frontier county with limited personnel and resources, the Board had concerns about our ability to pass some future accreditation process.</p> <p>I encouraged the Board members to look for the information table at CCI, and to discuss the proposal for rule-making with their colleagues this week. We left it open to revisit the item at our December 4, 2012 session.</p>
San Juan Basin Health Department		Overall board will remain neutral. Did engage in a discussion regarding why the proposed rule wasn't written more strongly with additional expressed authority outside the BOH
Tri County Health Department	10/9/2012	<p>It went well. I opted not to give them copies of the draft standards because I thought it would be confusing up front. However, after my explanation, several Board members expressed interest in seeing them. So I will send them out with a copy of the core services document too, although they have already been given that. I think the standards document doesn't make sense without the core services; and even then, it's tricky to interpret. The FAQ sheet was a helpful resource.</p> <p>One board member did ask about the political ramifications and did we expect opposition from CCI or particular county commissioners around the state. A good question and we gave them a candid response. There were no concerns expressed</p>

		from our board, but I didn't really expect any.
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