

STATE OF COLORADO



**Colorado Department
of Public Health
and Environment**

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

Strategic Plan FY 2008-09 Accomplishments Report and Update on Performance Measures

Introduction

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive directors are appointed by the governor. The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado. James Martin served as executive director of the department during the time when these accomplishments were achieved.

The department is organized into 11 divisions that fall under three broad groupings: health programs, environmental programs and administration. The health programs are comprised of the Center for Health and Environmental Information and Statistics, Disease Control and Environmental Epidemiology Division, Emergency Preparedness and Response Division, Health Facilities and Emergency Medical Services Division, Laboratory Services Division, Prevention Services Division and the Office of Health Disparities. The environmental programs are comprised of the Air Pollution Control Division, Consumer Protection Division, Hazardous Materials and Waste Management Division, Water Quality Control Division and the Office of Environmental Integration and Sustainability.

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

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

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

The department pursues its mission through broad-based health and environmental protection programs, including disease prevention; control of disease outbreaks; health statistics and vital records; health facilities licensure and certification; health promotion; maternal, child, adolescent, and women's health; tuberculosis prevention and treatment; refugee health assessment; prevention and treatment of sexually transmitted infections including HIV; nutrition services; suicide and injury prevention; emergency medical services; disease

prevention and intervention services for children and youth; minority health improvement and health disparities reduction; laboratory and radiation services; and emergency preparedness. The department's environmental responsibilities span a full array of activities, including air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention; environmental leadership; and consumer protection.

Mission

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

Vision

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

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

Objectives

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

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

Strategic Directions:

The department has identified five strategic directions to help move the department from its current status toward fulfilling its mission and vision. These strategic directions and accomplishments follow.

1. Initiatives for A Healthy Colorado
2. Strengthen Partnerships To Improve Health and Environmental Outcomes
3. Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment
4. Make the most efficient use of every dollar
5. Work Force Investment

2008-09 Accomplishments Summary

The departments more significant accomplishments of 2008-09 include:

- Contacting all local public health agencies (LPHA) across the state to pursue the development and implementation of agreements between designated Federally Qualified Health Centers and the local agencies – that will help to increase the state’s immunization rates. Agreements were executed for 20 LPHAs that represent 87 percent of the state population 18 years and under. Increase immunizations across the state by designating local health agencies as Federally Qualified Health Centers. CDPHE contacted all local public health agencies (LPHA) to pursue the development and implementation of agreements between designated Federally Qualified Health Centers and the LPHAs. Agreements were executed for 20 LPHAs that represent 87 percent of the state population 18 years and under.
- The Office of Planning and Partnerships formed an advisory group of local and state leaders to initiate public health planning mandated by SB 08-194 “Concerning Public Health.” More than 30 regional meetings and conferences across the state were convened, involving more than 680 participants, to discuss the Public Health Act and to begin to develop the state public health plan that is required under SB194 by year-end 2009. The state’s draft plan was presented to the Board of Health in December 2009.
- Participating in the development of the proposed COGCC regulations (HB-1341) involving public health, welfare, safety and environmental protection. This effort involved negotiating proposed rule provisions, drafting rule and Statement of Basis and Purpose Language, and testifying at rulemaking hearings and developing an implementation strategy for the department's role in the amended COGCC rules. The department also supported oil and gas related rulemaking activities by presenting to the Board of Health, Water Quality Control Commission and Air Quality Control Commission on how the proposed rule 1341 includes provisions for greater public health, welfare and environmental protection
- Funding the Prevention Services Division’s K-12 initiative to implement program activities based on the CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. The program reached 209,373 students in 408 schools, in 44 out of the state’s 64 school districts. In addition to helping people quit smoking, the program also prevents youth and young adults from starting to smoke. Among high school students, current cigarette smoking declined to 11.9 percent in 2008 from 14.6 percent in 2006 and 18.2 percent in 2001. Colorado has surpassed the Centers for Disease Control’s Healthy People 2010 goal of 16 percent for current high school smoking. Another outcome of Colorado’s comprehensive tobacco control program is a significant

- Also, in the last 10 years, the prevalence of adult current smokers in Colorado decreased 23 percent from 22.8 percent in 1998 to 17.6 percent in 2008 (19.8 percent nationally in 2007) resulting in 190,000 fewer smokers over the 10-year period. The Colorado QuitLine served 39,786 people in FY 08-09. Of those who enrolled in the program, almost 90 percent received four weeks of nicotine replacement therapy (NRT). Those participants who received coaching and NRT, 32.3 percent were successfully quit at 6/7 months.
- Directing a statewide mass vaccination campaign "POD Squad" (Points Of Distribution) that tested the department's capability to respond to a wide scale public health emergency. Much of the department was involved in this exercise as either a recipient or participant in the exercise.
- Continuing the multi-year assistance program to help public water systems with Uranium and/or Radium in their drinking water. In FY 08-09, phases 2 and 3 of the Colorado Radionuclide Abatement and Disposal Strategy (CO-RADS) were completed. Thus, all systems have received sampling and engineering support to help start identifying solutions to this very complex problem.
- Submitting a State Implementation Plan for reducing ozone levels to meet the 0.08 ppm air quality standards in the Front Range area, resulting in emission reductions of approximately 140 tons per day.
- Implementing a demonstration project in Baca County for agricultural offsets through which farmers sold carbon credits for retaining acres in carbon sequestering grasslands.
- During the 2008-09 school year, two new school-based health centers opened, bringing the total to 44 school-based health centers in 18 school districts. Six new centers have opened since the 2006-07 school year. Using state General Funds, federal Maternal Child Health funds and private funds, CDPHE's School-Based Health Center Program awarded more than \$1.3 million to support 40 centers and four planning efforts. CDPHE's School-Based Health Center Program also is working with Health Care Policy and Finance to determine whether school-based health centers can receive enhanced reimbursement through Medicaid and The Child Health Plan Plus. During FY08-09, the Be Smart and Seal Them school dental sealant program served approximately 5,900 kids who received dental screenings. Of those screened, over 3,000 received dental care on at least one molar tooth.

- In response to a CDC funding opportunity announcement published in May 2009, Environmental Epidemiology Staff coordinated with the department's Environmental Information Manager, Prevention Services Division and Center for Health and Environmental Information Statistics to develop a funded grant proposal to join the national environmental public health tracking network. The network will enhance integration and linkage of existing environmental and health data, support evidence-based decision-making and build environmental health capacity at the local level.
- The Office of Health Disparities facilitated community discussions with each of the racial and ethnic minority groups in our state, including African Americans/Blacks, American Indians/Native Americans, Asian Americans/Pacific Islanders and Hispanics/Latinos. The discussions focused on health disparities and future planning strategies to reach racially and ethnically diverse communities with documented health disparities, work on public health projects and facilitate communication between the department and the community.

In addition, the General Assembly passed legislation to increase fees associated with the licensing of retail food establishments in Colorado. This fee increase was effective July 1, 2009 and provides additional resources to local health departments to continue providing food safety inspection programs. These fees help sustain local retail food regulatory programs by increasing fee-based revenues for the program by approximately 60 percent.

The General Assembly also approved the department's decision item funding public health surveillance for the state lab.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

This strategic direction will enable the department to lead Colorado toward being the healthiest state in the nation. The individual components of the strategic direction will provide a path for that leadership role.

Action Items and Accomplishments

- **Healthy Child Initiative. This initiative will focus on ensuring the health of children by improving the rate of childhood immunization, reducing the rate of childhood obesity, reducing the rate of tobacco use and by ensuring dental care for all children.**
 - Decrease violence against children – During the 2008-09 fiscal year, grantees of the Colorado Children’s Trust Fund served more than 400 parents with research-based parent education classes. Evaluation results show these parents have significantly improved their parenting knowledge and are less likely to abuse or neglect their children.
 - Improve the delivery of health services through school-based health centers including requiring insurance carriers to use the school based health centers as part of their provider network, doubling the number of clinics, and designing strategies to maintain the service system
 - During the 2008-09 school year, two new school-based health centers opened, bringing the total to 44 school-based health centers in 18 school districts. Six new centers have opened since the 2006-07 school year. Using state General Funds, federal Maternal Child Health funds and private funds, CDPHE’s School-Based Health Center Program awarded more than \$1.3 million to support 40 centers and four planning efforts. CDPHE’s School-Based Health Center Program also is working with Health Care Policy and Finance to determine whether school-based health centers can receive enhanced reimbursement through Medicaid and The Child Health Plan Plus.
 - During FY08-09, the Be Smart and Seal Them school dental sealant program served approximately 5,900 kids who received dental screenings. Of those screened, over 3,000 received dental care on at least one molar tooth.
 - The Oral Health Unit provided technical assistance to schools interested in adopting oral health activities, such as dental screenings, as part of their school based health initiatives.
 - Over 3,500 children received fluoride mouth rinse in 30 rural schools in the state.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- Use Title X family planning funding to deliver a comprehensive sexual education program that includes abstinence education to reduce unintended pregnancies and sexually transmitted infections, particularly in adolescents – Title X is not used for comprehensive sexual education programs. On occasion, staff of a local agency may be asked to deliver an educational talk at a school, but this takes place at the local level

- Reduce sexually transmitted infections by innovatively using available funding.
 - The FirstCare program is supported through federal funds from the Health Resources and Services Administration. It was created to assure newly identified HIV positive persons without health care resources could immediately initiate access to care. This program is used to guarantee payment to clinical service providers while case managers connect the patient with more long-term health care solutions. The patient can access this resource for up to three months with a cost not exceeding \$6,000.
 - Hepatitis B vaccination was begun in the Department of Corrections through a partnership with CDPHE and existing funding from the Centers for Disease Control and Prevention. Currently, the intake facility is participating and plans are underway to add two additional facilities. Nearly 900 doses have been administered since February 2009. Vaccine also is administered in two county jails.

- Increase immunizations across the state by designating local health agencies as Federally Qualified Health Centers. CDPHE contacted all local public health agencies (LPHA) to pursue the development and implementation of agreements between designated Federally Qualified Health Centers and the LPHAs. Agreements were executed for 20 LPHAs that represent 87 percent of the state population 18 years and under.

- Decrease the use of tobacco products – Under the K-12 initiative, 209,373 students in 408 schools, in 44 out of 64 school districts, received funding to implement program activities based on the CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- **Drinking Water Systems Initiative: This initiative will focus on assisting public drinking water systems (primarily systems serving small populations) in meeting drinking water standards that are protective of human health.**
 - The Water Quality Control Division is continuing its multi-year assistance program to help public water systems with Uranium and/or Radium in their drinking water. In FY 08-09, phases 2 and 3 of the Colorado Radionuclide Abatement and Disposal Strategy (CO-RADS) were completed. Thus, all systems have received sampling and engineering support to help start identifying solutions to this very complex problem.

- **Air Quality Initiative: This initiative will push the department to ensure that air quality in the state is well within national standards. This will include, but will not be limited to:**
 - Achieve or maintain levels well below national health-based air quality standards, including those for ozone and particulate matter pollution
 - Submitted attainment/non-attainment designations for revised 0.075 ppm ozone standard.
 - Submitted SIP for reducing ozone levels to meet the 0.08 ppm air quality standards in the Front Range area, resulting in emission reductions of approximately 140 tons per day.

 - Improve visibility in the state's Class I airsheds
 - Submitted to EPA emission control requirements for two large facilities – CEMEX cement plant near Lyons and Martin Drake power plant in Colorado Springs, resulting in emission reductions of approximately 10,000 tons per year.

 - Reduce emissions from mobile and stationary sources
 - Continued implementation of the gasoline vehicle inspection program resulted in the following emission reductions from mobile sources in the Denver Metro Area: 3,230 TPY VOCs; 49,680 TPY CO; and 2,099 TPY NO_x
 - Adoption of an expanded vehicle inspection program area to include parts of Weld and Larimer Counties will result in the following additional emission reductions: 523TPY VOCs; 8,368 TPY CO; and 402 TPY NO_x
 - Adopted emission control requirements for two large facilities – CEMEX cement plant near Lyons and Martin Drake power plant in Colorado Springs. Drake reductions: SO₂: 6193 tpy NO_x: 257 tpy. Cemex reductions: NO_x reductions: NO_x: 1175 tpy, SO₂ increase: 37 tpy.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- Foster stakeholder involvement in developing and instituting air emissions regulations
 - Intensive stakeholder involvement occurred during the summer/fall 2008 period for the Denver/Front Range/statewide ozone SIP development process and the regional haze BART process. Five large public meetings were held with numerous division/stakeholder interactions.

- Develop comprehensive strategies to evaluate air emissions impacts to public health and the environment
 - Developing analysis approaches for determining the cumulative air quality effects of oil and gas industry growth; to continue during FY 09-10. Ten meetings with federal land managers and states were held.

- **Tobacco-Use Reduction - This initiative decreases the number of adults who smoke and subsequently reduces the health and economic burden of tobacco related chronic diseases. This will include, but not be limited to, using Amendment 35 funding to:**
 - Increase the number of adults who try to stop smoking
 - In the last 10 years, the prevalence of adult current smokers in Colorado decreased 23 percent from 22.8 percent in 1998 to 17.6 percent in 2008 (19.8 percent nationally in 2007) resulting in 190,000 fewer smokers over the 10-year period. The Colorado QuitLine served 39,786 people in FY 08-09. Of those who enrolled in the program, almost 90 percent received four weeks of nicotine replacement therapy (NRT). Of those participants who received coaching and NRT, 32.3 percent were successfully quit at 6/7 months.

 - In addition to helping people quit smoking, the program also prevents youth and young adults from starting to smoke. Among high school students, current cigarette smoking declined to 11.9 percent in 2008 from 14.6 percent in 2006 and 18.2 percent in 2001. Colorado has surpassed the Centers for Disease Control's Healthy People 2010 goal of 16 percent for current high school smoking. Another outcome of Colorado's comprehensive tobacco control program is a significant decline in cigarette pack sales - from 76 packs per capita per year in 1998 to 46.3 packs per capita per year in 2008. The national per capita consumption rate is 63.4 annually.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- Foster health care provider involvement in counseling patients to quit smoking
 - The tobacco cessation clinical guidelines, the gold standard among guidelines, was implemented by the Colorado Clinical Guidelines Collaborative, which trained 855 health care providers on developing sustainable systemwide approaches to improve tobacco cessation interventions, care and referral. These providers serve approximately 800,000 patients.

- Work with employers to include tobacco cessation in worksite wellness programs
 - Twelve hospitals across Colorado implemented tobacco-free campus policies due to hospital forums developed by the Grant Program's funded local health agencies.

- Provide funding to organizations to reach, involve and mobilize communities disparately affected by tobacco to reduce the health and economic burden of tobacco
 - During the fiscal year, nine programs were funded to serve populations that are excessively affected by tobacco. Of the 10 priority populations identified from state and national data, the following seven were served by the disparities grant program: Native Americans, Asian Americans/Pacific Islanders, gay/lesbian/bisexual/ transgender people, Latinos/Hispanics, people in treatment for mental illness, people with low socioeconomic status, and people in treatment for substance abuse. From this funding, 234,904 people were directly served and 533,019 were reached through media.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- **Obesity Reduction Initiative:** This initiative involves working with LiveWell Colorado, a new non-profit obesity prevention entity, and closely collaborating to provide weight management and obesity prevention programs to communities statewide. The goal of this initiative is for Colorado to be the first state in the nation to reduce its obesity rate.
 - The Colorado Physical Activity and Nutrition program (COPAN) is collaborating with LiveWell Colorado and the LiveWell funded communities. For example, COPAN provides training and technical assistance (e.g. breastfeeding best practices, improvements to the built environment and planning, nutrition-- such as Smart Meal program), content expertise (such as linking chronic disease prevention with obesity prevention and worksite wellness promotion), and assistance with surveillance and data collection.

- **Health Disparities Reduction:** This initiative guides, organizes and coordinates the systematic planning and implementation of efforts within the department to improve minority health and reduce health disparities.
 - Ensure meaningful minority community involvement and participation in all planning, monitoring and evaluation of health related activities within the department
 - The Office of Health Disparities facilitated community discussions with each of the racial and ethnic minority groups in our state, including African Americans/Blacks, American Indians/Native Americans, Asian Americans/Pacific Islanders and Hispanics/Latinos. The discussions focused on health disparities and future planning strategies to reach racially and ethnically diverse communities with documented health disparities, work on public health projects and facilitate communication between the department and the community.
 - The Minority Health Advisory Commission met monthly to provide input at the level of the executive director. The commission held two town hall meetings to provide a forum for community members, public health professionals and members of the commission to meet to discuss pressing health disparity issues, current efforts and future endeavors. The town hall meetings were held in Fort Morgan and Colorado Springs.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- The Sexually Transmitted Infection/HIV (STI/HIV) Section staff held four community meetings and conducted key informant interviews with members of the Latino men who have sex with men community to assist in determining the most effective mechanism for provision of STI/HIV prevention services. Two of the community meetings were conducted in English and two of the meetings were conducted in Spanish. All four meetings were facilitated by Latino men with experience working in the community of interest.
- Increase access and dissemination of health and environmental data for racial and ethnic populations
 - The Office of Health Disparities released the Racial and Ethnic Health Disparities in Colorado 2009 report. The report is available on-line as well as in hard copy.
 - The Health Statistics Section has generated state and regional health disparities data profiles. The profiles will be available on the web in August, 2009.
 - The Oral Health Unit's Be Smart and Seal Them program targets schools that have high proportions of their students receiving free and reduced lunch. In FY 08-09 approximately 55 percent of children receiving a dental screening and sealant services were Hispanic, 7 percent were African American/Black, 4 percent were Native American, 2 percent were Asian.
- Increase access to evidence-based programs and strategies to eliminate health disparities
 - The Health Disparities Grant Program has increased statewide efforts to improve minority health and eliminate health disparities through the support of community programs. Through this grants program, many local public health agencies and community based organizations have received funding to reduce health disparities in cancer, cardiovascular and pulmonary diseases. Twenty-three agencies were funded during FY 08-09.

Strategic Direction # 1 – Initiatives for A Healthy Colorado

Action Items and Accomplishments Continued

- Improve workforce diversity within the department and promote the need for diversity in public and environmental health
 - The Office of Health Disparities coordinated the Recruiting and Retaining Youth of Color into the Health Professions Task Force. The task force developed a strategic plan and conducted a Health Professions Opportunity Day in February. This event provided a great opportunity for 170 middle school students to participate in a hands-on, interactive learning experience about opportunities in the health professions. Students had a chance to be introduced to the fields of occupational health and safety, environmental health, public health and preventative medicine for the first time.
 - The office, in partnership with the department's Employee Diversity Advisory Committee, sponsored the department's diversity awards ceremony in June. This event provides an opportunity to highlight the importance of workforce diversity and recognize individuals and programs that are making a difference in the department.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

This strategic direction will enable the department to coordinate with key partners and stakeholders to improve the health and environment of Colorado. These partners include local health departments, individuals, the philanthropic community, advocates, the regulated industry and others.

Action Items and Accomplishments

- **Integrate state and local public agencies to improve service delivery**
 - Initiate public health planning mandated by SB 08-194 “Concerning Public Health”
The Office of Planning and Partnership formed an advisory group of local and state leaders. Progress to date has met timeline of action steps.
 - Continue and enhance ongoing dialog between state and local leaders
 - Technologies to increase participation and reduce travel from greater Colorado were used including conference calls, website development and email updates. CDPHE representation was evident at local public health organizational meetings.
 - Directors and staff from the Air Pollution Control Division, the Consumer Protection Division, The Hazardous Materials and Waste Management Division, and the Water Quality Control Division, as well as the Director of Environmental Programs, participate in quarterly local environmental health director meetings and they each regularly maintain contact with other local leaders.
 - The Emergency Preparedness and Response Division worked closely with the Colorado Association of Local Public Health Officials and the Local Advisory Committee funded through the CDC Cooperative Agreement, to develop strategic and funding priorities.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- Collaborate with local health agencies and affected stakeholders to update temporary work camp regulations to improve and enhance environmental and public health quality at these sites
 - The Water Quality Control Division participated in discussions with local health departments, the Consumer Protection Division, and other environmental divisions to identify issues with work camps and worked with counties to ensure that proposed camps provide required levels of water and wastewater treatment.
 - “The Sanitary Standards and Regulations For Labor Camps” have been revised by the Consumer Protection Division with input from several affected internal department stakeholders. This initial draft will be sent out to identified external stakeholders for further comment and revision prior to being introduced to the Colorado Board of Health.

- **Promote Awareness of Public Health and Environment “Good Stuff”**
 - Help residents and policy makers understand the benefits of public health and environmental protection
 - The Office of Planning and Partnerships sponsored Public Health Day at the Capitol in February, 2009 with seventeen exhibitors. Rural and urban counties were represented, as well as the new Colorado School of Public Health.
 - The Air Pollution Control Division partnered with local governments to notify Front Range residents of air quality conditions and provided year-round education and outreach services through the media, advertising, school visits, and web-based mechanisms.
 - The Emergency Preparedness and Response Division provides funding to the Colorado Association of Local Public Health Officials to conduct Public Health 101 courses as orientation to new employees in Local Public Health Agencies around the state.
 - The Communications Office issued 106 press releases to statewide print and broadcast media, reaching Coloradans statewide with messages about important public health topics. Hundreds of interviews were conducted with news media representatives to help spread important information about public health topics.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- **Improve Communication with Local Health Agencies and Stakeholders**
 - Participate and co-host local and regional meetings, conferences and townhalls
 - The Office of Planning and Partnerships held over 30 meetings to discuss the Public Health Act (SB194) with more than 680 participants at scheduled regional meetings and conferences across the state. Additional open meetings were conducted in July and August 2009 in five cities around the state.
 - The Communications Office surveyed Local Public Health Agency (LPHA) public information officers about CDPHE's communications efforts with them. The office polled the LPHA representative to determine how – and how often – to meet. Twice annual conference calls were established with communications directors/public information officers of local health agencies to coordinate communications efforts.
 - The Communications Office staff works regularly with LPHAs, consulting/coordinating with them about news releases and public information activities.
 - The department's Communications Office also created a Joint Information System under incident command procedures to help coordinate communications about H1N1 flu. There is a communications workgroup with representation from six local public health agencies helping to coordinate public information efforts statewide.

- **Per Capita Initiative: This initiative recognizes the key role local health agencies play in the shared responsibilities for public health service delivery, and involves the department working with local agencies to create more transparent accountability to assist in ongoing requests for per-capita increases to support core service delivery including:**
 - Maintain and enhancing current per capita funding
 - Funding was maintained with minimal reductions due to changes in the tobacco funding.

 - Increase transparency and accountability of per capita use
 - Scope of work contracts were consolidated to account for the transition of nursing services to local public health agencies with the primary deliverable for all agencies to participate in assessment and planning activities with CDPHE for this year.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- **Work with local health departments to leverage limited resources to improve environmental compliance and partnerships**
 - Air Inspections and compliance assistance
 - Stationary Sources: Contract with nine local agencies (Boulder, Broomfield, Denver, Jefferson, LaPlata, Larimer, Mesa, Pueblo and Weld). For 2009 these local agencies will inspect 302 minor source facilities (this represents 24 percent of all inspections done statewide for 2009). Note: El Paso County no longer contracts with the state for stationary sources inspections or complaint response.
 - Drinking water inspections
 - The Water Quality Control Division has entered into contractual agreements with 15 Colorado counties for the completion of sanitary surveys (inspections) at Non-Community Ground Water (NCGW) Systems. For FY08-09 (inspection year 08 = federal fiscal year), these contracts resulted in the accomplishment of 386 NCGW sanitary surveys that otherwise would not have been completed due to resource limitations in the division. Due to the physical proximity and familiarity that the local health departments have with these systems, it is anticipated these contracts will improve compliance among the NCGW systems. Additionally, the division's future, planned outreach and technical training for these contracted local health departments is anticipated to improve the overall quality of the inspections and strengthen the partnerships the division has with these agencies.
 - Concentrated animal feeding operations inspections
 - During the 2008-2009 inspection year the Environmental Agriculture Program contracted with three local health departments to conduct water quality and odor inspections at Colorado's 92 permitted housed commercial swine feeding operations/farms. In all, 184 water quality inspections and 97 odor inspections were conducted by the local health departments. In addition to on-site inspections, the three agencies responded on 19 occasions to odor complaints via telephone/e-mail response or by conducting an on-site odor investigation. These three agencies, as well as four additional local health departments responded to citizen complaints at animal feeding operations and on three occasions gathered water quality samples to verify potential discharge situations into surface water.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- Biosolids inspections
 - In federal fiscal year 2008 four local health departments conducted 88 inspections of sites where biosolids are applied to land for beneficial use. Site inspections at a total cost to the Water Quality Control Division of \$26,400 were conducted by local health departments under the biosolids program contract. The number of inspections was determined by the number of active application sites in each jurisdiction with there being approximately 2,400 biosolids application sites in Colorado.

- Stormwater industrial and construction inspections
 - During federal fiscal year 2008, the staff of local health departments conducted 163 stormwater inspections in 16 counties. The stormwater inspections completed by local department staff represents 46 percent of the 351 inspections performed by the Water Quality Control Division and other divisions/local agencies in Colorado to meet the state's commitment with EPA. The local health department staff received inspection training from the Water Quality Control Division, discussed inspection issues with division staff, and submitted the inspection reports to the division for evaluation and decisions on need for enforcement referrals.

- Retail food establishment (restaurant and grocery stores), school, child care and summer camps inspections
 - The General Assembly passed legislation to increase fees associated with the licensing of retail food establishments in Colorado. This fee increase was effective July 1, 2009 and will provide additional resources to local health departments to continue providing food safety inspection programs. These fees will help sustain local retail food regulatory programs by increasing fee-based revenues for the program by approximately 60 percent. Additionally, the division provides at no cost to the 19 county contracts a data system that utilizes a field client that allows for real time data entry of inspectional findings into the data system and provision of the inspection report to the establishment/operator at the time of the inspection. This data system also has a robust reporting mechanism that assists locals in reviewing and analyzing program data to help guide programmatic decisions and assist with allocating limited resources.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- **Improve data systems and environmental health measures**
 - Improve data systems to collect, manage and analyze the data that is received so that appropriate decisions can be made.
 - The Data and Technology and Health Indicators Workgroups for the Public Health Act of 2008 developed recommendations for data system improvements which are currently being vetted by a wide audience for inclusion in the State Public Health Improvement Plan.
 - The Water Quality Control Division successfully migrated to the modernized, national database of record (Integrated Compliance Information System) for tracking permit and compliance information on facilities regulated under the Clean Water Act.
 - In response to a CDC funding opportunity announcement published in May 2009, Environmental Epidemiology Staff coordinated with the department's Environmental Information Manager, Prevention Services Division and Center for Health and Environmental Information Statistics to develop a funded grant proposal to join the national environmental public health tracking network. The network will enhance integration and linkage of existing environmental and health data, support evidence-based decision-making and build environmental health capacity at the local level.
 - Environmental Epidemiology Staff and IT staff developed an electronic lead surveillance reporting system to more efficiently collect blood lead test results from all Colorado laboratories and provide case notification to local health departments. Data have been used to support local health partner's efforts to identify high-risk populations and to support grant-writing efforts at the state, local and community level.
 - Emergency Preparedness and Response Division made systems such as the SATool, COHAN and COTrain available to Local Public Health Agencies for greater situational awareness and training during emergency events and in preparation for the Democratic National Convention.
 - The Consumer Protection Division's data system, The Digital Health Department (DHD) holds data for the 12 counties served by the Division and the 26 counties served by the 19 county contracts. This data system allows the division to report and analyze data at the agency, county, program and inspector level. Results assist in guiding future program approaches to lessen the risk of foodborne illness and direct resources appropriately.

Strategic Direction # 2 – Strengthen Partnerships To Improve Health and Environmental Outcomes

Action Items and Accomplishments Continued

- Secure funding to increase the capacity of the Survey Research Unit in order to gain enhanced information on the current health status of individuals and the environment.
 - Funding from the Amendment 35 fund was secured through a decision item and used to collect nearly 12,000 surveys in 2008. Starting in CY 2009, the sampling strategy was changed to sample by region, allowing for local level data collection. 12,000 surveys will be completed in 2009. Seventeen questions on environmental health were added to the 2009 survey.

- Use the increased data collected from the survey process and other data systems to develop profiles on the health of individuals and the environment at the regional and county level in addition to the state level.
 - Regional health profiles were generated and posted on the web in January 2009. The profiles include 89 indicators for each region.
 - State and local environmental health experts have identified 16 environmental health indicators in five domains. Data are being summarized and prepared for display on the web. Data will be available at the state, regional and county level where possible.

- Use data to identify key health issues and better define outcomes prior to the collection of data to ensure that the correct information is being gathered in order to answer the questions being asked.
 - The Center for Healthy Living and Chronic Disease Prevention of the Prevention Services Division has developed a long range plan to identify which indicators need to be measured through the Behavioral Risk Factor Surveillance System in order to track progress on specific outcomes.
 - The Health Indicators Workgroup for the Public Health Act of 2008 developed a recommendation for the State Public Health Improvement Plan to conduct a statewide planning process to identify key public health priorities that are common and relevant at the state and/or regional level, to help facilitate coordination and cooperation between CDPHE and local public health agencies in achieving improved health status across jurisdictions.

Strategic Direction # 3 – Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment

This strategic direction will enable the department to capitalize on internal expertise on issues that impact both the public health and environment such as oil and gas exploration and mining, and the impact of ozone.

Action Items and Accomplishments

- **Maintain and enhance the State Laboratory’s capacity to identify biological, chemical or radiological threats.**
 - Enable the department to continue to strengthen support for the laboratory and provide vital services across the department, state government, the state and region.
 - Received approval for the decision item funding public health surveillance for the state lab.
 - Air Pollution Control Division commenced working with state lab to develop a contract for performing particulate filter weighing and analyses from air monitoring sites across the state.

- **Implement these parts of the Colorado Climate Action Plan that fall within the department’s jurisdiction:**
 - Office of Environmental Integration and Sustainability
 - Establish a program to encourage carbon capture and sequestration
 - CDPHE has engaged the coal industry, utilities, and neighboring states in conversations about potential paths forward to coordinate on a carbon capture and sequestration pilot project.
 - Continue implementation of Greening Government initiatives
 - Continued the conversion of the department’s fleet to hybrid and alternative fuel vehicles by purchasing 8 new hybrids and alternative fuel vehicles.
 - Continued Energy Efficiency upgrades by changing out old refrigerators with new Energy Star units, continued to change out dozens of old computer monitors with new energy efficient models and installed over 40 new motion sensors in conference rooms and offices.
 - Increased waste diversion by adding composting at the department.
 - Completed an electronics round-up for employees that collected over 12,000 pounds of electronic waste.
 - Recycled over 325,000 pounds of material at the department.

Strategic Direction # 3 – Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment

Action Items and Accomplishments Continued

- Report department greenhouse gas emissions to the Climate Registry

Statewide reporting will commence in 2010. We have been engaged in outreach to non-state entities to voluntarily report their greenhouse gas emissions to The Climate Registry.

- Air Quality Control Division

- Develop a program to reduce greenhouse gas emission from mobile sources
Program evaluated (2008); obviated by EPA proposal for mobile source GHG regulations (2009).
- Develop a regulatory framework for mandatory reporting of greenhouse gas emissions for large stationary sources –
Program evaluated (2008); obviated by EPA GHG emissions reporting rule proposal (2009).
- Support new technologies for cleaner coal
Implemented a demonstration project in Baca County for agricultural offsets through which farmers sold carbon credits for retaining acres in carbon sequestering grasslands.

- Water Quality Control Division and Hazardous Materials and Waste Management Division

- Pursue initiatives to adapt to the effects of climate change
 - The Water Quality Forum convened a panel to discuss the potential impacts of climate change on water quality at its July 2008 retreat and received presentations on possible impacts of climate change at subsequent Forum meetings.

Strategic Direction # 3 – Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment

Action Items and Accomplishments Continued

- **Identify and address impacts from oil and gas development.**
 - Implement new department responsibilities to consult with the Colorado Oil and Gas Conservation Commission (COGCC) regarding oil and gas development
 - Through an extensive effort from the Executive Director's Office, the department actively participated in the development of those proposed COGCC regulations (HB-1341) involving public health, welfare, safety and environmental protection. Staff from the department's air, water, hazardous materials/waste management and environmental epidemiology divisions participated in the COGCC rulemaking process as necessary by providing policy options, technical assistance and guidance in the formulation of the rules, policies and implementation guidance; including rules for protection of public drinking water supplies, odor management, stormwater management, disposal of exploration and production waste and management of chemicals used in oil and gas development. This effort involved negotiating proposed rule provisions, drafting rule and Statement of Basis and Purpose Language, testifying at rulemaking hearings and developing an implementation strategy for the department's role in the amended COGCC rules.
 - The department also supported oil and gas related rulemaking activities by presenting to the Board of Health, Water Quality Control Commission and Air Quality Control Commission on how the proposed rule 1341 includes provisions for greater public health, welfare and environmental protection.

Strategic Direction # 3 – Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment

Action Items and Accomplishments Continued

- Identify, evaluate and reduce risks to human health and to the environment
 - The Air Division supported the department’s efforts to develop a permitting strategy with stakeholders to implement the COGCC 805 rules, including general permits, ongoing study of VOC emissions from produced water and overall permitting strategies.
 - In the wake of significant violations of stormwater permits by several companies on the Roan Plateau the Water Division developed and deployed an initiative to inspect a representative number of oil and gas development sites in western Colorado. Twenty-nine of the 41 sites inspected had significant violations and the division worked with, or took enforcement action against, the companies to assure compliance.
 - In December 2007, Environmental Epidemiology staff (EES) performed human health risk assessment in Garfield County based on two years of air monitoring data. In 2008, these findings were presented to various stakeholders in a public meeting. Collaboration continues between EES, Garfield Public Health, the Air Pollution Control Division and other partners who are part of the Air Quality Technical Work Group on evaluation and planning of follow-up air monitoring.

- Conduct House Bill 07-1341 air studies
 - Developing an analytical approach for determining the cumulative air quality effects of oil and gas industry growth; to continue during FY 09-10. Ten meetings with federal land managers and states were held.

- Update temporary work camp regulations to improve and enhance environmental and public health quality at oil and gas development sites that provide temporary housing for workers
 - “The Sanitary Standards and Regulations For Labor Camps” have been revised with input from several affected internal department stakeholders. This initial draft will be sent out to identified external stakeholders for further comment and revision prior to being introduced to the Colorado Board of Health.

Strategic Direction # 3 – Break Down Silos By Strategically Integrating Department Functions To Protect and Improve Public Health and the Environment

Action Items and Accomplishments Continued

- **Mobilize and engage the entire department (and other state agencies) to plan for, test and demonstrate the response to public health and environmental emergencies.**
 - The Emergency Preparedness and Response Division directed a statewide mass vaccination campaign "POD Squad" that tested the department's capability to respond to a wide scale event. Much of the department was involved in this exercise as either a recipient or participant in the exercise. Every division was consulted by EPRD staff to identify their role in the department's response plan.

- **Coordinate responses for environmental advisories including mercury in fish consumption advisories, drinking water acute advisories, and swim beach closures.**
 - Mercury in fish consumption advisories: Six new fish consumption advisories were issued in SFY 08-09 (Rifle Gap Reservoir, Elkhead Reservoir, Juniata Reservoir, Lake Catamount, Lake Granby, and Echo Canyon Reservoir.)
 - During the 2008 season there were five total swim beach closures as follows: Country Club of Colorado (8/6/08 and 8/12/08), Jackson Lake State Park (8/15/08), James M. Robb- Colorado River State Park, Fruita Section (closed entire season per WQCD instructions), James M. Robb- Colorado River State Park, Island Acres Section (7/23/08)

Strategic Direction # 4 – Make the most efficient use of every dollar

This strategic direction will enable the department to become more proactive in managing day-to-day activities within the department and reduce the reactive way of dealing with emerging issues.

Action Items and Accomplishments

- **Maintain Administrative Overhead at 5 percent Or Less: Ensure that the overhead costs of the department (including administrative staff, building lease, utilities, etc.) remain at 5 percent or less. The limitation on overhead expenditures will enable the programs to direct more of their funding resources to programmatic activities.**
 - For FY08-09, the department maintained its overhead costs at less than 3.7 percent of the agency's overall budget of \$453.3 million. This included agency costs for leasing more than 270,000 square feet of office space at its main campus and two satellite offices; all agency legal costs; IT costs; retirement payouts; postage and printing costs; utility costs and many other business-related expenses

- **Streamline Contracting Mechanisms and Other Administration Functions: Streamline administrative functions (such as contracts, purchasing, accounting, etc) to enhance services provided to the programs and to reduce administrative burdens on the programs (funding and required activities/documentation). This initiative also will continue the integration and coordination between various administrative financial units for increased service provision.**
 - The Contracts and Purchasing Units were previously two separate units in the department. Many functions and directives are common to both areas. We identified the need to unify these two groups to improve communication with program staff and to streamline processes. A new Purchasing and Contracts Unit (PCU) was created in response to this need.
 - The new Purchasing and Contracts Unit (PCU) developed checklists and guidance to assist the programs in contract and solicitation processes. The Intranet site was enhanced to include links to the Office of the State Controller and State Purchasing Office.

Strategic Direction # 4 – Make the most efficient use of every dollar

Action Items and Accomplishments Continued

- Contracts previously were routed to the Attorney General’s Office and the Office of the State Controller for review and approval. This created a significant amount of burden on administrative staff, as well as major time delays in obtaining approved contracts. This had serious consequences for contractor’s abilities to provide services. We applied for, and received delegation authority from the Office of the State Controller to review and approve contracts in-house through a risk assessment process. This has significantly improved our contract process.
 - The Accounting unit acquired and implemented web-based software which enables electronic deposit, on a daily basis, of the 50,000 checks received in FY09 for fees, penalties, licenses, permits, etc., to the state’s primary bank account. This new process eliminated many time consuming steps in preparing our daily bank deposit, as well as eliminating the daily physical transfer of the checks to the Department of Treasury.
- **Secure Funding for Critical Departmental Needs: Be proactive instead of reactive in securing funding. Examples include funding for the Laboratory, infrastructure development, and funding for programs that are a shared responsibility between the State and local agencies, such as retail food inspections.**
 - Received approval for the Decision item funding public health surveillance (state lab).
 - APCD commenced work on transferring air pollution particulate filter weighing and analyses from a private lab to the state lab. This work will be for approximately \$150,000 in FY09-10.
 - The General Assembly passed legislation to increase fees associated with the licensing of retail food establishments in Colorado. This fee increase was effective July 1, 2009 and will provide additional resources to local health departments to continue providing food safety inspection programs. These fees will help sustain local retail food regulatory programs by increasing fee-based revenues for the program by approximately sixty percent.
- **Develop Recession Planning Strategy: Evaluate programs and the varying level of program importance in case of a recession and subsequent funding reductions.**
 - With the substantial challenges facing the state’s economy, the department spent a significant amount of time and effort attempting to assure that its core services were protected from the impacts of a national recession. Department staff reviewed and established program priorities, identified where state funds could be used to leverage federal funds and continued to work with stakeholders on establishing fee-based revenue sources during the ’08-’09 funding cycle.

Strategic Direction # 5 – Work Force Development

This strategic direction will prepare the department for the workforce of the 21st Century. We will recruit and retain quality employees who grow with the department to ensure that Colorado will be the healthiest state with the highest quality environment.

Action Items and Accomplishments

- **Employer of Choice: We want to be the first choice of employment for public health and environmental protection professionals to ensure a sustainable and diverse workforce. We provide a full range of human resource services with tools and support for recruiting the individuals seeking to participate in our mission who match our needs and values. We will use innovative approaches to attract these individuals, such as internships for students and outreach into communities we serve.**
 - The Office of Human Resources updated its internet page this past year to make information easier for applicants and new hires to obtain. HR also incorporated new, automated testing for computer skills and on-line surveys to facilitate more accurate and efficient assessment of applicants' skills. We participated in several job fairs to reach out to diverse and competent applicants, and we coordinated interns for various parts of the department.
- **Workforce Development: We will strive to turn employees into career entrepreneurs by equipping them with the knowledge, skills and abilities needed to succeed in the department. This includes succession planning to help employees develop the skills they need to move into higher positions and to gain the institutional knowledge held by the retiring employees.**
 - Through our Leadership Development Program, we identified 36 high-potential employees for succession planning and provided them with feedback on their leadership competencies, goal setting for professional development, and mentoring from senior managers. We also assisted 26 employees in providing tuition assistance at an institution of higher education. We offered in-house supervisory development training and a variety of other topics to all employees for their professional development. We held several brown bag sessions for employees to hear from educational institutions (ex. CSU Global) about obtaining college degrees.
 - The Prevention Services Division adopted a framework for the implementation of evidence based public health interventions in late 2008 and in 2009 administered eight training sessions to staff to educate them on the levels of evidence based programming and how to classify interventions according to the level of their evidence base.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

1. Local Capacity for Essential Public Health Services

Objective 1. Building a strong public health system

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Percent of local agencies that have the capacity to provide each of the 10 essential public health services.	Benchmark	N/A	N/A	N/A	N/A
	Actual	N/A	N/A		

Strategy:

In 2002, the state public health system and all local public health systems (54 jurisdictions) were evaluated using the National Public Health Performance Standards State and Local Instruments. The assessment measures performance for 10 essential public health services. Due to funding constraints the instruments have not been repeated, so no new data are available.

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

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

Evaluation of Prior Year Performance:

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

2. Greenhouse Gas Reduction

Objective 2. Having an effective climate change strategy

Performance Measure	Outcome	FY 2005-06	FY 2012-13	FY 2015-16	FY 2020-21
		Actual	Actual	Approp.	Request
Percent reduction in statewide greenhouse gas emissions (base year=2005)	Benchmark	117.7 MMT CO 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. The department will play a key role in reaching that goal. Last year, the department implemented a demonstration project for soil sequestration in Baca County and worked with the state's largest utility to support an electric resource plan that aims to meet the greenhouse gas reduction goal.

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

Evaluation of Prior Year Performance:

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

3. Adult Tobacco Use in Colorado

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

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

Strategy:

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

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Health in Denver since 2002. The QuitLine is the cornerstone of the state's cessation efforts and serves more than 3,000 callers a month. Beginning December 15, 2005, the State of Colorado made nicotine replacement therapy (NRT) available in the form of nicotine patches to all QuitLine participants. Since 2002, the Colorado QuitLine has served over 175,000 participants, with over 35 percent successfully quitting tobacco use, whereas only 4 percent of smokers succeed when trying to quit on their own.

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

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

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

Evaluation of Prior Year Performance:

Through the evidence-based strategies employed by STEPP to help adults quit smoking, such as the Colorado QuitLine – the number of smokers has decreased significantly in Colorado. The adult smoking rate has dropped from 22.3 percent in 2001 to 18.7 percent in FY 2007-08 and to 17.6 percent in FY 2008-09. While the overall percent of smokers within Colorado continues to decrease, the smoking rate change between FY 2007-08 and FY 2008-09 is not statistically significant.

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

4. Tobacco Use in Colorado in High School Students

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

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

Strategy:

STEPP utilizes seven strategies to prevent and reduce tobacco use among youth and young adults: the school-based K-12 initiative; a collegiate initiative; a youth empowerment program; a youth cessation program; tobacco prevention and cessation programs designed to target youth populations disparately affected by tobacco; mass media campaigns; and funding local health agencies and community-based organizations to implement evidence-based tobacco control interventions at the community level.

Under the K-12 and collegiate initiatives, funded lead agencies award a portion of their grants to fund schools and colleges throughout Colorado. These lead agencies provide technical assistance, training, expertise and support to ensure the programs are implemented according to specific criteria. Under the youth empowerment initiative, led by Get R!EAL, schools and community-based organizations establish youth-led coalitions. The coalitions are designed to empower youth ages 12-18 to engage in tobacco control activities while de-normalizing the tobacco industry. Not-On-Tobacco (N-O-T) is a youth smoking cessation program administered by the American Lung Association. N-O-T's school-based, 10-session curriculum uses multiple strategies to help teens stop smoking. STEPP administers the Tony Grampsas Youth Services Tobacco Initiative (TTI), which is funded by Amendment 35 money, to serve young people at higher risk for tobacco use. These programs address tobacco related disparities by providing tobacco and secondhand smoke education, prevention, and/or cessation services for children, youth and young adults (ages 0-24) and their parents and caregivers.

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

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

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

Evaluation of Prior Year Performance:

Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 14.6 percent in 2007 and to 11.9 percent in 2008, thus surpassing the Center for Disease Control and Prevention's Healthy People 2010 goal of 16 percent. The department will continue to administer the smoking cessation and education programs, in an effort to continue past achievements in reducing and eliminating tobacco use in high school students.

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

5. Tobacco Use in Colorado in Pregnant Women

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
Tobacco Use in Colorado: Smoking (During the Last Three Months of Pregnancy)	Benchmark	10%	10.6%	10.3%	10.1%
	Actual	10.8%	Not yet Available*		

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

Strategy:

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

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

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

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

pregnancy and after the delivery of the baby. This intervention, funded for two years, includes 18 counties in year one and 23 counties in year two. The goal is to obtain additional funding so that implementation can be statewide and all counties can be offered this program. The Rocky Mountain Health Plan is administering this program in Colorado and implementing the intervention through local health agencies or community-based organizations.

Evaluation of Prior Year Performance:

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

6. Adult Obesity in Colorado

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

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

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

7. Obesity in Colorado Children

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

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

* Data available for children ages 2-14

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

8. Tuberculosis Treatment

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

Performance Measure	Outcome	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
		Actual	Actual	Approp.	Request
The percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate that complete treatment within established timeframes.*	Benchmark	78%	78%	78%	78%
	Actual	67%	80%		

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

Strategy:

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

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

Evaluation of Prior Year Performance:

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

established time frame has steadily increased, from 64 percent in 2001 to 72 percent in 2006. In 2007, a total of 217 contacts initiated treatment, however only 146 (67 percent) completed treatment, representing a decrease of 5 percent in the treatment completion rate. This decrease was due to two large-scale investigations that took place, one among the homeless population and a second one in the state penitentiary. While these two investigations identified a large number of infected individuals who initiated treatment, because of the transient nature of these populations, treatment completion rates were low. In 2008, the percent of contacts to active TB disease completing treatment (80 percent) exceeded the benchmark of 78 percent as well as showing significant improvement over the previous year's 67 percent completion rate.

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

9. Pregnant Women Screened for HIV during Pregnancy

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

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

Strategy:

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

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

Evaluation of Prior Year Performance:

This strategy is consistent with current science and practice. The most effective mechanism to prevent HIV in babies born to HIV infected women is the identification of these women early in their pregnancy and getting them on an effective treatment regimen throughout the pregnancy. The most effective strategy to identify HIV pregnant women is HIV testing during pregnancy. During the 2009 legislative session the Colorado Revised Statutes were amended to require licensed health care providers who provide care to pregnant women to offer HIV testing. Birth reports for the state of Colorado also include a question to determine if pregnant women

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

10. Attainment of Ozone Standards

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

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

Strategy:

The Air Quality Control Division focuses its efforts on implementing measures that reduce ozone-creating emissions. For the Denver Metro Area/North Front Range counties, as directed by the Governor, a plan to reduce summertime ozone concentrations and bring the area into compliance with the federal ozone health standard continues to be under development. Adopted emission control measures will be implemented in the coming years. Because in early 2009 the federal standard became more stringent, additional strategies will need to be evaluated to ensure that counties that are in attainment of the new standard do not lose that designation, and to bring those counties that are out of attainment back into attainment. This will be a 15+-year effort (which began back in 2002).

Evaluation of Prior Year Performance:

The Colorado counties that are not in attainment of the federal ozone standard are all located along the Front Range. In order to address this issue in the Denver Metro Area/North Front Range counties, a broad mix of mandatory and voluntary ozone-reducing emission control programs have been implemented in past years, and more were developed for implementation in 2009 and beyond. The division, the Regional Air Quality Council, and the North Front Range Transportation/Air Quality Planning Council drafted a plan for public review, and the Air Quality Control Commission adopted the plan on 12/12/08. The plan included numerous controls for oil and gas, vehicles, fuels, and industrial/commercial activities with the goal of meeting the current EPA standard. With the subsequent lowering of the 8-hour ozone standard by the Bush Administration (effective in March 2009), all nine-counties in the Front

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

11. Small Water Systems Meeting All Standards

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

Performance Measure	Outcome	FFY 2007-08	FFY 2008-09	FFY 2009-10	FFY 2010-11
		Actual	Actual	Approp.	Request
The percentage of small community water systems (population less than 10,000) that provide drinking water that meets all health based standards.	Benchmark	New Measure	90%	90%	90%
	Actual	89.6%	88.6%		

Strategy:

The Water Quality Control Division will achieve the proposed benchmark by providing technical and financial assistance to public water systems and by taking enforcement action when necessary. Additionally, the Division has launched the Colorado Radionuclides Abatement and Disposal Strategy (CORADS) project to provide targeted assistance to small communities with naturally occurring uranium and radium problems in their drinking water supply. In the Performance Partnership Agreement with the EPA, the division has agreed to a 90 percent benchmark for small community water systems that meet all health-based standards. This is an EPA regional benchmark for Colorado, Utah, North Dakota, South Dakota, Wyoming and Montana.

Evaluation of Prior Year Performance:

There was a slight decrease in the actual data from FY 2007-08 to FY 2008-09. Please note that the data are based on a federal fiscal year. With the implementation of the CORADS project, it is anticipated that a slight increase in compliance will be achieved, but this is a multi-year project and is still in the early stages.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

12. Tobacco Use Across Ethnic Groups in Colorado

Objective 6. Eliminating health inequities in Colorado

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

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

Strategy:

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

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

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

Evaluation of Prior Year Performance:

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

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

13. Colorectal Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminating health inequities in Colorado

Performance Measure	Outcome	CY 2006	CY 2008	CY 2010
		Actual	Actual	Approp.
Colorectal Screening: Proportion of adults 50+ Fecal occult blood test (FOBT) in past year Endoscopy (colonoscopy & sigmoidoscopy) in past 5 years	Benchmark	New Measure	70%	75%
	Actual	18.8%	22%	
Colorectal Screening: Proportion of African American adults 50+	Benchmark	New Measure	65%	68%
	Actual	27.2% (FOBT)	30.9%	
Colorectal Screening: Proportion of Hispanic adults 50+	Benchmark	New Measure	50%	52%
	Actual	15.2%	19.8%	

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

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

Strategy:

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

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

- Coordinate with the Colorado Cancer Coalition and other partners on implementation strategies.

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

Evaluation of Prior year Performance:

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

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

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

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

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

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

CDPHE’S CORE OBJECTIVES AND PERFORMANCE MEASURES

14. Cervical Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminating health inequities in Colorado

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

Note: these cancer measures are collected during even years

Strategy:

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

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

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

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

Evaluation of Prior year Performance:

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

15. Breast Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminating health inequities in Colorado

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

Note: these measures are collected during even years

Strategy:

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

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

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

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

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

Evaluation of Prior year:

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

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

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

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