STATE OF COLORADO

Colorado Department
of Public Health
and Environment

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

Strategic Plan

NOVEMBER 1, 2010

STATE OF COLORADO

Bill Ritter, Jr., Governor
Martha E. Rudolph, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

http://www.cdphe.state.co.us

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

Colorado Department
of Public Health
and Environment

Coloradans:

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

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

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

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

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

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

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

Martha E. Rudolph Executive Director

Introduction

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive directors are appointed by the Governor. The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado. Martha E. Rudolph serves as executive director of the department.

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

The Division of Administration includes the Executive Director's Office, administrative services, human resources, legal and regulatory affairs, and policy and external affairs (which includes the offices of Communications and Local Public Health Planning and Partnerships). Administrative services include building operations, telecommunications, internal audit and management analysis.

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

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

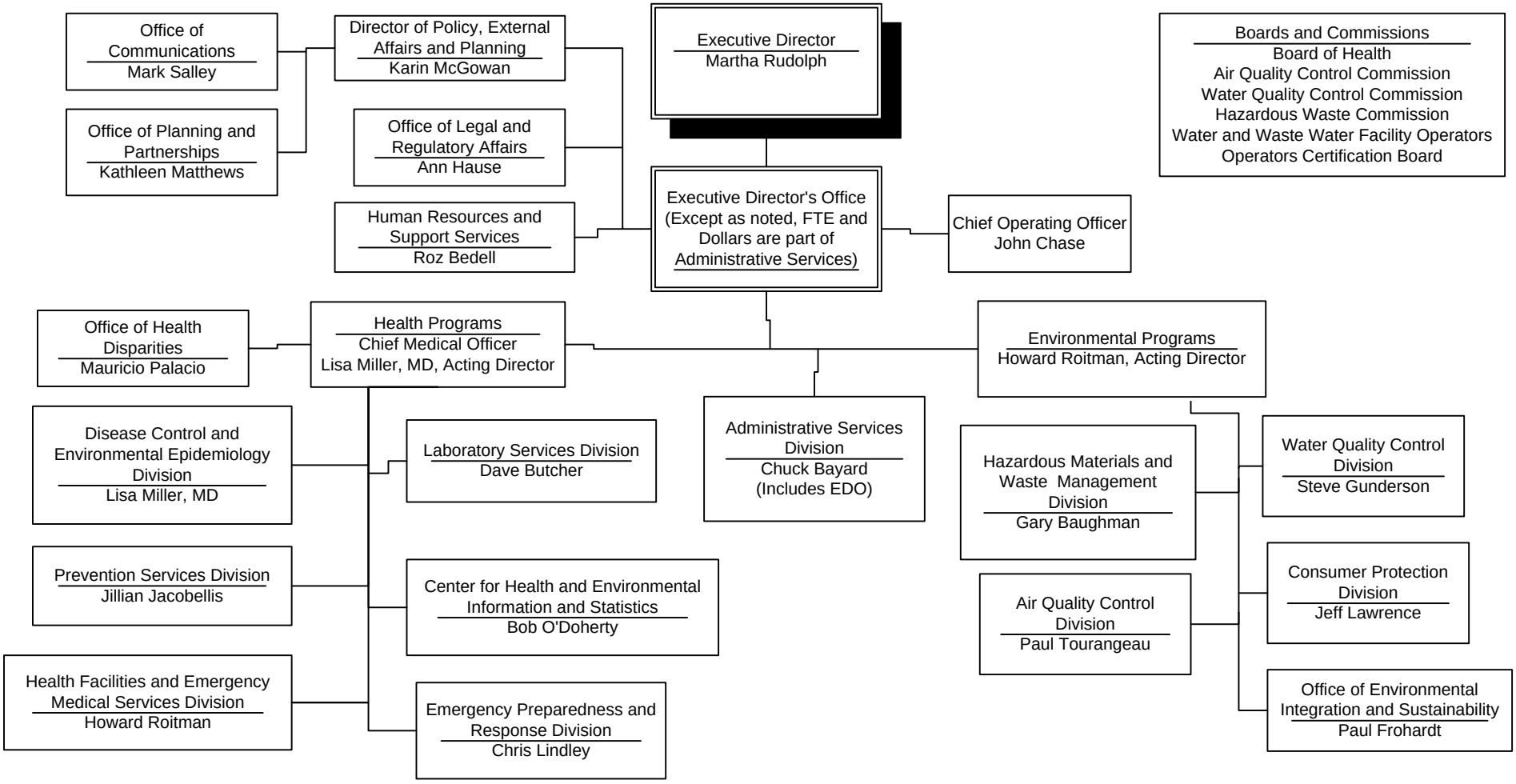
The department pursues its mission through broad-based public health and environmental protection programs, including disease prevention; control of disease outbreaks; health statistics and vital records; health facilities licensure and certification; health promotion; maternal, child, adolescent, and women's health; tuberculosis prevention and treatment; refugee health assessment; prevention and treatment of sexually transmitted infections including HIV; nutrition services; suicide and injury prevention; emergency medical services; disease prevention and intervention services for children and youth; minority health improvement and health disparities reduction; laboratory and radiation services; and emergency preparedness. The department's environmental responsibilities span a full array of activities, including air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention; environmental leadership; and consumer protection.

The department has a staff of approximately 1,227employees, with the vast majority working at the department's offices in Glendale. The state Laboratory is in Lowry and there are small satellite offices in Grand Junction and Pueblo. The department receives approximately 95 percent of its $442 million funding from fees, grants and other non-general fund sources.

Statutory Authority

The statutory authority for the Department of Public Health and Environment is found in Title 25 of the Colorado Revised Statutes (2010).

Colorado Department of Public Health and Environment



1,227.7 FTE $442,157,656

$27,094,461 GF $447,000 GFE $131,374,720 CF $26,644,632 RAF $256,596,843 FF

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

Mission

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

Vision

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

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

Objectives

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

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

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 are:

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

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

- **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
    - 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
    - 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
    - Reduce sexually transmitted infections by innovatively using available funding

Strategic Direction # 1 - Initiatives for A Healthy Colorado Action Items Continued

- **Healthy Child Initiative Continued:**
  - Increase immunizations across the state by designating local health agencies as Federally Qualified Health Centers
  - Decrease the use of tobacco products

- **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.

- **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
  - Improve visibility in the state's Class I airsheds
  - Reduce emissions from mobile and stationary sources
  - Foster stakeholder involvement in developing and instituting air emissions regulations
  - Develop comprehensive strategies to evaluate air emissions impacts to public health and the environment

- **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
  - Maintain the Colorado QuitLine
  - Foster health care provider involvement in counseling patients to quit smoking
  - Work with employers to include tobacco cessation in worksite wellness programs
  - Provide funding to organizations to reach, involve and mobilize communities disparately affected by tobacco to reduce the health and economic burden of tobacco

- **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.

Strategic Direction # 1 - Initiatives for A Healthy Colorado Action Items Continued

- **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
  - Increase access and dissemination of health and environmental data for racial and ethnic populations
  - Increase access to evidence-based programs and strategies to eliminate health disparities
  - Improve workforce diversity within the department and promote the need for diversity in public and environmental health

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

- **Integrate state and local public agencies to improve service delivery**
  - Continue public health planning mandated by SB 08-194 "Concerning Public Health"
  - Improve and increase service delivery without expending new dollars
  - Coordinate administration of programs
  - Educate stakeholders and partners on roles
  - Continue and enhance ongoing dialog between state and local leaders
  - 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

- **Promote Awareness of Public Health and Environment "Good Stuff"**
  - Help residents and policy makers understand the benefits of public health and environmental protection

- **Improve Communication with Local Health Agencies and Stakeholders**
  - Participate and co-host local and regional meetings, conferences and townhalls

- **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 enhance current per capita funding
  - Increase transparency and accountability of per capita use

Strategic Direction # 2 - Strengthen Partnerships To Improve Health and Environmental Outcomes Action Items Continued

- **Work with local health departments to leverage limited resources to improve environmental compliance and partnerships**
  - Air Inspections and compliance assistance
  - Drinking water inspections
  - Confined animal feeding operations inspections
  - Biosolids inspections
  - Stormwater industrial and construction inspections
  - Retail food establishment (restaurant and grocery stores), school, child care and summer camps inspections

- **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
  - 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
  - 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
  - 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

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

- **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.

- **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
    - Continue implementation of Greening Government initiatives
    - Report department greenhouse gas emissions to the Climate Registry

  - Air Quality Control Division
    - Develop a program to reduce greenhouse gas emission from mobile sources
    - Develop a regulatory framework for mandatory reporting of greenhouse gas emissions for large stationary sources
    - Support new technologies for cleaner coal

  - Water Quality Control Division and Hazardous Materials and Waste Management Division
    - Pursue initiatives to adapt to the effects of climate change

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

- **Identify and address impacts from oil and gas development.**
  - Implement new department responsibilities to consult with the Colorado Oil and Gas Conservation Commission regarding oil and gas development
  - Identify, evaluate and reduce risks to human health and to the environment
  - Conduct House Bill 07-1341 air studies
  - 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

- **Mobilize and engage the entire department (and other state agencies) to plan for, test and demonstrate the response to public health and environmental emergencies.**

- **Coordinate responses for environmental advisories including mercury in fish consumption advisories, drinking water acute advisories, and swim beach closures.**

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

- **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.

- **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.

- **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.

- **Leverage Foundation Resources**: Seek out, and secure funding from private foundations for specific projects or activities.

- **Develop Recession Planning Strategy:** Evaluate programs and the varying level of program importance in case of a recession and subsequent funding reductions.

Strategic Direction # 5

Work Force Investment

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

- **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.

- **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.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

1. Local Capacity for Essential Public Health Services

Objective 1. Build a strong public health system

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
Percent of local agencies that have the capacity to provide each of the 10 essential public health services.	Benchmark	N/A	N/A	N/A	N/A
	Actual	N/A	N/A		

Strategy:

In 2002, the state public health system and all local public health systems (54 jurisdictions) were evaluated using the National Public Health Performance Standards State and Local Instruments. The assessment measures performance for 10 essential public health services. Due to funding constraints the instruments have not been repeated, so no new data are available. A national accreditation system is being developed for state and local public health departments and agencies which measures the capacity to provide the 10 essential services. Once the system is available, Colorado's local public health agencies can voluntarily choose to seek accreditation.

As reported last fiscal year, a significant change occurred during the 2008 legislative session with the passage of SB 08-194, the Public Health Act, mandating that all counties establish a local or district public health agency and defining core public health in relationship to the 10 Essential Services. The Public Health Act also requires that a statewide public health improvement plan be developed with local plans to follow. Colorado's Public Health Improvement Plan-From Act to Action was completed at the close

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

Evaluation of Prior Year Performance:
There have not been sufficient funds available to repeat the NPHPS Assessments since 2002. This lack of funding, taken with the significant changes resulting from the passage of the Public Health Act, means that the division has not collected data on the above performance measure. One local public health agency conducted the NPHPS Assessment independently this past year and the Office of Planning and Partnerships participated for the purpose of determining whether this was an effective tool to use for measuring this objective.

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

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

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

Public Health Improvement Plan activities include representatives from local and state public health agencies as well as community partners and is guided by a steering committee comprised of representatives from local health agencies; environmental and public health officials; CDPHE leadership; the Colorado Association of Local Public Health Officials; Colorado Counties, Inc.; and the State Board of Health.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

2. Greenhouse Gas Reduction

Objective 2. Maintain an effective climate change strategy

Performance Measure	Outcome	FY 2005-06	FY 2012-13	FY 2015-16	FY 2020-21
		Actual	Actual	Approp.	Request
Percent reduction in statewide greenhouse gas emissions (base year=2005)	Benchmark	117.7 MMT CO2e	N/A	N/A	20% below 2005 levels =94.2 MMT CO2e
	Actual	117.7 MMT CO2e			

Strategy:

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

Evaluation of Prior Year Performance:

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

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

CDPHE's Core Objectives and Performance Measures

3. Adult Tobacco Use in Colorado

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

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

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

Strategy:

The State Tobacco Education and Prevention Partnership (STEPP) program works to reduce tobacco prevalence through the implementation of four evidence-based strategies. These include population-based counseling and treatment provided by the Colorado Quitline; implementing health care systems' change through partnerships with key stakeholders; creating and implementing media campaigns targeted at populations most disparately affected by tobacco; and funding local health agencies and community-based organizations to implement tobacco control policies at the community level.

The Colorado QuitLine is a telephone-based tobacco-cessation program operated by National Jewish Health in Denver since 2002. The QuitLine is the cornerstone of the state's cessation efforts and serves approximately 2,000 callers a month. Beginning December 15, 2005, the State of Colorado made nicotine replacement therapy (NRT) available in the form of nicotine patches to all QuitLine participants. Since 2002, the Colorado QuitLine has served over 200,000 participants, with over 32 percent successfully quitting tobacco use, whereas only four percent of smokers succeed when trying to quit on their own.

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

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

Local public health agencies and community-based organizations work to mobilize the community to strengthen and enforce existing clean indoor air laws, implement policies to reduce secondhand smoke exposure in multi-unit housing and enforce laws to reduce illegal tobacco sales to minors. These interventions have been shown to consistently increase cessation rates and decrease tobacco consumption.

Evaluation of Prior Year Performance:

Through the evidence-based strategies employed by STEPP to help adults quit smoking, such as the Colorado QuitLine, the number of smokers has decreased significantly in Colorado. The adult smoking rate has dropped from 22.3 percent in 2001 to 17.1 percent in 2009. The smoking rate change between 2008 and 2009 is not statistically significant.

A positive outcome of Colorado's comprehensive tobacco control program is a significant decline in cigarette pack sales—from 76 packs per capita per year in 1998 to 42.4 packs per capita per year in 2009. The national per capita consumption rate is 63.4 annually.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program. In February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency. Due to funding reductions to the Tobacco Education, Prevention and Cessation Grant Program, several programs were cut or substantially reduced in FY 2009-10.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee, a statutorily authorized body charged with making funding recommendations for the program to the Board of Health, is responding to the budget reductions by strategically distributing the cuts in an effort to minimize impacts on Colorado's smoking rates.

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

4. Tobacco Use in Colorado in High School Students

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

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

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

Strategy:

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

Not-On-Tobacco (N-O-T) is a youth smoking cessation program administered by the American Lung Association. N-O-T's school-based, 10-session curriculum uses multiple strategies to help teens stop smoking.

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

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

Evaluation of Prior Year Performance:
Among high school students in Colorado, current cigarette smoking has declined from 18.2 percent in 2001 to 11.9 percent in 2008 (our most recent youth survey), thus surpassing the Center for Disease Control and Prevention's Healthy People 2010 goal of 16 percent. To the extent that funding allows, the department will continue to administer evidence-based programs, in an effort to continue past achievements in reducing and eliminating tobacco use among high school students.

The Colorado Constitution allocates 16 percent of the revenue from the tobacco excise tax to the Tobacco Education, Prevention and Cessation Grant Program (Program). In February 2010, the Colorado Legislature passed House Bill 1320, which reduced the grants line significantly due to the state fiscal emergency.

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize impacts on Colorado's smoking rates.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

5. Tobacco Use in Colorado in Pregnant Women

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

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

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

Strategy:

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

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

6. Adult Obesity in Colorado

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

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

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

7. Obesity in Colorado Children

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

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

** Data available for children ages 2-14*

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

8. Tuberculosis Treatment

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

Performance Measure	Outcome	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
		Actual	Actual	Approp.	Request
The percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate that complete treatment within established timeframes.*	Benchmark	78%	78%	75%	75%
	Actual	80%	67.3%		

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

Strategy:

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

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

Evaluation of Prior Year Performance:
The strategies identified to improve the percent of contacts to active tuberculosis cases for whom preventive therapy is appropriate and initiated have generally been effective over the last six years. In 2008, the percent of contacts to active TB disease completing treatment (80 percent) exceeded the benchmark of 78 percent as well as showing significant improvement over the previous years. In 2009 however, only 67.3% of contacts to active tuberculosis cases completed treatment. A total of 22 persons (20%) chose to stop treatment, 10 (9%) were lost to follow-up, and 4 (3.7%) stopped treatment due to adverse reactions to the medication.

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

9. Pregnant Women Screened for HIV During Pregnancy

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

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

Strategy:

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

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

Evaluation of Prior Year Performance:

This strategy is consistent with current science and practice. The most effective mechanism to prevent HIV in babies born to HIV infected women is the identification of these women early in their pregnancy and getting them on an effective treatment regimen throughout the pregnancy. The most effective strategy to identify HIV pregnant women is HIV testing during pregnancy. During the 2009 legislative session the Colorado Revised Statutes were amended to require licensed health care providers who provide care to pregnant women to offer HIV testing. Birth reports for the state of Colorado also include a question to determine if pregnant women were tested for HIV during their pregnancy. During FY2010 provisional data indicate that 89.3 percent of pregnant women were tested for HIV.

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

With the new legislation and subsequent outreach efforts, it is anticipated that the testing rate will increase over time.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

10. Attainment of Ozone Standards

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

Performance Measure	Outcome	CY 2008	CY 2009	CY 2010	CY 2011
		Actual	Actual	Approp.	Request
Percentage of Colorado Counties that are in attainment of the federal ozone standards.	Benchmark	86%	86%	86%	86%
	Actual	86%	86%	86%	

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

11. Small Water Systems Meeting All Standards

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

Performance Measure	Outcome	FFY 2008-09	FFY 2009-10	FFY 2010-11	FFY 2011-12
		Actual	Actual	Approp.	Request
The percentage of small community water systems (population less than 10,000) that provide drinking water that meets all health based standards.	Benchmark	90%	90%	90%	90%
	Actual	88.6%	90%		

Strategy:

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

Evaluation of Prior Year Performance:

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

12. Tobacco Use Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

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

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

Strategy:

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

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

- Promote the implementation and enforcement of new tobacco control policies that are designed to reduce tobacco use and exposure to second and third hand smoke, particularly within communities or at worksites serving disparately affected populations.

- Integrate representatives of disparately affected populations in key decision-making bodies and processes such as the Tobacco Education, Prevention and Cessation Grant Program Review Committee, Tobacco Disparities Subcommittee, community-based tobacco control coalitions, and the Tobacco Planning and Evaluation Group Subcommittee.

- Increase the proportion of health care providers who practice culturally proficient tobacco prevention and cessation interventions by providing technical assistance, resources, and training to community health clinics and other members of the medical and social services communities who serve disparately affected populations.

- Educate community leaders and individuals in disparately affected populations to reduce initiation, use and exposure to tobacco.

- Support STEPP's (State Tobacco Education and Prevention Partnership) statewide media campaigns by placing media at the community level; coordinating educational campaigns and activities with other state, local, and agency initiatives; and participating in media focus groups and workgroups for marketing campaigns. Ensure that all media messaging is culturally proficient and appropriate for the target audience.

Evaluation of Prior Year Performance:
Based on the composition of the population of Colorado, sample sizes for minority populations tend to be small. This makes it difficult to make precise inferences. However, the data does clearly indicate that the smoking rate among African Americans and Hispanics is higher than that in the general population. Longer-term trends (2001-2008) show significant improvements in the overall smoking prevalence. However, this improvement has been due to reductions in cigarette smoking by non-minority populations. The table above uses a three-year rolling average for the prevalence estimates. Taking into account the statistical limitations of the data, the conclusion is that prevalence of current adult cigarette smoking remained essentially unchanged for Hispanics and African Americans over the past several years.

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

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

Research has demonstrated that tobacco use rates correlate with tobacco control funding, and when tobacco control funding is reduced or eliminated in states, their tobacco use rates increase. The Tobacco Program Review Committee is responding to the budget reductions by strategically distributing the cuts in an effort to minimize their impacts on Colorado's smoking rates. The future year benchmarks shown above are adjusted to reflect the budget reductions. These budget reductions have had a significant impact in terms of reductions of its most effective programs, such as the Colorado QuitLine and local health department education, prevention and cessation programs and media campaigns.

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

13. Colorectal Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

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

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

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

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

Strategy:
Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in the United States. Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC.

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

- Coordinate with the Colorado Cancer Coalition and other partners on implementation strategies.
- Participate in the Colorectal Cancer task force of the Colorado Cancer Coalition.
- Coordinate with the Colorado Colorectal Cancer Screening Program to increase outreach to priority populations.
- Increase partnership efforts with the Office of Health Disparities and its network.
- Coordinate available funding from Amendment 35 grants and the Centers for Disease Control to enhance public education on the need for CRC screening to disparate populations.

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

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

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

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

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

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

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

14. Cervical Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

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

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

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

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

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

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

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

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

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

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

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

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

Women's Wellness Connection staff provides on-going technical assistance to the Office of Health disparities (OHD) on its grant projects and has made use of the network established by OHD to provide trainings on disparities. In fall 2009, Women's Wellness Connection in coordination with OHD hosted two train-the-trainer sessions based on the Kaiser Permanente Disparities in Health video series to several OHD grantees. The training focused on how disparities arise in our health care system due to historical perspective, inability to adopt practices effective for minorities, and stereotypes. Feedback from the trainings was positive and the Women's Wellness Connection continues to support training efforts based on this project.
Additionally, the Women's Wellness Connection, Immunization Unit and Cancer Registry staff collaborated in the development of the cervical chapter of the Colorado Cancer Coalition 2020 State Cancer Plan (http://www.coloradocancercoalition.org/) which addresses health disparities in Colorado and outlines activities state groups can take to further reduce the incidence and prevalence of cervical cancer.

CDPHE'S CORE OBJECTIVES AND PERFORMANCE MEASURES

15. Breast Cancer Screening Across Ethnic Groups in Colorado

Objective 6. Eliminate health inequities in Colorado

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

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

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

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

Strategy:

Breast cancer is the most common cancer among women in the United States. Likelihood of death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting early malignancies.

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

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

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

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

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

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

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

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

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