



**COLORADO**

Department of Public  
Health & Environment

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To: Members of the State Board of Health

From: Rick Brown, Chair, Cancer, Cardiovascular Disease and Pulmonary  
Disease Grants Program Review Committee

Cassidy Smith, MPH, Manager, Cancer, Cardiovascular Disease and  
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Through: Elizabeth M. Whitley, PhD, RN, Director, Prevention Services Division,  
CDPHE *EW*

Larry Wolk, MD, MSPH, Executive Director, CDPHE *LW*

Date: February 18, 2015

Subject: **Request for approval of Cancer, Cardiovascular Disease and  
Pulmonary Disease Grants Program Review Committee grant funding  
recommendations for Fiscal Years 2016-2018**

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The Review Committee for the Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) Competitive Grants Program (Grants Program) respectfully requests approval of the enclosed recommended grants for the next three-year funding cycle beginning July 1, 2015 and concluding June 30, 2018.

The CCPD Grant Program, in alignment with the Tobacco Education, Prevention and Cessation Grant Program and the Health Disparities Grant Program, released a Request for Applications (RFA) for funding on August 4, 2014. All three grant programs are funded by state tobacco tax revenues as prescribed by Amendment 35 and aligned the processes of this funding opportunity. Procedural steps of the RFA release, instruction, communication, submission, application reviews and dissemination of results were planned in conjunction with each other for broad reach to those eligible for funding and transparency of the processes.

On September 30, 2014, the CCPD Grants Program received 69 grant applications in response to the RFA for a total request of \$37.5 million for the initial year (Fiscal Year 2015-16). It is projected \$11.5 million will be available in FY 2015-16 to fund CCPD grants. The grant program and review committee conducted a multi-stage review process to determine which applications were eligible and appropriate for the funding opportunity. The CCPD Grants Program Review Committee is recommending 30 applications to fund in the next funding cycle, totaling \$11,528,263 for the initial year, \$11,521,955 in year 2 and \$11,520,125 in year 3. Contingent upon satisfactory performance and funding availability, the program anticipates continuing to fund these projects in FY 2016-17 and FY 2017-18, totaling up to \$34,570,342 for all three years.

CCPD grantees will work with the state selected evaluation grantee to develop evaluation plans and to seek assistance on evaluation strategies. Grantees are required to submit quarterly progress reports and report on project reach and implementation. The Colorado Department of Public Health and Environment will release a Request for Proposals for an evaluation of the effectiveness of the CCPD and Health Disparities Grants Programs. This recommendation follows the legislative requirements within C.R.S. 25-20.5-301 et seq. that the CCPD Grant Program shall fund a grant recipient to evaluate the effectiveness of the Health Disparities Grant Program and the CCPD Grant Program.

Enclosed with this memo is the CCPD Grants Program Funding Recommendations for Fiscal Years 2016-18, which fully describes the statutory funding requirements, the funding opportunity processes and the resulting decisions and recommendations. Details of each application being recommended for funding are included and organized by the categorical funding recommendations.

Per statute, the review committee shall submit to the executive director of the department recommended grant recipients, grant amount and the duration of each grant. Dr. Larry Wolk has reviewed and concurs with the recommendations of the review committee for grant awards. Per statute, the review committee's funding recommendations for projects impacting rural areas were presented to the Executive Director of the Department of Local Affairs. On February 5, 2015, Reeves Brown, Executive Director of the Department of Local Affairs, fully endorsed the CCPD Review Committee's funding recommendations.

In addition, the Amendment 35 grants programs conducted an evaluation of the aligned application and review processes by soliciting feedback from the applicants, application reviewers, program staff and review committee/commission members. Recommendations were received by each program for improvements to the RFA planning, review, coordination and communication processes for the next funding opportunity. Those who provided feedback shared they found the regional grant writing trainings provided by the Colorado School of Public Health, Center for Public Health Practice helpful and that the application requirements were clear. Most respondents indicated an appreciation for coordinating the three grant application processes and deadlines. Several respondents from smaller organizations shared the application requirements were too burdensome and required a lot of staff time to complete and submit. A detailed summary of the feedback provided will be available on the Amendment 35 webpage by March 31, 2015.

Please contact Cassidy Smith, CCPD Grants Program Manager, at 303-692-2578 with any questions or requests for additional information prior to the Board of Health meeting.

# Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) Competitive Grants Program Funding Recommendations for Fiscal Years 2016-18

## Background:

As a result of the Colorado Constitutional Amendment 35, effective June 2005, the General Assembly created the Cancer, Cardiovascular and Pulmonary Disease (CCPD) Program (Section 25-20.5-302, C.R.S.) to fund competitive grants with the goal of developing a comprehensive approach to impact cancer, cardiovascular disease and chronic pulmonary disease. According to statute (Section 25-20.5-302, C.R.S.), grants for the CCPD Program shall meet at least one of the following criteria:

- Provide evidence-based strategies for the prevention and early detection of cancer, cardiovascular disease and chronic pulmonary disease in health care, workplace and community settings;
- Provide diagnosis and treatment services for anyone who has abnormalities discovered in screening and early detection programs;
- Implement education programs for the public and health care providers regarding cancer, cardiovascular disease and chronic pulmonary disease; or
- Provide evidence-based strategies to overcome health disparities in the prevention and early detection of cancer, cardiovascular disease and chronic pulmonary disease.

All projects recommended for funding will conduct work in the goal areas outlined above. Additionally, the grant recommendations follow the legislative requirements within C.R.S. 25-20.5-301 *et seq.* that:

- A minimum of ten percent of the moneys awarded shall be directed to projects impacting rural areas;
- A minimum of ten percent of the moneys awarded shall be directed to each disease area (cancer, cardiovascular disease and chronic pulmonary disease);
- And no more than 10 percent of the moneys awarded shall be directed to treatment services.

This legislation also established a 16-member advisory committee to the Board of Health, the Cancer, Cardiovascular & Chronic Pulmonary Disease Grant Program Review Committee (CRS 25-20.5-303). The Review Committee is a state public body, in accordance with Colorado's Open Meetings Law (CRS 24-6-402), responsible for ensuring that program priorities are established and all grant activities are in compliance with the guiding legislation (CRS 25-3.5-801 *et seq.*).

## Application & Funding Recommendation Process:

The Request for Applications (RFA) for new grants was released on August 4, 2014, in alignment with other Amendment 35 Grant programs (Tobacco Prevention, Education

and Cessation and the Health Disparities Grants Program). An applicant information webinar for the CCPD grants was held on August 29, 2014 and applicants were encouraged to submit questions regarding the RFA to the program staff via email. Updates and responses to all questions received were posted on the program's website for public access. The deadline for all grant applications was September 30, 2014.

Sixty-nine (69) applications for CCPD grants totaling a request of approximately \$37,562,045 for the initial year (Fiscal Year 2015-16) were received by the RFA deadline. A three-stage review process was followed involving a technical review by staff for completeness and compliance with the legislation, independent scoring by individual reviewers, and a final meeting of all reviewers where each application score was deliberated and discussed for funding. Conflicts of interest for all grant review team members were disclosed and documented during the review process to ensure compliance with the CCPD Grants Program by-laws. Where conflicts were disclosed, review and scoring of an application was prohibited or limited, depending on the nature of the conflict.

While developing the FY 2016-18 Request For Applications (RFA), the CCPD Review Committee considered Colorado's current health care and coverage landscape and determined the program should encourage systemic health promotion and disease prevention and help connect Coloradans to available health coverage and health care services. CCPD review committee considered various evidence-based strategies to advance this goal and chose the 17 strategies included in the RFA. These strategies focus on individual, clinical and community-based interventions for cancer, cardiovascular and chronic pulmonary disease prevention, early detection and treatment.

During the final application review meeting (also called the "Funding Conference") held November 13 and 14, 2014, the applications were grouped by the funding strategies set forth in the RFA and by total average score for discussion. The application review team also was charged with considering the distribution of funding by strategies and statutory requirements. Thirty-three (33) applications were selected by the grant review team for possible funding and their preliminary award amounts were presented to the CCPD Review Committee for discussion on November 14, 2014. The review committee directed the CCPD program staff to propose additional reductions in the preliminary award amounts to achieve the final recommendation of \$11.5 million to support 30 grants.

### **Funding Decisions:**

In December 2014, the CCPD program staff presented recommendations and rationale to the CCPD Review Committee for funding 30 applications, some with modified/reduced budgets, to total \$11,528,263 for the initial year, \$11,521,955 in year 2 and \$11,520,125 in year 3. **Contingent upon satisfactory performance and funding availability, the program anticipates continuing to fund these projects in FY 2016-17 and FY 2017-18, totaling up to \$34,570,342 for all three years.**

The review committee considered statutory mandates and CDPHE’s assessment of the applicant’s capacity to successfully account for public grant dollars as determined by the financial risk assessment questionnaire. Through a formal vote, the CCPD Review Committee selected the funding allocation scenario presented herein dedicating 38.5 percent of funding to cancer; 47.6 percent of funding to cardiovascular disease; and 13.3 percent to chronic pulmonary disease. The recommendations also fulfill the legislative requirement that a minimum of ten percent of the moneys shall be awarded to impact rural areas and less than ten percent of total funds devoted to treatment.

**Recommended Amounts by Funding Categories:**

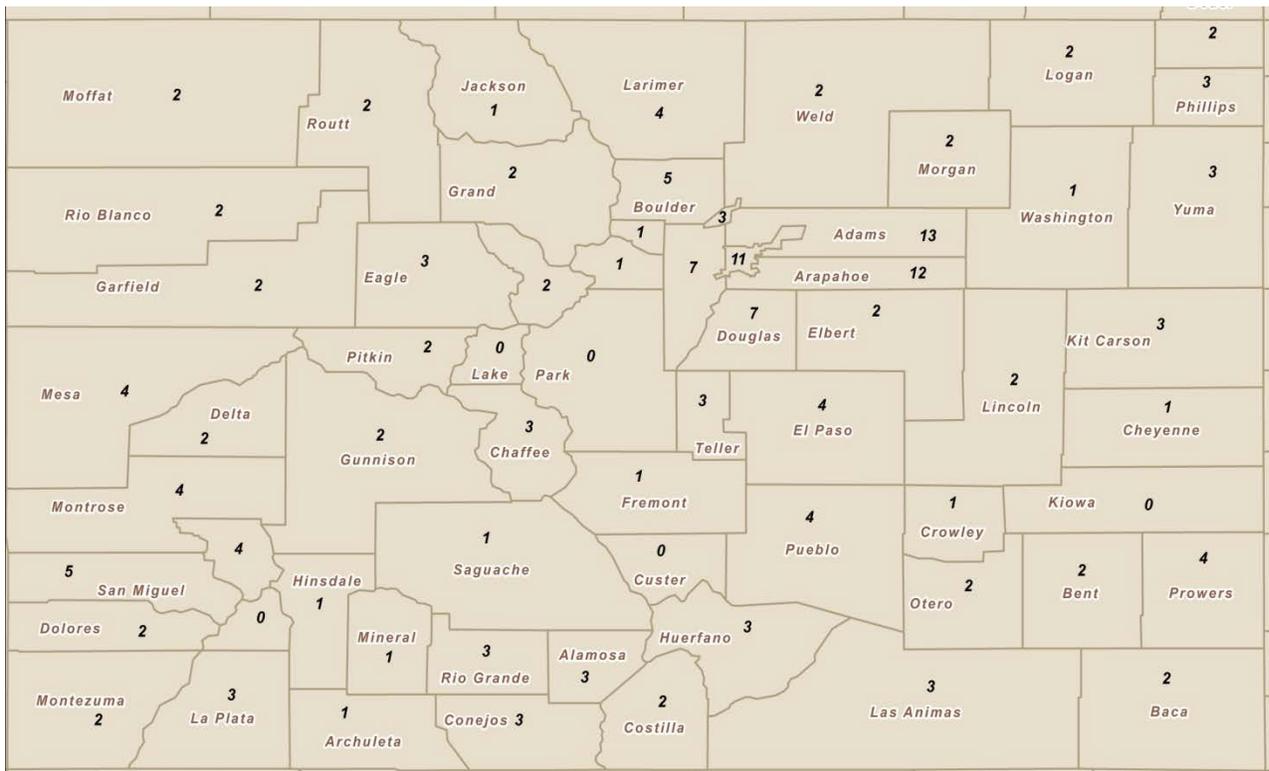
Statutory Program Categories	1 Year Total Amount	Percent of Total
Cancer (including Healthy Eating and Active Living)	\$4,429,454.19	38.5%
CVD (including Healthy Eating and Active Living)	\$5,488,644.03	47.6%
Pulmonary	\$1,530,670.05	13.3%
Treatment	\$20,306.25	0.17%
Rural	\$2,847,237.12	24.7%
RFA Categories		
Small group (\$75,000 - \$250,000)	\$1,767,846.00	15.3%
Large group (\$250,000 - \$2 M)	\$9,760,416.84	84.7%
Innovative	\$908,162.00	7.8%

**Summary of Funding Recommendations by Strategy Category:**

Strategy Category	Year 1 Funding Recommendations	Number of Applications
Healthy Eating and Active Living	\$3,325,145.00	11
Cancer	\$1,805,155.00	6
Cardiovascular Disease	\$2,741,416.15	6
Pulmonary	\$794,755.10	1
Patient Navigation/ Community Health Worker/ Cross-cutting (includes Cancer, CVD, Pulmonary)	\$2,861,791.20	6
<b>TOTALS</b>	<b>\$11,528,262.45</b>	<b>30</b>

The following sections of this document list the recommended applications for funding by strategy categories. Please note that all funds recommended are listed as “not to exceed.” The information contained in the project summaries has been abstracted from the applications with minor edits by program staff. The final award amounts will be determined as scope of work and budget negotiations are completed. The grantee may receive less than the total listed as recommended by the CCPD Review Committee and presented to the Colorado Board of Health.

**Number of Recommended Applications by County**  
*(many applicants propose working in multiple counties)*



**Funding Recommendations by Strategy**

Strategy	Number of Applications
1-Built Environment	3
2-Breastfeeding-Friendly Environments	4
3-Healthy Food Retail	1
4-Healthy Food and Beverages	3
5-Comprehensive Worksite Wellness	5
6-Provider/Clinic-based Cancer Prevention	3
7-Individual-level Cancer Prevention	1
8-Community-based Cancer Prevention	4
9-Self-measured Blood Pressure Monitoring	1
10-Team-based Care	2
11-Clinical Systems Quality Improvement	2
12-National Diabetes prevention Program (DPP)	5
13-Diabetes Self-management Education (DSME)	3
14-School-Centered Asthma Management	1
15-Patient Navigator Programs	5
16-Community Health Worker Program	3
17-Patient Navigator and Community Health Worker Training	3
Innovative	4

## Requests for Programs in Healthy Eating and Active Living (Cancer and Cardiovascular Disease Prevention)

*[Recommendations are listed in alphabetical order by the lead agency.]*

Applicant	Recommendation	Strategy	Rural
Boulder County Public Health	\$140,000.00	Breastfeeding	
Chaffee County Public Health Agency	\$75,000.00	Breastfeeding, Diabetes Prevention Program	X
City and County of Denver Environmental Health	\$200,000.00	Built Environment	
Delta County Health Department	\$210,000.00	Breastfeeding, Worksite Wellness	X
Denver Public Health	\$975,000.00	Healthy Food & Beverage	
Eagle County Public Health and Environment	\$225,000.00	Worksite Wellness	X
Garfield County Public Health/Garfield Wellness Initiative	\$190,000.00	Built Environment, Healthy Food & Beverage, Worksite Wellness	X
Jefferson County Public Health	\$525,000.00	Built Environment	
Northeast Colorado Health Department	\$260,145.00	Breastfeeding, Worksite Wellness	X
Pueblo City-County Health Department	\$205,000.00	Healthy Food Retail, Healthy Food & Beverage	
Tri-County Health Department	\$320,000.00	Worksite Wellness	
<b>Total</b>	<b>\$3,325,145.00</b>		

**Applicant:** Boulder County Public Health  
**Project Name:** Breastfeeding-Friendly Environments in Boulder County  
**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategy:** Breastfeeding friendly environments  
**Funding:**

Requested Amount	Recommended Amount
Year 1 \$155,391.00	\$140,000.00
Year 2 \$155,391.00	\$140,000.00
Year 3 \$155,391.00	\$140,000.00
<b>Total \$466,173.00</b>	<b>\$420,000.00</b>

Counties to serve: Boulder

**Project Description:**

Building on current successes in child care policy change, the county-wide Healthy Eating and Active Living (HEAL) Implementation Team and the Boulder County Breastfeeding Coalition will adopt and implement policies and programs that promote, enhance, protect, and support breastfeeding-friendly environments. This project will build on our Maternal Child Health (MCH)-funded work and leverage our existing partnerships with the Women, Infants, and Children (WIC) Program and many

other community partners committed to improving breastfeeding initiation and duration rates.

**Applicant:** Chaffee County Public Health Agency  
**Project Name:** Chaffee County Public Health Community Wellness Connection Initiative

**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategies:** Breastfeeding friendly environment and National Diabetes Prevention Program

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$137,163.00	\$75,000.00
Year 2	\$137,163.00	\$75,000.00
Year 3	\$137,163.00	\$75,000.00
<b>Total</b>	<b>\$411,489.00</b>	<b>\$225,000.00</b>

Counties to serve: Chaffee

**Project Description:**

The current Chaffee County Breastfeeding Project has already had initial impacts on environmental, systems, and policy change. The imbedding of a release form and notification system at the hospital is a systems change that allows more efficient, coordinated service for mothers. An assessment of 15 worksites has been initiated. CCPH proposes to implement the Breastfeeding Project, a comprehensive program designed to protect, promote, and support breastfeeding friendly environments. The goal of the Breastfeeding Project is to have health professionals working collaboratively to increase the duration and exclusivity of breastfeeding so that a greater percentage of mothers are exclusively breastfeeding at 1week postpartum and continue to breastfeed after returning to work. Funding for the current project ends 9/30/14.

CCPH initiated the DPP through the CCPD grant FY13-14, because diabetes was in the top 8 health priorities identified by CCPH’s 2013 Community Health Assessment (CHA). A 2013 “Diabetes Risk Factors Community Profile for Chaffee County Public Health” (Directors of Health Promotion and Education) estimate there are 5,300 prediabetic people in the Salida Hospital District. DPP is in the 2<sup>nd</sup> year. Funding ends 6/30/15.

**Applicant:** City and County of Denver Environmental Health  
**Project Name:** Denver Creating Healthy and Active Communities  
**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategy:** Built Environment

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$249,997.00	\$200,000.00
Year 2	\$250,000.00	\$200,000.00
Year 3	\$250,000.00	\$200,000.00
<b>Total</b>	<b>\$749,997.00</b>	<b>\$600,000.00</b>

Counties to serve: Denver

**Project Description:**

The City and County of Denver Department of Environmental Health (DEH) proposes the Denver Healthy and Active Communities project (DHAC) to target families in Denver’s low-income neighborhoods that are disproportionately affected by resource-poor environments and negative health outcomes. The DHAC is aligned with CDPHE’s priority of partnering with local communities to develop policy, strategies and best practices to increase access to physical activity in the built environment to support chronic disease prevention and control. The DHAC will create a strong community active living coalition to augment the Safe Routes to School Coalition and to insert a strong community voice in processes dominated by government agencies.

The DHAC project aligns strongly with plans and best practices at the national, state, and county levels. The opportunity to activate not only community members and youth, but also to better coordinate activities with the DHAC partners, including Denver Public Health (DPH), Walk Denver, Denver Public Works, and Denver Parks and Recreation will be invaluable. Currently, many agencies influence the built environment, but rarely is there a unified effort buffeted by the community. Creating shared priorities that are supported by our individual plans and by community-driven data will create a sustainable framework for years to come.

The Active Living Plan containing a priorities matrix, policy scan, and neighborhood health/built environment profiles will enable government agencies, community organizations, and residents to view the possibilities for improving their own neighborhoods and activating the partners to implement changes. These activities, coupled with targeted messaging created by, and for, the residents and youth will empower communities to advocate for, and indeed, create environments for safe physical activity.

**Applicant:** Delta County Health Department  
**Project Name:** West Central Public Health Partnership Worksite Wellness Program  
**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategies:** Breastfeeding friendly environments and Comprehensive worksite wellness

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$290,543.00	\$210,000.00
Year 2	\$290,543.00	\$210,000.00
Year 3	\$290,543.00	\$210,000.00
<b>Total</b>	<b>\$871,629.00</b>	<b>\$630,000.00</b>

**Counties to serve:** Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

**Project Description:**

The West Central Public Health Partnership (WCPHP) Worksite Wellness Program will address CCPD Healthy Eating & Active Living (HEAL) Strategy #5 promoting adoption of comprehensive worksite wellness that combines physical activity and healthy eating, targeting all employed adults, including straight-to-work young adults ages 18-24, with a focus on rural and frontier communities and small business. Year 1 will

include a formation of a trained corps of Worksite Wellness Advisors as well as a comprehensive assessment of worksite wellness activities in the area. Year 2 will include creating an online searchable community resource database and developing a local/regional Worksite Wellness Plan. Year 3 will include working with employers to develop and implement specific worksite wellness engagement plans. The WCPHP Worksite Wellness Program will also address CCPD HEAL Strategy #2 protecting, promoting and supporting breastfeeding-friendly environments. Year 1 will include a comprehensive assessment of existing policies in worksites and public venues. Year 2 will include working with community partners to develop breastfeeding-friendly policies in public venues. Year 3 will include providing technical assistance to employers to support their compliance with the Colorado Workplace Accommodation for Nursing Mothers Act through breastfeeding policies. The WCPHP Worksite Wellness Program plans to coordinate the activities for both strategies when appropriate to streamline delivery of breastfeeding services in relation to worksite wellness.

**Applicant:** Denver Public Health  
**Project Name:** Metro Denver Partners for Healthy Beverage Consumption  
**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategy:** Healthy Food and Beverages

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$1,819,972.00	\$975,000.00
Year 2	\$1,965,207.00	\$975,000.00
Year 3	\$2,000,000.00	\$975,000.00
<b>Total</b>	<b>\$5,785,179.00</b>	<b>\$2,925,000.00</b>

**Counties to serve:** Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson

**Project Description:**

The Denver Metro Partners for Healthy Beverage Consumption (DMPHBC) is a seven-county collaborative that includes Adams, Arapahoe, Boulder, Broomfield, Douglas, Denver and Jefferson counties. Combined this seven county (referred to as Metro Denver throughout this application) area includes 2,784,228 residents, 55% of Colorado’s total population. We are focusing this proposal on populations at-risk for obesity including youth, Hispanics and persons of low income. In this seven county region, 317,862 residents live in poverty, 157,375 are under the age of 18 and 607,694 are Hispanic (46%, 22% and 59%, respectively, of the state total) (Source: CDPHE: <https://www.ephtrequest.dphe.state.co.us/>). DMPHBC will reduce consumption of sugary beverages and unhealthy food in 7 counties through six key approaches during the three year project period: 1) form and operate a Healthy Foods and Beverage Steering Committee, 2) conduct a comprehensive needs assessment, 3) implement and evaluate an education campaign, 4) adopt a model healthy food and beverage policy, 5) seek adoption and implementation of policy guidelines by government, public venues, schools, early child care, park and recreation, and hospital settings, and 6) implement a communications and engagement plan. The primary long-term outcome is reduced chronic disease risk among youth, Hispanic and low income populations in the seven Metro Denver counties. Through implementation of policy changes supported by

local coalitions and six local health agencies that increase access to healthy food and beverage options and decrease access to unhealthy options, the activities described in this proposal will reach at least 75% (2 million people) of Metro Denver residents.

Applicant:	<b>Eagle County Public Health and Environment</b>	
Project Name:	<b>Work Well Collaborative</b>	
Disease Category:	Crosscutting: HEAL	
Strategy:	Comprehensive Worksite Wellness	
Funding:	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$237,146.00	\$225,000.00
Year 2	\$250,000.00	\$225,000.00
Year 3	\$250,000.00	\$225,000.00
Total	\$737,146.00	\$675,000.00

Counties to serve: Eagle, Grand, Jackson, Pitkin, and Summit

**Project Description:**

The goal of the WorkWell Collaborative is to increase the number of workplaces in Eagle, Grand, Jackson, Pitkin, and Summit Counties offering comprehensive worksite wellness programs that include healthy eating, physical activity and other healthy lifestyle behaviors, in order to reach at-risk populations to reduce chronic disease risk factors. Workplaces will be assisted in strengthening existing or creating new evidence-based worksite wellness programs through Health Links, a program that trains qualified community members to become expert Wellness Advisors to provide free consultations to employers enabling them to create and implement effective wellness programs. Health Links also provides kick-start funding to small businesses (fewer than 50 employees), connects health and wellness vendors to employers via a database, and publicly recognizes employers with successful wellness programs through Healthy Business Certification.

Eagle, Grand, Jackson, Pitkin, and Summit Counties were selected for this work because they comprise the Northwest Colorado Council of Government's (NWCCOG) Economic Development Region. NWCCOG will lead the regional implementation of Health Links via management of WorkWell Coordinators that will provide community-based outreach to employers in each County. This work will be strengthened by the input and guidance of the NWCCOG's Regional Health and Wellness Sector Partnership (RHWSP), a group comprised of public and private sector representatives that will serve as a regional worksite wellness coalition. The grant lead, Eagle County Public Health and Environment, will provide needs assessment, data compilation, and evaluation support in addition to management of grant fiscal administration and reporting requirements.

Key deliverables include training and deployment of four WorkWell Coordinators and a corps of Wellness Advisors who will enable 5% of employers (395) in the NWCCOG Economic Development Region to offer comprehensive worksite wellness programming to reduce chronic disease risk factors among employees.

Applicant: **Garfield County Public Health**  
 Project Name: **Garfield County Wellness Initiative**  
 Disease Category: **Cancer and CVD via Healthy Eating/Active Living (HEAL)**  
 Strategies: **Built Environment, Healthy Food and Beverages, and Comprehensive Worksite Wellness**

Funding:	Requested Amount	Recommended Amount
Year 1	\$203,666.00	<b>\$190,000.00</b>
Year 2	\$253,666.00	<b>\$190,000.00</b>
Year 3	\$273,666.00	<b>\$190,000.00</b>
Total	\$730,998.00	<b>\$570,000.00</b>

Counties to serve: **Garfield**

**Project Description:**

Garfield County Public Health will be applying for a grant from the Colorado Department of Public Health and the Environment to address underlying issues for Cancer, Cardiovascular Disease and Pulmonary Disease. This will be a County-wide effort to address healthy eating and active living through a variety of programs and policies known as the Garfield County Wellness Initiative. Existing coalitions such as LiveWell Garfield County and the Roaring Fork Breastfeeding Coalition will be working to identify feasible policy and programmatic ideas to initiate throughout the County. A Worksite Wellness Advisory Corps will be established to address any issues that businesses within the county have in establishing or maintaining an effective and engaging worksite wellness program. A model worksite wellness program will be created within Garfield County Government. A Built Environment and Healthy Food and Beverage task force will be established to conduct community needs assessments and recommend improvements. The Breastfeeding Coalition will change policy at the local level through work with local businesses and childcare organizations.

Applicant: **Jefferson County Public Health**  
 Project Name: **Reducing Chronic Disease in Jefferson County through Health in All Policies**

Disease Category: **Cancer and CVD via Healthy Eating/Active Living (HEAL)**  
 Strategy: **Built Environment**

Funding:	Requested Amount	Recommended Amount
Year 1	\$1,996,270.00	<b>\$525,000.00</b>
Year 2	\$1,901,300.00	<b>\$525,000.00</b>
Year 3	\$1,934,635.00	<b>\$525,000.00</b>
Total	\$5,832,205.00	<b>\$1,575,000.00</b>

Counties to serve: **Jefferson**

**Project Description:**

Jefferson County is the fourth largest county in Colorado, with a population of 551,798. The Reducing Chronic Disease in Jefferson County through Health in All Policies (RCDJChiAP) project will reduce cardiovascular disease risk factors in populations at risk for obesity and chronic disease, including: Hispanic, low-income, children and seniors. These populations are concentrated in Lakewood, Wheat Ridge, Edgewater and Arvada. In Jefferson County, the percent of children living in poverty

has increased from 9.6% in 2008 to 12.7% in 2012. (Source: U.S. Census Bureau, SAIPE) Additionally, the Jefferson County Hispanic population has increased 12% in the past 12 years. (Source: U.S. Census Bureau) The percent of obese adults in Jefferson County has increased from 12.9% in 2001 to 20.4 in 2010 (58.7% increase). (Source: Colorado Risk Behavioral Surveillance Systems, 2001-2010) The percentage of adults over the age of 65 has increased 29% in the last 12 years. (Source: U.S. Census Bureau) RCDJHiAP will reduce chronic disease risk factors using five key approaches: 1) form and operate a countywide coalition called the Healthy Jeffco Regional Coalition, made up of the Steering Committee, the Built Environment Council, the Food Policy Council, the Communications and Engagement Committee, and four local coalitions; 2) perform environmental assessments; 3) conduct policy assessments; 4) adopt policies; and 5) implement a countywide communications and engagement campaign. Through the actions described in this proposal, the project will reach a total population of 291,329. (Source: Calculated U.S. Census Bureau data)

**Applicant:** Northeast Colorado Health Department  
**Project Name:** Challenge for Better Choices  
**Disease Category:** Cancer and CVD via Healthy Eating/Active Living (HEAL)  
**Strategies:** Breastfeeding friendly environments and Comprehensive Worksite Wellness

Funding:	Requested Amount	Recommended Amount
Year 1	\$200,000.00	\$260,145.00
Year 2	\$200,000.00	\$260,145.00
Year 3	\$200,000.00	\$260,145.00
<b>Total</b>	<b>\$600,000.00</b>	<b>\$780,435.00</b>

Counties to serve: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma

**Project Description:**

NCHD will assess current breastfeeding policies and practices at childcare settings and worksites in Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties. We will use these assessments to identify opportunities to encourage and protect breastfeeding in childcare settings, worksites and other public places. In addition, we plan to develop a recognition program for sites that implement model policies and practices to support breastfeeding families. The CCPD Review Committee recommends increasing the award amount by \$60,145 to incent collaboration and alignment with other stakeholders working in this community on similar projects.

**Applicant:** Pueblo City-County Health Department  
**Project Name:** HEAL Pueblo County  
**Disease Category:** Cancer and Cardiovascular Disease  
**Strategies:** Healthy Food Retail and Healthy Food and Beverages

Funding:	Requested Amount	Recommended Amount
Year 1	\$367,134.00	\$205,000.00
Year 2	\$368,273.00	\$205,000.00
Year 3	\$370,394.00	\$205,000.00
<b>Total</b>	<b>\$1,105,801.00</b>	<b>\$615,000.00</b>

Counties to serve: Pueblo

**Project Description:**

Through the proposed projects, PCCHD will address cancer, cardiovascular disease and related risk factors such as obesity, diabetes and other precursors. This will be done through implementing policies and programs that protect, promote and support: breastfeeding-friendly environments; increase access to healthier food retail; increase consumption of healthy foods and beverages in public, government or worksite settings; and create comprehensive worksite wellness. PCCHD will focus on building partnerships to improve conditions and opportunities for good health and wellness where vulnerable communities live, work and play.

In relation to breastfeeding-friendly environments, PCCHD will provide technical assistance to worksites, childcare providers, medical providers and Parkview Medical Center. Next, in coordination with a community coalition called the Food Action Council, PCCHD will perform assessments to determine access, perceptions, and support for changes in retail environments in underserved communities. Then, individual technical assistance will be provided to retail environments to improve access to healthy food options within the facilities. Assessments will also be done in conjunction with the community coalition to determine what foods and beverages are offered and how foods are procured within at least one government, hospital or public venue. The assessments will then inform specific changes to be implemented within that venue to support consumption of healthy foods and beverages. Last, PCCHD will further develop a Worksite Wellness Coalition and form a Worksite Wellness Advisor Corp to provide training and technical assistance to small businesses in order to promote healthy eating, active living and prevent chronic disease among employees in Pueblo County.

<b>Applicant:</b>	<b>Tri-County Health Department</b>	
<b>Project Name:</b>	<b>Achieving Health through the Built Environment and Worksites</b>	
<b>Disease Category:</b>	<b>Cancer and CVD via Healthy Eating/Active Living (HEAL)</b>	
<b>Strategy:</b>	<b>Comprehensive Worksite Wellness</b>	
<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$1,066,194.00	\$320,000.00
Year 2	\$1,847,729.00	\$320,000.00
Year 3	\$1,882,940.00	\$320,000.00
Total	\$4,796,863.00	\$960,000.00

Counties to serve: Adams, Arapahoe and Douglas

**Project Description:**

This project will combine CCPD Strategy #1: Built Environment and Strategy #5: Worksite Wellness and will work towards the overarching goal of creating a culture of health and wellness in local government agencies and worksites that will lead to population-based policy change which will ultimately increase physical activity and reduce obesity and chronic disease in the community and Tri-County Health Department jurisdiction of Adams, Arapahoe, and Douglas Counties. Tri-County Health Department intends to complete the project with an integrated approach that

1) capitalizes on existing stakeholder groups in our communities to form Active Living and Worksite Wellness Coalitions, 2) facilitates policy change through these groups by providing technical assistance and resources through sub-grants for assessments, planning, training, and communications/engagement, 3) fosters peer support and mentoring among communities and worksites in our region through training, sharing, and technical assistance, 4) meets each community where they are on the continuum of change and helps them implement changes unique to their community/employer needs, and 5) utilizes existing recognition/certification systems to honor policy changes adopted and implemented in communities. We plan to identify and intervene more intensely with ten target communities and five chambers of commerce while also convening regional expertise for skill development, mentoring, support, communications/messaging, and recognition of built environment and worksite wellness policy change across the entire TCHD jurisdiction.

## Requests for Programs for the Prevention, Early Detection and Treatment of Cancer

*[Recommendations are listed in alphabetical order by the lead agency.]*

Applicant	Recommendation	Strategy	Rural
Boulder County Public Health	\$270,000.00	Community-based - Radon	
Denver Public Health	\$875,895.39	Community-based - HPV	
Larimer County Department of Health and Environment	\$113,863.00	Community-based - HPV	
Metro Community Provider Network	\$300,000.00	Clinical, individual, community-based , patient navigation, cross-cutting	X
Peak Vista Community Health Centers	\$79,543.00	Clinical - HPV	X
University of Colorado - Adult survivors of childhood cancer	\$165,854.00	Clinical	
<b>Total</b>	<b>\$1,805,155.39</b>		

**Applicant:** Boulder County  
**Project Name:** The Public Health Regional Radon Roadmap  
**Disease Category:** Cancer  
**Strategy:** Community-based Cancer Prevention  
**Funding:**

	Requested Amount	Recommended Amount
Year 1	\$467,250.00	\$270,000.00
Year 2	\$467,250.00	\$270,000.00
Year 3	\$467,250.00	\$270,000.00
<b>Total</b>	<b>\$1,401,750.00</b>	<b>\$810,000.00</b>

**Counties to serve:** Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson

**Project Description:**

The Public Health Regional Radon Roadmap (PHR<sup>3</sup>) brings together five local public health agencies, to reduce radon exposure and its associated risk of lung cancer. The collaborative effort will reach 55% of the population of Colorado to identify drivers and barriers that prevent individuals and communities taking action to reduce radon exposure and lung cancer risk.

PHR<sup>3</sup> will develop and implement a communication plan to promote awareness of the risks of radon and encourage action to reduce risk. Media outreach combined with evidence-based educational resources and awareness activities will target vulnerable populations, including families with young children, smokers, and tenants. Community-based social marketing will provide direct outreach to key stakeholder(s), including landlords/property owners, homeowners associations, homebuilders, real estate professionals, home inspectors, and radon mitigation firms, to increase awareness, use of industry best practices, and adoption of actions to prevent radon exposure.

In addition, PHR<sup>3</sup> will develop model policies for real estate transactions, local and regional building codes to promote adoption and implementation of consistent, evidence-based methods to reduce radon exposure. A local, regional, and national policy scan will identify successful policies and initiatives. An analysis of barriers and drivers will assist with policy-maker adoption of policies to reduce radon exposure including regulatory actions like the implementation of radon reduction measures in new home construction.

Two technical support guides will be developed and disseminated for implementation based on existing research in Colorado. These documents will lead to policy and system changes resulting in the increased use of radon reduction measures in existing homes and new construction.

Ultimately the PHR<sup>3</sup> will create a better informed population; empower residents to overcome industry deficiencies to provide cost effective radon reduction. The PHR<sup>3</sup> will guide stakeholders and local policy makers to adopt policies and systems changes that lead to widespread consistent use of best practices in radon and building industry.

Applicant:	<b>Denver Public Health</b>	
Project Name:	<b>Denver Metro Alliance for HPV Prevention</b>	
Disease Category:	Cancer	
Strategy:	Community-based Cancer Prevention	
Funding:	Requested Amount	Recommended Amount
Year 1	\$1,427,005.00	\$875,895.39
Year 2	\$1,515,313.00	\$875,895.39
Year 3	\$1,107,603.00	\$875,895.39
Total	\$4,049,921.00	\$2,627,686.17

Counties to serve: Adams, Arapahoe, Denver, Douglas, Jefferson

**Project Description:**

Nationwide and throughout Colorado, completion rates for the human papillomavirus (HPV) vaccine series remain far below Healthy People 2020 goals. Currently, there is no coordinated approach in the Denver Metro area to support HPV prevention. The President's 2012-2013 Cancer Panel report recommends three goals to increase HPV vaccination rates in the United States: 1) reduce missed clinical opportunities to recommend and administer HPV vaccines; 2) increase patients', caregivers', and adolescents' acceptance of HPV vaccination; and 3) maximize access to HPV vaccination services. This proposal addresses all three goals by establishing *The Denver Metro Alliance for HPV Prevention* which will focus its efforts on the following four main deliverables:

- Form and operate an Alliance to promote and champion HPV vaccine education, promotion and awareness
- Develop sustainable analytic infrastructure to measure HPV vaccination rates, CIIS penetration, and health outcomes

- Develop and implement a provider intervention to increase adherence to national HPV vaccination guidelines
- Develop and implement a targeted communications plan to increase knowledge about and demand for the HPV vaccine among parents/guardians of adolescents aged 11 to 17 years

The Alliance will champion an effort to increase HPV vaccination coverage in Metro Denver by bringing together state and local public health agencies, immunization programs, cancer prevention organizations, professional organizations, academic researchers, healthcare providers, and others in the five-county region to implement an aligned policy, systems, and environmental approach. The Alliance will be led by a steering committee comprised of Denver Public Health, Jefferson County Public Health, Tri-County Health Department, the Colorado Children’s Immunization Coalition, and the Children’s Outcomes Research program. With the proposed deliverables, the focus for HPV prevention will shift from fragmented efforts among the five counties to a unified regional population-level intervention to increase awareness about the importance of the HPV vaccine and address barriers to improving HPV vaccination rates.

Applicant:	<b>Larimer County Department of Health and Environment</b>	
Project Name:	<b>Community-based Cancer Interventions for HPV Vaccination in Larimer County</b>	
Disease Category:	Cancer	
Strategy:	Community-based Cancer Prevention	
Funding:	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$126,515.00	\$ 113,863.00
Year 2	\$130,500.00	\$113,863.00
Year 3	\$133,000.00	\$113,863.00
Total	\$390,015.00	\$341,589.00

Counties to serve: Larimer

**Project Description:**

Larimer County’s initiative supports efforts to reduce chronic disease in Colorado by focusing on prevention of cancers related to Human Papilloma Virus (HPV) through vaccination efforts. Target populations include females and males aged 11-26, and males 22-26 if immunocompromised or men who have sex with men (MSM). Parents, providers and institutions of learning will also be targeted. Primary strategies include: Developing educational resources for providers/parents to increase awareness of the HPV vaccine and its effectiveness, including financial incentives such as insurance coverage for the vaccine series; Implementing evidence-based media strategies; Establishing relationships with providers and clinics to encourage participation in the Colorado Immunization Information System (CIIS) and promoting HPV vaccine-specific promotion initiatives in CIIS. Activities intended over the three years include: Developing resources for providers to share with patients/parents of adolescent patients; providing educational sessions to include strategies to promote insurance coverage of HPV vaccination; using paid/earned media; outreach to parents

in schools and non-traditional venues; focus groups for evaluation; outreach to promote efficiency and effectiveness of CIIS, and encouraging participation in HPV Vaccine-specific promotion initiative; comparing the number of providers utilizing CIIS for HPV vaccine-specific promotion initiatives across project years; comparing HPV uptake/series completion in Larimer County across project years.

Secondary strategies include: Developing/prioritizing recommended policy strategies to advance acceptance and adoption of HPV vaccination among eligible Coloradans; and Identifying appropriate stakeholders and partners for promoting policy change. Activities intended over the three year project include: Researching policy strategies that appeal/are best-aligned with higher educational communities and schools; providing education about immunization to identified decision-makers about proposed policies or educational practices being pursued; sharing successful policy or educational strategies that are implemented with relevant groups and community members.

All activities will be planned, implemented and evaluated with support from our Immunization Coalition. CDPHE will also provide technical assistance.

Applicant: **Metro Community Provider Network**  
 Project Name: **MCPN CCPD Colorado Generations**  
 Disease Category: **Cancer**  
 Strategies: **Provider/Clinic-based Cancer Prevention, Individual-level Cancer Prevention, Community-based Cancer Prevention, Patient Navigator Programs, and Patient Navigator and Community Health Worker Training**

Funding:	Requested Amount	Recommended Amount
Year 1	\$464,483.00	\$300,000.00
Year 2	\$543,417.00	\$300,000.00
Year 3	\$559,720.00	\$300,000.00
Total	\$1,567,620.00	\$900,000.00

Counties to serve: Adams, Arapahoe, Douglas, Jefferson, and Prowers

Project Description: MCPN, as the lead agency for the Colorado Generations Program, will continue the successful model already in place to decrease morbidity and mortality from breast, colorectal, uterine, and ovarian cancers through screening and referral to genetic risk assessment. The project intends to expand the original model to encompass additional rural and urban partners. Partner agencies in this effort include Peak Vista Community Health Centers (Strasburg, Colorado Springs, and Limon), High Plains Community Health Center (Lamar), Summit Community Care Clinic (Frisco), and the University of Colorado Cancer Center. This extensive partnership allows for farther outreach to patients in the following counties: Adams, Arapahoe, Douglas, El Paso, Jefferson, Lincoln, Park, Prowers, and Summit.

The purpose of the proposed project is to increase awareness about hereditary breast and colorectal cancer (CRC) among primary care providers, facilitate identification of at-risk patients, and increase utilization of genetic services. Identifying individuals with a family history suggestive of genetic predisposition is critical for assuring that they receive appropriate recommendations for screening to prevent cancer or detect cancer early. The lack of systems to adequately identify patients who are at risk, limited provider knowledge, and cost and access to services has limited the use of genetic services in underserved populations. For this project, MCPN will continue to partner with genetics experts at University of Colorado to continue the work that has been done to date with the Colorado Generations Program. Patient Navigators at each partner agency will assist patients with their referral. Genetic counselors at the University of Colorado Cancer Center, Penrose, and Centura Health will provide risk assessment, coordinate genetic testing, and provide recommendations for screening. To date, the Colorado Generations Program has screened over 10,000 patients, identified 430 at increased risk, and provided genetic counseling services to 60 patients.

Applicant:	<b>Peak Vista Community Health Centers</b>	
Project Name:	<b>Peak Vista Prevents HPV</b>	
Disease Category:	Cancer	
Strategy:	Provider/Clinic-based Cancer Prevention	
Funding:	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$94,715.00	\$79,543.00
Year 2	\$110,166.00	\$79,543.00
Year 3	\$224,710.00	\$79,543.00
Total	\$429,591.00	\$238,629.00

Counties to serve: Adams, Arapahoe, Elbert, El Paso, Kit Carson, Lincoln, and Teller

**Project Description:**

Peak Vista Community Health Centers has identified Strategy #6 to implement provider communication and clinical policies which will increase the uptake and adherence to nationally-recognized HPV guidelines. We will develop an agency-wide policy on HPV which will result in an immunization rate of 50% by grant's end June 2018. This is an increase of 15% over our current HPV rate. Interventions include hiring a Nurse HPV Coordinator, naming a provider "champion," training staff, developing patient education materials and reminders, and conducting community outreach.

Applicant:	<b>University of Colorado Denver Anschutz Medical Campus, Division of General Internal Medicine</b>
Project Name:	<b>Quality Care for Adult Survivors of Childhood Cancer in Colorado: Thriving After Childhood Cancer is Complete (TACTIC)</b>
Disease Category:	Cancer
Strategy:	Provider/Clinic-based Cancer Prevention

Funding:	Requested Amount	Recommended Amount
Year 1	\$165,854.00	\$165,854.00
Year 2	\$173,749.00	\$165,854.00
Year 3	\$178,849.00	\$165,854.00
Total	\$518,452.00	\$497,562.00

Counties to serve: Adams and Arapahoe

**Project Description:**

This project will work within CCPD Strategy area #6, which describes clinic/provider communication interventions to increase overall uptake of and adherence to cancer survivorship care plans, to support the enhancement of a clinical system of care for adult survivors of childhood cancer survivor, the Thriving After Cancer Treatment is Complete (TACTIC) clinical model. The TACTIC clinic is a multidisciplinary consultative clinic (led by adult primary care in collaboration with pediatric oncology, health psychology and oncology nursing) for adult survivors of childhood cancer, that seeks to provide this growing population of adults with the tools they need to receive risk-based comprehensive survivorship care. Adults with a history of childhood cancer are the focus of the clinical program and we serve patients from throughout Colorado. Funding will be used to assess and track referrals with the goal of maximizing the number and proportion of adult survivors of pediatric cancer who receive truly comprehensive treatment summaries and care plans utilizing the Children’s Oncology Group Long-Term Follow up Guidelines, enhance the clinical workflow of the program to incorporate important health maintenance reminders and prompts, and add patient navigator level support to the existing team. We will also work to develop a strategy to evaluate important system- and individual- level impact of these activities. This clinical program of care is highly innovative and ensures the delivery of risk based survivorship care for the growing population of childhood cancer survivors, who are at increased risk for developing premature morbidity and mortality from their treatment, as well as adherence to recommended follow up guidelines. It also encourages and supports the linkage of adult survivors of pediatric cancers to adult primary care medical homes and medical neighborhoods. These goals are in alignment with strategic objectives set forth in the Pediatric Cancer chapter of the Colorado Cancer Plan.



capabilities related to chronic disease patient data tracking and reporting, specifically for diabetes; and in integrating systems functionality and data into clinical workflow processes. Additionally, CRHC will collaborate with local public health agencies to expand knowledge and awareness of the availability of local training and resources for diabetes patients and will provide additional web-based educational resources for rural providers and patients to support patients in engaging with their care team. This project will also examine the relationship between the hospital and clinic care teams to identify best practices in care coordination between care settings through communication and information sharing to enhance care and better the patient experience.

Applicant: **Denver Health and Hospital Authority**  
 Project Name: **A Comprehensive Approach to Diabetes Prevention and Self-Management at Denver Health**  
 Disease Category: **Cardiovascular**  
 Strategies: **National Diabetes Prevention Program, Diabetes Self-Management Education and Community Health Worker Program**

Funding:	Requested Amount	Recommended Amount
Year 1	\$ 576,924.00	<b>\$490,385.40</b>
Year 2	\$ 577,255.00	<b>\$490,385.40</b>
Year 3	\$ 590,658.00	<b>\$490,385.40</b>
Total	\$1,744,837.00	<b>\$1,471,156.20</b>

Counties to serve: **Adams, Broomfield, Denver and Jefferson**

**Project Description:**

Our proposed project aims to continue establishing the ongoing provision of the National Diabetes Prevention Program (DPP; Cardiovascular Disease & Risk Factors Strategy #12) to Denver Health patients with diabetes risks. Per additional demand for Diabetes Self-Management Education (DSME; Cardiovascular Disease & Risk Factors Strategy #13) for the many patients who already have diabetes, we also propose to establish an evidence-based DSME program.

We will continue to aim for a high-quality, yet cost-effective dissemination approach to the National DPP and DSME. Specific strategies will include: (1) creating a registry for patients who are at-risk or currently have diabetes, (2) using a provider-referral network to maximize enrollment and support patient-provider relationships, (3) providing high access to services through a scalable program, (4) incorporating instruction by Community Health Workers (Cross-Cutting Strategy #16) who are supervised by a licensed health care professional, and (5) seeking recognition and/or accreditation for both programs. Under the innovation funding category, we also propose to expand both our reach and capacity to offer the National DPP by delivering the curriculum and self-management support through text messaging. Through implementation within the Denver area’s largest safety net healthcare system, we will reach a predominately underserved population who are adversely affected by health disparities. Emphasis will be placed on financial sustainability, including efforts to further increase and procure long-term funding allocation for the National

DPP within Denver Health (e.g., seek to have the National DPP offered as a covered benefit by Denver Health Managed Care), as well as demonstrate the financial sustainability of DMSE within Denver Health.

Applicant: **Denver Health and Hospital Authority**  
 Project Name: **Team-based Care for a Safety Net Population**  
 Disease Category: **Cancer, Cardiovascular and Pulmonary**  
 Strategies: **Clinical Systems Quality Improvement and Patient Navigator Program**

Funding:	Requested Amount	Recommended Amount
Year 1	\$1,211,905.00	\$467,355.00
Year 2	\$1,246,906.00	\$467,355.00
Year 3	\$1,283,994.00	\$467,355.00
Total	\$3,742,805.00	\$1,402,065.00

Counties to serve: Denver

**Project Description:**

The Team-based Care strategy we are proposing capitalizes on our current efforts in Practice Transformation for our primary care clinics which services over 127,000 patients in the Denver Metropolitan area. The core for project uses a team-based approach (Strategy #10) through care coordination consisting of a clinical pharmacist specialist and a patient navigator (Strategy #15) who works with our clinical staff which includes the primary care providers, nursing staff, social services and behavioral consultants. This strategy will focus on improving cancer screening and navigation, hypertension, diabetes, cholesterol and asthma control. Although we have secured funding for some of our clinics for clinical pharmacists, there are 4 Family Medicine clinics that do not have a clinical pharmacist. The grant award will enable us to properly staff these clinics with clinical pharmacy specialists to provide the same level of medication therapy management services for all Denver Health patients with hypertension, diabetes, dyslipidemia and asthma. In addition, we will add 2 patient navigators to help our cancer screening and HPV vaccination efforts. We will improve our clinical systems (Strategy #11) to facilitate adherence to national guidelines regarding these conditions which include but not limited to point-of-care reminders for providers, tracking of patients and performance feedback at the division, clinic and provider level. Under the innovation funding category, we also propose to expand our Asthma Home Visit Program to target children who are at high risk for ED visits and hospitalizations.

Applicant: **Mesa County Health Department**  
 Project Name: **Mesa County Diabetes Prevention Program**  
 Disease Category: **Cardiovascular**  
 Strategy: **National Diabetes Prevention Program**

Funding:	Requested Amount	Recommended Amount
Year 1	\$155,795.00	\$155,795.00
Year 2	\$155,000.00	\$155,000.00

Year 3	\$155,000.00	\$155,000.00
Total	\$465,795.00	\$465,795.00

Counties to serve: Mesa

**Project Description:**

The purpose of this proposal is to reduce the burden of diabetes on health care costs and outcomes in Mesa County by offering preventive services to adults with prediabetes. Working with community partners and health care providers, Mesa County Health Department will implement a CDC-recognized Diabetes Prevention Program, offering 4 classes in the first year and 8 in the second and third year; develop physician referral policies and procedures to feed the program, leading to a referral guide for all providers; collect, analyze, and disseminate participant and referral data in order to improve implementation and determine the program's impact; and discuss insurance reimbursement for DPP with Rocky Mountain Health Plans, the largest insurer in Mesa County.

**Applicant:** Penrose-St. Francis Health Foundation for Penrose-St. Francis Health Services

**Project Name:** Promoting Diabetes Prevention and Management in El Paso County

**Disease Category:** Cardiovascular

**Strategies:** Team-based Care, National Diabetes Prevention Program, and Diabetes Self-management Education

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$262,308.00	\$262,308.00
Year 2	\$256,796.00	\$256,796.00
Year 3	\$254,966.00	\$254,966.00
Total	\$774,070.00	\$774,070.00

Counties to serve: El Paso

**Project Description:**

*Promoting Diabetes Prevention and Management in El Paso County's* (PDPM-EPC) utilizes a multi-disciplinary, three-pronged approach to meet the challenge of diabetes. Partners include Penrose-St. Francis Health Services (PSF), Peak Vista Community Health Centers, SET Family Medical Center, PSF Primary Care, and Academy Women's Healthcare.

Strategy 12: PDPM-EPC will improve lifestyle risk factors in at least 120 DPP-eligible individuals using DPP curriculum. Three individuals will obtain certification as DPP Lifestyle Coaches, implementing curriculum using DPP guidelines. Participation incentives, including FitBit Wireless Activity Monitors, will augment the 22-session coursework. Anticipated outcomes include: participants will experience a 5% weight loss and be exercising 150 minutes per week.

Strategy 13: 200 Medicaid patients with diabetes will receive 10 hours of individual and group DSME education. The 90-day program focuses on AADE's Seven Self Care behaviors. Partners provide additional referrals, an interpreter, and community class

sites. Participants will receive a FitBits at their first Staying on Track follow-up session. Anticipated outcomes include: a decrease in the base A1C level, decrease in weight, and decrease in BMI. After program completion patients will schedule a follow-up visit with their primary care physician.

Strategy 10: PDPM-EPC will provide team-based care for 40 high-risk patients with one or more chronic diseases. Ten patients will be assigned to MTM, receiving education and monitoring by the program’s pharmacist. Thirty patients will be assigned to CDTM. Through a multi-disciplinary team of six, each CDTM patient will receive 15-20 hours of individual, team and group support over 12 months. FitBits will serve as exercise incentives. Upon program completion, at least 80% will demonstrate controlled hypertension and/or diabetes and medication adherence. Adverse events of all types are expected to decrease.

Applicant: **Tri-County Health Department**  
 Project Name: **Tri-County Health Department Community Health Teams**  
 Disease Category: **Cardiovascular**  
 Strategies: **Self-measured Blood Pressure Monitoring, Team-based Care, National Diabetes Prevention Program, and Diabetes Self-management Education**

Funding:	Requested Amount	Recommended Amount
Year 1	\$1,391,781.00	\$950,000.00
Year 2	\$1,461,370.00	\$950,000.00
Year 3	\$1,534,429.00	\$950,000.00
Total	\$4,387,590.00	\$2,850,000.00

Counties to serve: Adams, Arapahoe and Douglas

Project Description:

Tri-County Health Department (TCHD) Community Health Team (CHT) model is an integrative approach to complement primary care physicians (PCPs) serving Adams, Arapahoe, and Douglas counties. It represents a unique and non-duplicative community service because it targets primary care practices that find the current medical home transformation process challenging with little incentive available to deliver the required care of the Patient Centered Medical Home (PCMH) model. CHTs can provide crucial and unique support to health care providers working in resource-limited practices.

TCHD will contract with local primary care practices to provide an array of services to patients at risk for cardiovascular disease. TCHD will contract with primary care practices referring to the same one to two hospitals to reach a cohort of 20,000 patients. Contracted PCPs will commit to three years of CHT integration, agree to develop a care plan for each participating patient, give the CHT access to health records, and meet regularly with CHT to ensure integration of care.

The CHT is consistent with emerging program elements that have shown to accelerate success in care coordination efforts and include a team-based multidisciplinary

approach to deliver a wide scope of services addressing patients' health needs including medical, behavioral health and social services, partners with PCP practices to ensure patients at high-risk for CVD disease are referred to the CHT for services, provide in-person interactions with patients, implement strong transitional care services, administer strong chronic disease self-management educational components, and engage patients in their health care.

The strategies selected for integration into the CHT model align with the Colorado Chronic Disease State Plan (CCDSP) and specifically address Health Systems Transformations and Community Clinical Linkages. Strategies include: #9: Self-Measured Blood Pressure Monitoring, #10: Team Based Care, #12: National Diabetes Prevention Program, #13: Diabetes Self-Management Education, and #15: Patient Navigator Programs.

**Requests for Programs for the Prevention, Early Detection and Treatment of  
Pulmonary Disease**

*[Recommendations are listed in alphabetical order by the lead agency.]*

<b>Applicant</b>	<b>Recommendation</b>	<b>Strategy</b>
University of Colorado Denver	\$794,755.10	School-centered multi-component asthma management, patient navigation
<b>Total</b>	\$794,755.10	

Applicant: **University of Colorado Denver**  
 Project Title: **Colorado Step Up School Asthma Program**  
 Disease Category: Pulmonary Disease  
 Strategies: School-Centered Asthma Management and Patient Navigator Programs

Funding:	Requested Amount	Recommended Amount
Year 1	\$935,006.00	\$794,755.10
Year 2	\$1,191,893.00	\$794,755.10
Year 3	\$1,216,733.00	\$794,755.10
<b>Total</b>	\$3,343,632.00	\$2,384,265.30

Counties to serve: Adams, Arapahoe, and Denver

**Project Description:**

The Step Up Asthma Program is an established collaboration of community and health organizations led by Children's Hospital of Colorado (CHCO) the Denver Public Schools (DPS), Englewood Public Schools (EPS) and Brighton Public Schools (BPS), designed to tackle one of Colorado's most burdensome health conditions and reach youth who bear a profound and disproportionate asthma affliction. More than 8,500 students in DPS have a current diagnosis of asthma. Despite the majority having health insurance and access to care, up to 46% of elementary and middle school students screened by a validated asthma questionnaire upon entry to our Program each year have moderate to severe uncontrolled asthma. More than 120 students in EPS have asthma. More than 1500 students in BPS have asthma. Step Up is a comprehensive school-based asthma program that translates evidence based asthma management to the population of children most at risk of asthma disparities. In DPS, we will build on proven components of the Step Up Asthma Program. In both EPS and BPS we will apply the lessons learned to two very different school district environments. In all three districts we will broaden the impact of the program through coordination and collaboration with health care providers, public health agencies and community organizations, to build an effective medical neighborhood. This project will be focused on maintaining the work of our DPS Step-Up Asthma Program while expanding to EPS and BPS. We will continue to extend our work through collaboration with Denver Public Health and other partners, such as HCPF, HUD, Region VIII EPA and health care providers, to address medical and environmental factors that cause asthma exacerbations. We will create standard tools and training to extend the reach of our program and will actively engage healthcare providers, a critical link often missing in school-based asthma programs.

## Requests for Patient Navigation/Community Health Worker/Crosscutting Programs

[Recommendations are listed in alphabetical order by the lead agency.]

Applicant	Recommendation	Strategy	Cancer	CVD	Pulmonary	Rural
CPC Community Health	\$915,000.00	Community Health Worker		X		X
Otero Junior College	\$162,646.00	Cross-cutting	X	X	X	X
Tri-County Health Network	\$307,761.20	Patient Navigation		X	X	X
University of Colorado - Just Keep Breathing	\$308,706.00	Community Health Worker			X	
University of Colorado - Patient Navigator Training Collaborative	\$567,678.00	Cross-cutting	X	X	X	X
University of Colorado Denver - Colorectal Cancer Screening	\$600,000.00	Patient Navigation	X			X
<b>Total</b>	<b>\$2,861,791.20</b>					

**Applicant:** CPC Community Health  
**Project Name:** Colorado Heart Healthy Solutions  
**Disease Category:** Cardiovascular Disease  
**Strategy:** Community Health Worker Program  
**Funding:** Requested Amount      Recommended Amount  
 Year 1                      \$1,975,901.00                      \$915,000.00  
 Year 2                      \$1,967,345.00                      \$915,000.00  
 Year 3                      \$1,977,167.00                      \$915,000.00  
 Total                        \$5,902,413.00                      \$2,745,000.00

**Counties to serve:** Alamosa, Cheyenne, Clear Creek, Conejos, Costilla, Denver, Dolores, Douglas, Eagle, Huerfano, Kit Carson, La Plata, Las Animas, Mesa, Moffat, Montezuma, Montrose, Ouray, Prowers, Pueblo, Rio Grande, Route, San Miguel

### Project Description:

CPC Community Health aims to reduce the burden of cardiovascular disease (CVD) by utilizing community health workers (CHW) to conduct outreach, health screening and education, community empowerment, and referrals to community resources through the Colorado Heart Healthy Solutions (CHHS) program. The target population is underserved adults in Colorado, defined as those who face disadvantages such as minorities, the poor, those with less education, un- or under-insured, and those who live far from resources. CHHS features a blended approach of standardized and flexible implementation. Core program elements include the use of the Outreach, Screening and Referral (OSCAR) system and evidence-based guidelines to inform CHWs' coaching and medical referral decisions, and to track standardized metrics for CVD. Site level implementation, however, is adapted to meet the needs of the local community. To improve connectivity with medical homes, CHHS includes public health detailing to support health care providers who manage at-risk individuals referred by this program, and to activate them to employ evidence-based preventive therapies

for risk factor control. Since 2008, CHHS has served over 36,000 individuals of which 91% were underserved.

Primary deliverables include: 1) highly-skilled CHWs that provide health education, risk factor assessment, coaching, and referrals that promote positive behavior changes; 2) a systematic data system (OSCAR) that incorporates standardized metrics for CVD; 3) partnerships with community resources; and 4) public health detailing to enhance partnerships with medical homes, and increase use of evidence-based CVD guidelines.

Expected outcomes are improvements in all major modifiable risk factors, positive behavior change, and a reduction in 10-year risk of heart attack, death or stroke. This model integrates best practices from public health and health care and has already resulted in improvements in CVD risk factors including blood pressure, cholesterol, diet and physical activity (Appendix A CDC Science in Brief).

Applicant:	<b>Otero Junior College</b>	
Project Name:	<b>Community Health Worker and Navigation Education: Wraparound Success</b>	
Disease Category:	Cardiovascular	
Strategy:	Patient Navigator and Community Health Worker Training	
Funding:	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$246,629.00	\$162,646.00
Year 2	\$245,629.00	\$162,646.00
Year 3	\$240,629.00	\$162,646.00
Total	\$636,474.00	\$487,938.00

Counties to serve: Bent, Crowley, and Otero

**Project Description:**

This project is to standardize and train Community Health Workers and Community Health Navigators, using curriculum based on the statewide core competencies, in rural southeastern Colorado at Otero Junior College (OJC). This will be done by enhancement of the recently implemented Community Health Worker (CHW) Certificate Program requiring 32 credits and an Associate Degree Community Health Navigator (CHN) program requiring approximately 61 credits. To enhance success in the program a case management/success coaching model will be developed to provide wraparound student support services which will begin with recruitment, follow through completion of the program and employment. These services will include academic advising, learning styles inventory, tutoring, resource acquisition, employment preparation and job search assistance. The project grant funds will be used to employ additional faculty and a half-time success coach, market/recruit students, expand industry support, recruit employers and provide funds for student travel for required field experiences. The goals are to increase the current annual enrollment in both programs, obtain a completion rate of 60% and a graduate employment rate of 50%. OJC has been active in the Colorado Patient Navigator/Community Health Collaborative for the past two years and will continue to

work with that effort to standardize and implement patient health navigation services in Colorado. The curriculum and program outcomes for the OJC CHW program were built using the original CHW competencies developed by the Collaborative as guidelines. The CHN Degree program curriculum is currently being built using the Statewide Core Competencies and the Health Navigator Prototype Curriculum Framework proposed by the Community Colleges and Public Health Project joint effort of the Framing the Future Task Force from the League for Innovation.

Applicant:	<b>Tri-County Health Network</b>	
Project Name:	<b>Improving Outcomes with Patient Health Navigators</b>	
Disease Category:	Cardiovascular and Pulmonary	
Strategy:	Patient Navigator Programs	
Funding:	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$362,072.00	\$307,761.20
Year 2	\$371,137.00	\$307,761.20
Year 3	\$380,321.00	\$307,761.20
Total	\$1,113,530.00	\$923,283.60

Counties to serve: Montrose, Ouray, and San Miguel

**Project Description:**

TCH Network’s program “Improving Outcomes through Integrated Patient Health Navigators” focuses on the evidence-based strategy of using Patient Health Navigators (PHNs) to improve the health of community members at-risk for or struggling with diabetes, heart disease, and pulmonary disease in the 3 rural counties of Ouray, San Miguel and Montrose.

Patient Health Navigators, who are community “lay-leaders”, will become integrated in their local primary care clinics, as part of the health care team, to focus on engaging patients for personal management of chronic diseases. PHNs will help in removing barriers to care by linking patients to appropriate services, and providing education and assistance in improving the overall health of the patient. PHNs will use motivational interviewing and appreciative inquiry techniques in order to fully engage and understand the patient’s health concerns as well as provide follow-ups and peer-support to improve patient self efficacy. The project will seek to reduce risk factors that can prevent the onset of diabetes, complications from diabetes and other chronic disease, including cardiovascular and pulmonary disease by expanding outreach and adopting new tools to further assist patients in need of accessible care. Our goal is to increase and improve capacity of PHNs in outreaching and engaging high risk patients, at-risk or diagnosed with chronic disease. This will take place through collaboration with five primary care clinics and by utilizing a systematic data collection process. These practices will lead to full integration of PHNs into clinical settings, empowering patients with chronic disease while allowing clinicians to practice at their highest level resulting in lower administrative costs and improved patient health.

**Applicant:** University of Colorado Denver  
**Project Name:** Just Keep Breathing  
**Disease Category:** Pulmonary Disease  
**Strategy:** Community Health Worker Program  
**Funding:**

	Requested Amount	Recommended Amount
Year 1	\$308,706.00	\$308,706.00
Year 2	\$475,000.00	\$308,706.00
Year 3	\$475,000.00	\$308,706.00
Total	\$1,258,706.00	\$926,118.00

**Counties to serve:** Denver

**Project Description:**

Just Keep Breathing will utilize a community health worker model to improve pediatric asthma outcomes in the Denver metro area. The community health workers will focus on six primary tasks with families: connection to care, facilitation of communication between health care providers, schools and extracurricular activities (e.g. sports coaches), home environmental assessments, resource provision, asthma education, and behavior change assistance. Families will enter the program through referrals from the Children’s Hospital Colorado High Risk Asthma program, Children’s Hospital Colorado pulmonary clinics, and the Step Up school-based asthma program. The first year will focus on program development and staff training; we will enroll five families in the last quarter of the first year. In years 2 and 3, we will expand the program to a total of 50 families.

**Application:** University of Colorado Denver  
**Project Name:** Patient Navigator Training Collaborative  
**Disease Category:** Crosscutting  
**Strategy:** Patient Navigator and Community Health Worker Training  
**Funding:**

	Requested Amount	Recommended Amount
Year 1	\$ 585,088.00	\$567,678.00
Year 2	\$ 615,210.00	\$567,678.00
Year 3	\$ 600,662.00	\$567,678.00
Total	\$1,800,960.00	\$1,703,034.00

**Counties to serve:** Adams, Alamosa, Arapahoe, Boulder, Denver, El Paso, Gunnison, La Plata, Larimer, Mesa, Pueblo, San Miguel, and Weld

**Project Description:**

The provision of comprehensive training, education and support for individuals providing patient navigation across Colorado is necessary to improve health and wellness, as well as to assure health equity, through access and use of both clinical and preventive services. Three major elements are responsible for the success of our program to date. First, is the interactive, face-to-face PN Basic Fundamentals training in English and Spanish. The second activity is the Level II training for more advanced patient navigators that utilize online learning and in-person format. Our website ([www. http://patientnavigatortraining.org](http://patientnavigatortraining.org)) serves patient navigators across Colorado and 17,000 individuals have accessed our various online self-paced tutorials. Over 1,000 individuals participate on our list serves for announcements and resource

sharing. Third is the train-the-trainer program that can expand the reach of the patient navigator trainings while maintaining quality and fidelity to the curriculum. This proposal seeks to expand and enhance these three main efforts to provide high quality and training based on best practices for this growing profession. The PNTC has developed a competency based curriculum to prepare patient navigators with the necessary knowledge and skills and has successfully disseminated it to over 1000 patient navigators. This proposal will enable formal collaboration with Red Rocks Community College to integrate the patient navigator courses into a patient navigator program in the community college system. Furthermore, two key toolkits will be distributed through our website for evaluation and management support of the PN role. Lastly, we will expand our PNTC Advisory committee for greater statewide representation of various educational/training centers and employers of patient navigators. By the end of this proposed project period, the PNTC will offer an innovative and comprehensive list of skill-based training for community college credit, professional continuing education and initial and professional development of the Colorado workforce engaged in patient navigation.

**Applicant: University of Colorado Denver**  
**Project Name: Increasing Colorectal Cancer Screening in Colorado Using a Comprehensive Approach**

**Disease Category: Cancer**  
**Strategy: Patient Navigator Training**

<b>Funding:</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
Year 1	\$2,000,000.00	\$600,000.00
Year 2	\$2,000,000.00	\$600,000.00
Year 3	\$2,000,000.00	\$600,000.00
<b>Total</b>	<b>\$6,000,000.00</b>	<b>\$1,800,000.00</b>

**Counties to serve:** Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Boulder, Chaffee, Conejos, Costilla, Delta, Denver, Dolores, Eagle, Elbert, El Paso, Fremont, Garfield, Gilpin, Huerfano, Jefferson, Kit Carson, La Plata, Larimer, Las Animas, Lincoln, Logan, Mesa, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Miguel, Summit, Teller, Weld and Yuma

**Project Description:**  
 Partners of the Colorado Colorectal Screening Program, including the Coordinating Center at the University of Colorado Cancer Center, safety net community clinics throughout Colorado, and state and local public health agencies will work together to increase colorectal cancer screening rates by implementing and strengthening components of a comprehensive approach to CRC screening to ensure all eligible clients are screened regardless of risk status or payer source. The program will continue to facilitate development of the medical neighborhood for cancer screening through its partnership with screening specialty providers, primary care providers and payer sources. This includes providing limited payment for direct medical services of at least 650 uninsured or underinsured Coloradans as payer of last resort. Since

coverage doesn't guarantee effective use of preventive health care services, several evidence based interventions will be used to increase uptake and adherence to screening guidelines. These include interventions to increase targeted patient and public awareness with public health agencies and clinics, to expand screening navigation to clients including those newly enrolled in Medicaid or the health exchange, to train clinic providers and staff on systemic approaches such policy development, use of registries, assessment of family history, patient tracking and reminders, as well as implementation of multiple screening methods using consensus guidelines, and to provide technical assistance to carry out these activities.