

Preparing for Bridge Day!

Attached are the materials we thought you would find most helpful during Bridge Day's activities on September 30 at the *Uniting Public Health Conference*.

The Public Health Act requires the Colorado Department of Public Health and Environment to develop a statewide public health improvement plan, due December 31, 2009. We're looking forward to this opportunity to get your input on the strategic recommendations that will be included in the overall plan.

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The final plan will also include additional background information.

After Bridge Day, we encourage you to make additional comment via the public comment website www.cophip.org.

2009 Draft Plan for Improving Colorado's Public Health System

Introduction

The intent of the Public Health Act of 2008 is to improve the performance of the public health system in order to improve the health outcomes of Colorado's residents and visitors. The Act calls upon the Colorado Department of Public Health and Environment to develop a comprehensive statewide public health improvement plan every five years that assesses and sets priorities for the public health system. The Public Health Act specifically identifies the following purposes for the plan:

- Guide the public health system in targeting core public health services and functions through program development, implementation, and evaluation;
- Increase the efficiency and effectiveness of the public health system;
- Identify areas needing greater resource allocation to provide essential public health services;
- Incorporate, to the extent possible, goals and priorities of public health plans developed by county or district public health agencies; and
- Consider available resources, including but not limited to state and local funding, and be subject to modification based on actual subsequent allocations.

To that end, this initial Statewide Improvement Plan has been conceived as an opportunity to lay the groundwork for an institutionalized, state-wide planning process. The following recommended goals, strategic priorities and action steps were identified from a review of current and previous public health improvement initiatives in Colorado, most recently the 2007 Community Dialogues. Public input was then gathered from more than 250 public health professionals and partners around the state to fully develop these draft recommendations.*

The recommendations for improving the public health system that were identified by the public health community are organized into the following areas:

- I. Core Services and Quality Standards
- II. Assessment and Planning
- III. Financing and Funding
- IV. Public Health Roles and Relationships
- V. Workforce Development
- VI. Data, Technology and Public Health Informatics

Many of the recommendations involve strategically addressing existing infrastructure and activities; that is, they call for doing things differently, rather than doing new things. To achieve sustainable improvements to the public health system, this process requires local and state public health agencies, as well as the many other partners that comprise the public health system, to achieve consensus regarding strategies and next steps.

* Critical Input meetings were organized by the Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials (CALPHO) with funding provided by Kaiser Permanente and the Caring for Colorado Foundation.

Goals of the Colorado Statewide Public Health Improvement Plan

As defined in the Act, “Public health” means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health needs and emergencies and is accomplished through the provision of essential public health services.

- ❖ **Goal 1: Optimal community, environmental, and personal health**
 - ▶ This Plan recognizes that Public Health’s mandate is to improve and protect the health of the public, and that health outcomes are directly related to system performance. By improving the distribution and quality of public health services, attending to health disparities, and addressing environmental conditions that directly impact health, **the public health system will ensure optimal health for Coloradans from birth to old age.**

- ❖ **Goal 2: Equitable access to core public health services**
 - ▶ This Plan recognizes that the public health system must serve all Coloradans equally, and that limitations in access to, utilization of, and quality of health services due to geopolitical, environmental, socioeconomic, and cultural barriers must be avoided. The public health system, anchored by a network of public health agencies and supported by a well connected, comprehensive collection of public health organizations and professionals, will ensure **every Coloradan in every county has equal access to public health services.**

- ❖ **Goal 3: Highest quality programs and services**
 - ▶ This Plan recognizes that the public health system must provide all Coloradans with efficient, effective, and reliable public health services. Through ongoing, committed implementation of core quality improvement concepts, including an emphasis on systems, a focus on outcomes, adoption of measurable standards, and utilization of knowledge gained through the application of public health plans and evidence-based practices, the public health system will **continuously improve the quality of its services and programs.**

- ❖ **Goal 4: Accountability**
 - ▶ This Plan recognizes that quality public health services can only be delivered by an accountable public health system. **Development and adoption of standards for defining and measuring the performance** of the public health system will demonstrate accountability and raise public health capacity.

- ❖ **Goal 5: Collaborative leadership**
 - ▶ This Plan recognizes that local public health agencies have long been leaders in the effort to improve public health, and that improvements in public health policy and system performance will require the combined energies of local and state-level leaders. **Collaborative leadership, inclusive of public and private sector partners**, with shared decision-making processes and consensus-based strategy development, will enable an environment in which the statewide public health system will flourish.

- ❖ **Goal 6: Effective use of public health resources**
 - ▶ This Plan recognizes the scarcity of public health resources, and the necessity of aligning those resources with the greatest public health priorities. A formalized planning process, occurring at the state and local levels and incorporating input from all public health disciplines, will be enacted to ensure **public health resources are proportionately employed to meet the highest priority public health challenges**. Cooperation between and across communities, agencies, and sectors will ensure practices, policies, and funding are aligned to maximize the use of public health resources.

- ❖ **Goal 7: A well-trained workforce to serve Colorado**
 - ▶ This Plan recognizes that Colorado’s public health professionals are challenged to provide a wide range of public health services, often without adequate support and with insufficient technical training. Through commitment to lifelong learning, linking practice to formal education, and attention to recruitment and retention strategies, Colorado’s public health system will **develop, employ, and maintain a highly trained, competent workforce**.

- ❖ **Goal 8: Communicate the value of public health**
 - ▶ This Plan recognizes that the population-based, preventive orientation of public health causes many successes to go unnoticed. **A comprehensive plan to consistently communicate the value of public health**, emphasizing demonstrable contributions to the public’s health, will provide a compelling rationale and elevate public support necessary to develop sustainable, effective public health efforts.

- ❖ **Goal 9: Partnerships**
 - ▶ This Plan recognizes that intersectoral relationships between local, state, and other public health agencies and organizations will be necessary to build consensus on health priorities, leverage resources to address them, and continually develop a shared vision for public health in Colorado. Public health improvement in Colorado will require leadership, resources, and staffing to establish innovative programs and processes, and **partnerships among CDPHE, local public health agencies, and other public health system stakeholders will be the driving force necessary to achieve an enduring culture of excellence**.

- ❖ **Goal 10: Community participation**
 - ▶ This Plan recognizes that **public health begins with the community**. Community constituents, including key stakeholders, coalitions, organizations, associations, and individuals will be engaged and encouraged to participate in public health activities.

2009 Strategic Priorities for Improving Colorado’s Public Health System

I. Core Services and Standards

Strategic Recommendation 1—What do we need to do?

The Colorado Board of Health will **adopt core public health services** that are to be made available across the state. The core public health services should allow flexibility for local public health agencies to prioritize services, programs, and strategies based on community needs assessments.

Action Steps—How will we get there?

- Local and state public health agencies collaboratively identify core services that meet statutory requirements, funding availability, and allow flexibility to prioritize programs.
- Engage local boards of health in the process to define/support core services as well as additional services and programs that meet local public health needs.
- The Colorado Board of Health adopts, by rule, the core public health services.
- Local public health agencies will provide or assure the provision of and direct people to public health core services based on priorities from a community health assessment.

How will this improve the Public Health System?

By identifying areas for improvement and expansion, we begin building a system where core services are delivered effectively to people regardless of where people live, work, and play in Colorado.

Leaders and Facilitators—Who will keep this moving?

Colorado State Board of Health, CDPHE

Partners —Who is needed to make this work effectively?

Local boards of health, local public health directors and agencies, CALPHO

Accomplishments—What have we done thus far?

- The Public Health Act requires core services to be adopted
- Draft core services have been developed based on input from public health professionals around the state

Next Steps

- Local public health directors present draft core services to local boards of health
- Input continues to be gathered for draft to be proposed in a rule making process

Anticipated Timeline

2010	2011	2012	2013	2014
Rule-Making	Review			

2009 Strategic Priorities for Improving Colorado’s Public Health System

Core Services and Standards-continued

Strategic Recommendation 2—What do we need to do?

The Colorado State Board of Health will **adopt quality standards** based on national standards to ensure effective delivery of the core services and to prepare local agencies and the state for voluntary national accreditation.

Action Steps—How will we get there?

- Establish an on-going standards oversight committee with state and local representation.
- The oversight committee identifies and recommends quality standards and develops a process for standards review and improvement.
- Incorporate culturally and linguistically appropriate service standards into standards.
- Develop and implement a quality improvement process that assists agencies in meeting standards and provides information regarding the resources necessary to fully deliver high quality core public health services.
- Local public health agencies incorporate an assessment of their capacity and performance relative to those standards into their community health assessment and local planning efforts.
- The Colorado State Board of Health adopts, by rule, the quality standards.

How will this improve the Public Health System?

To ensure core public health services are provided equitably and effectively, local public health agencies must meet certain quality standards. In light of the national accreditation movement, Colorado’s standards for the delivery of core public health services should optimally position local public health agencies for voluntary national accreditation.

Leaders and Facilitators—Who will keep this moving?

Colorado State Board of Health, CDPHE

Partners—Who is needed to make this work effectively?

Local boards of health, local public health directors and agencies, CALPHO

Accomplishments—What have we done thus far?

- Reviewed other state’s standards
- Participated in Public Health Accreditation Board’s request for review of drafts

Next Steps

- Track national progress of accreditation of local public health agencies and report voluntary participation and experiences of applicants.
- Connect national process for accreditation to the quality standards in Colorado

Anticipated Timeline

2010	2011	2012	2013	2014
Form committee and develop recommendations	Consider rule-making Develop technical assistance process		Review and assessment of services and standards	

2009 Strategic Priorities for Improving Colorado’s Public Health System

II. Assessment and Planning

Strategic Recommendation 1—What do we need to do?

Ensure a **comprehensive set of public health indicators**, to include health status, behavioral risk, mental health, environmental health, oral health, health disparities, and social determinants of health. Measure, update, and make available to local public health agencies in a timely manner to enable community health assessment and planning at the state and local levels.

Action Steps—How will we get there?

- Establish a multi-disciplinary, cross-sectional advisory group to provide on-going guidance (to CDPHE) in the provision of public health indicators.
- Increase utilization of the current web based county/regional health profiles as the standard indicator set for the state.
- Refine current indicator set and add new indicators as resources and data allow.
- Create a set of environmental health indicators to be tracked at the state, regional and county level (where possible) and include environmental health indicators in profiles.
- Develop and implement a plan to identify indicators for which insufficient data currently exists.
- Add functionality to the health profiles website such as indicator ranking by county , graphing capacity, markers of statistical significance etc.
- Refine and update public health indicators as new data become available.

How will this improve the Public Health System?

The continued development and acceptance of standard Public Health Status Indicators will provide a means for measuring and monitoring health status, including improvements in the health, and the determinants of health, of Coloradans. These indicators will provide a common set of public health data which local public health agencies can incorporate into their assessments and improvement plans.

Leaders and Facilitators—Who will keep this moving?

CDPHE, Advisory Group when formed, Surveillance Advisory Board

Partners—Who is needed to make this work effectively?

Local public health directors and agencies, Colorado School of Public Health and other academic partners, Colorado Environmental Health Directors

Accomplishments—What have we done thus far?

- Website and regional profiles set up and available for use
- Received grant to be part of environmental public health tracking network

Next Steps

- Establish a multi-disciplinary, cross-sectional advisory committee

Anticipated Timeline

2010	2011	2012	2013	2014
Form advisory group, increase utilization of regional profiles website, develop and implement plan for expansion				Refine and update

2009 Strategic Priorities for Improving Colorado’s Public Health System

Assessment and Planning-continued

Strategic Recommendation 2—What do we need to do?

Develop a **standardized approach to community health assessment** and provide technical assistance, tools, and templates for the collection and analysis of community-specific data, health improvement planning, and outcome evaluations in local public health agencies.

Action Steps—How will we get there?

- Convene a task force to develop a standard community health assessment format acceptable to all local public health agencies and sufficient to meet multiple CDPHE and local public health program requirements.
- Collect and catalogue high quality community health assessment tools (e.g., survey instruments, priority matrices, etc.).
- Develop a standardized instrument and conduct capacity assessments of state and local public health agencies’ ability to deliver public health services, to include appropriate staffing, funding, facilities, and governance
- Task force reviews community health assessments recently conducted by agencies and recommends acceptance or additions.
- Use community health assessments to inform local boards of health and determine local public health priorities.

How will this improve the Public Health System?

Community Health Assessments should be utilized to identify and prioritize local public health priorities, and when combined with the assessment of core services delivery, local public health agencies will have the information they need to develop plans for improving the public’s health.

Leaders and Facilitators—Who will keep this moving?

CDPHE, CALPHO

Partners—Who is needed to make this work effectively?

Local public health directors and agencies, Colorado School of Public Health and other academic partners

Accomplishments—What have we done thus far?

- As of 2008, at least 24 local public health agencies had conducted a community health assessment within the past five years.
- Training on community health assessments (MAPP model) has been conducted throughout state.

Next Steps

- Convene task force of experts, contractors, and users of community assessment tools
- Review current community health assessments
- Develop community health assessment process and capacity assessment tool

Anticipated Timeline

2010	2011	2012	2013	2014
Convene task force to develop tools and process	Local public health agencies conduct community health assessments as needed			Local assessments inform next statewide plan

2009 Strategic Priorities for Improving Colorado’s Public Health System

Assessment and Planning-continued

Strategic Recommendation 3—What do we need to do?

Establish a **statewide public health planning process** to help facilitate coordination between CDPHE and local public health agencies in achieving improved health status across jurisdictions.

Action Steps—How will we get there?

- Form an ongoing committee with representation from all sectors of the public health system to guide statewide public health planning efforts and identify planning processes and outcomes.
- Identify key public health and environmental outcomes that are common and relevant at the state and/or regional level based on community health assessments.
- Review community health assessments to identify opportunities for improving the delivery of public health services and opportunities for regional cooperation and shared services.
- Develop a comprehensive, statewide plan to improve the delivery of public health services and to address key public health and environmental outcomes at the state and local level.
- Convene partners at a strategic planning summit to review progress on Act implementation and identify next steps.
- Begin preparing 2014 statewide public health improvement plan.

How will this improve the Public Health System?

Effective public health improvement initiatives must begin with a strategic and comprehensive planning process that brings local and state public health together to set priorities for public health.

Leaders and Facilitators—Who will keep this moving?

CDPHE

Partners—Who is needed to make this work effectively?

Local public health directors and agencies, Colorado School of Public Health and other academic partners

Accomplishments—What have we done thus far?

- Planning is now in statute with Public Health Act of 2008
- Office of Planning and Partnerships established at CDPHE

Next Steps

- Bring planners together to identify tools and agree on processes

Anticipated Timeline

2010	2011	2012	2013	2014
Form statewide planning committee	Key public health and environmental outcomes are identified Form planning groups around state			Begin next 5 year cycle with statewide plan

2009 Strategic Priorities for Improving Colorado’s Public Health System

Assessment and Planning-continued

Strategic Recommendation 4—What do we need to do?

Develop a mechanism through which every local public health agency can access public health professional(s) with health planning skills in order to facilitate the process of assessment, prioritization, program development, and evaluation of public health issues.

Action Steps—How will we get there?

- Identify models for sharing assessment and planning resources, including personnel (regional planners, peer mentoring, etc).
- Connect students at the Colorado School of Public Health with local public health agencies to assist with the community health assessment process, including data collection and analysis.
- Identify faculty, consultants and state and local public health experts willing to assist.

How will this improve the Public Health System?

By the next five-year cycle, the public health system will be able to develop a comprehensive plan to more equitably, efficiently, and effectively provide services, address disparities in health among priority populations, and identify opportunities for optimal health among all Coloradans.

Leaders and Facilitators—Who will keep this moving?

CDPHE, CALPHO

Partners—Who is needed to make this work effectively?

Colorado School of Public Health Center for Public Health Practice, local public health agencies

Accomplishments—What have we done thus far?

- Consultants, academic programs and students have assisted agencies with assessments

Next Steps

- Identify resources available
- Develop systems to connect resources with agencies

Anticipated Timeline

2010	2011	2012	2013	2014
Identify resources and systems		Ongoing support and evaluation of systems		

2009 Strategic Priorities for Improving Colorado’s Public Health System

III. Financing and Funding Public Health

Strategic Recommendation 1—What do we need to do?

Adopt, by rule of the Colorado State Board of Health, a local public health funding formula that recognizes population served, core public health service needs, and supports a basic infrastructure.

Action Steps—How will we get there?

- Establish a taskforce (state and local representatives) to develop a formula for the allocation of state monies to local public health agencies.
- Financial analysis of all state, local, and private public health funding.
- Catalogue current shared services agreements among agencies and counties.
- Identify current funding for core services and other funding distributed by formula.
- Develop and test new formula.
- The Colorado State Board of Health adopts, by rule, the new funding formula.
- Revisit the funding formula no less than every fifth year after passage of the initial formula.

How will this improve the Public Health System?

With the passage of the Act, all counties in Colorado must now be served by a local or district public health agency that is responsible for assuring the provision of core public health services. The allocation of state monies to local public health agencies must be re-aligned to reflect the responsibilities of local agencies in providing core public health services.

Leaders and Facilitators—Who will keep this moving?

CDPHE, local public health agencies, Colorado State Board of Health

Partners—Who is needed to make this work effectively?

Local boards of health, Colorado Counties Inc.

Accomplishments—What have we done thus far?

- Tobacco funding formula workgroup research
- Public Health Act requires that public health funds must be spent on public health and accounted for by county treasurers

Next Steps

- Form taskforce and identify staff to work on project
- Research other funding formulas and funding distributions

Anticipated Timeline

2010	2011	2012	2013	2014
Taskforce formed, analysis	Develop and test new formula	Consider rule-making	Ongoing evaluation	

2009 Strategic Priorities for Improving Colorado’s Public Health System

Financing and Funding Public Health –continued

Strategic Recommendation 2—What do we need to do?

Integrate and streamline contracting, grants administration, and funding process between the state and local public health agencies to align with core public health services and improve efficiency.

Action Steps—How will we get there?

- Secure leadership support.
- Establish a taskforce (inter-division CDPHE team with local representation) to develop a streamlined contracting, grants administration, and funding process.
- Research other states and other Colorado government agencies for models.
- Seek funding to support designated staff and/or use finance/management graduate students.
- Implement a pilot project with three to five local public health agencies to test and evaluate new system.
- Test new system with all local public health agencies.

How will this improve the Public Health System?

A common concern among local public health agencies is the amount of time devoted to managing multiple contracts with different reporting and accounting mechanisms. With leadership support, stakeholder input, and dedicated staff time to identify issues, review best practices, and propose new and more efficient approaches, significant inroads can be made to streamline CDPHE’s current systems.

Leaders and Facilitators—Who will keep this moving?

CDPHE, Task force

Partners—Who is needed to make this work effectively?

Local public health agencies, School of Public Affairs, business schools

Accomplishments—What have we done thus far?

- Some improvements in master contracts
- Initial discussions within CDPHE

Next Steps

- Seek leadership support and funding as needed
- Form taskforce and identify staff to work on project
- Research other agency processes

Anticipated Timeline

2010	2011	2012	2013	2014
Form taskforce, identify staff, develop pilot		Implement and evaluate pilot		Expand pilot

2009 Strategic Priorities for Improving Colorado's Public Health System

IV. Public Health System Roles and Relationships

Strategic Recommendation 1—What do we need to do?

Continually improve state and local governmental public health agency communications and collaborative relationships. Review and expand formal and informal networks for communication, technical assistance, mentors, consultants, and support teams available for state and local agencies.

Action Steps—How will we get there?

- Identify and catalogue current CDPHE and local public health staff that work in a regional framework as liaisons and technical consultants.
- Examine and integrate CDPHE and local public health methods for regular communication, regional meetings, site visits, etc. across multiple programs, agencies, and/or divisions.
- Strengthen CDPHE liaison function across divisions and enhance the use of best practice models for delivering public health services.
- Identify best practices for partnering across all sectors of the public health system.
- Expand use of technology to include more participants around the state.

How will this improve the Public Health System?

Improving the connections among state and local agencies will build collaborative decision-making and communication processes. Public health can have one voice in promoting initiatives and legislative agendas.

Leaders and Facilitators—Who will keep this moving?

CDPHE, CALPHO

Partners—Who is needed to make this work effectively?

All divisions at CDPHE, local public health agencies

Accomplishments—What have we done thus far?

- Community Dialogues, the Public Health Summit and Critical Input meetings have brought state and local public health agencies together
- Models such as the regional Emergency Preparedness and Response staff and STEPPS peer mentoring program have been successful

Next Steps

- Identify and evaluate CDPHE and local public health technical assistance and support processes

Anticipated Timeline

2010	2011	2012	2013	2014
Evaluate and improve current system		Develop and evaluate new models		

2009 Strategic Priorities for Improving Colorado’s Public Health System

Public Health System Roles and Relationships- *continued*

Strategic Recommendation 3—What do we need to do?

Develop training and support for new local public health agency directors to work productively in Colorado’s public health system, with CDPHE, and with local boards of health and elected officials.

Action Steps—How will we get there?

- Increase use of National Association of City and County Health Officials’ (NACCHO) 12-month *Survive and Thrive: Roadmap for New Local Health Officials*.
- Evaluate and expand existing state-specific training programs.
- Create training, coaching and support opportunities to connect new directors with seasoned local public health directors and/or retired leaders.
- Establish a mechanism to continually improve training and support for new directors.

How will this improve the Public Health System?

In as many as 40 of Colorado’s counties, the Act created new local public agencies with a newly appointed executive level position of public health director. Directors new to this position should be provided adequate training and guidance to quickly become effective public health leaders.

Leaders and Facilitators—Who will keep this moving?

CALPHO, National Association of City and County Health Officials, CDPHE

Partners—Who is needed to make this work effectively?

Local boards of health, experienced public health directors, Colorado Counties, Inc.

Accomplishments—What have we done thus far?

- Orientations for public health nursing directors have been conducted and Public Health 101 offered throughout state

Next Steps

- Identify new directors interested in scholarships for NACCHO program
- Develop new training program and support system

Anticipated Timeline

2010	2011	2012	2013	2014
Program development		Implement and evaluate		

2009 Strategic Priorities for Improving Colorado’s Public Health System

Public Health System Roles and Relationships- *continued*

Strategic Recommendation 4—What do we need to do?

Evaluate and potentially re-structure the system of local governmental public health organizations to be more efficient, inclusive, and effective. Improve state and local coordination in policy development and encourage participation in the legislative process.

Action Steps—How will we get there?

- Conduct a retreat of all organizations’ board officers, with state representation to clarify roles, purposes, and goals.
- Develop system for networking and sharing across local governmental public health organizations.
- Re-structure local governmental public health organizations as needed.
- Evaluate new structures for efficiency, inclusiveness, and effectiveness.
- Collectively set and work together on public health policy agendas.
- Identify non-traditional public health partners with whom a broader policy agenda can be pursued.

How will this improve the Public Health System?

With the new structure in Colorado’s public health system, position-based organizations could also re-structure to share knowledge and build relationships with new local public health agencies. Additionally, improving the connections with the state will build collaborative decision-making and communication processes.

Leaders and Facilitators—Who will keep this moving?

Public Health Alliance, and board members from local governmental public health organizations (CALPHO and the organizations for public health directors, environmental health directors, nursing directors and administrative directors)

Partners—Who is needed to make this work effectively?

CDPHE, local public health agencies

Accomplishments—What have we done thus far?

- Public Health Directors of Colorado have begun to re-write by-laws and consider communication issues

Next Steps

- Discussions and consensus among boards of organizations

Anticipated Timeline

2010	2011	2012	2013	2014
Board discussions	Implement any new structures and evaluate			

2009 Strategic Priorities for Improving Colorado’s Public Health System

Public Health System Roles and Relationships- *continued*

Strategic Recommendation 5—What do we need to do?

Build a network with and among the Colorado State Board of Health, local boards of health and Boards of County Commissioners that serve as Boards of Health. Establish a state affiliate (SALBOH) of the National Association of Local Boards of Health (NALBOH).

Action Steps—How will we get there?

- Establish a state affiliate of NALBOH.
- Bring local boards of health together with State Board of Health at least yearly.
- Establish system to support local board of health state affiliate attendance at national association meetings.
- Develop standard public health orientation for new county commissioners.
- Inform local boards of health regularly on public health issues and build relationships with local public health agencies and state level public health.
- Explore model of establishing public health advisory committees for counties not having a local board of health that is distinct from county commissioners.
- Develop strategic regular public health update for local boards of health.

How will this improve the Public Health System?

Public health is intricately tied to the governmental system and requires keeping boards of health and elected officials informed, engaged and supportive of the critical role public health plays in their jurisdictions. The Public Health Act has new requirements for local boards of health that were not defined for all counties prior to this year. National resources are available to assist with this process.

Leaders and Facilitators—Who will keep this moving?

CALPHO, Colorado Counties Inc

Partners—Who is needed to make this work effectively?

Office of Planning and Partnerships, local boards of health, agency directors

Accomplishments—What have we done thus far?

- Applied for NALBOH mini-grant to hold organizational meeting at Winter Colorado Counties Inc. conference.

Next Steps

- Scheduled session for local boards of health at 2009 Winter Colorado Counties Inc. Conference

Anticipated Timeline

2010	2011	2012	2013	2014
Establish a SALBOH, develop orientation		Continue building relationships and strengthening boards of health		

2009 Strategic Priorities for Improving Colorado's Public Health System

V. Workforce Development

Strategic Recommendation 1—What do we need to do?

Perform a regular and systematic assessment to document the range of professionals working in public health, and assess the public health workforce's training and education needs to inform educational program development.

Action Steps—How will we get there?

- Establish a public health workforce development taskforce to develop ongoing system for assessing workforce development needs.
- Initiate regular and systematic assessment of the public health workforce's training and education needs.
- Create system-wide annual report to communicate needs and market opportunities.
- Develop an enhanced learning management system to track and manage workforce training and provide the technological foundation for active and dynamic online trainings.

How will this improve the Public Health System?

Creating an ongoing system of assessment is necessary to track qualifications and training in state and local public health agencies as well as the many other public health related organizations in Colorado. This ongoing assessment will replace intermittent needs assessments and will inform the development of applicable, meaningful, and useful trainings on an ongoing basis.

Leaders and Facilitators—Who will keep this moving?

Workforce development taskforce once formed, Colorado School of Public Health Center for Public Health Practice

Partners—Who is needed to make this work effectively?

Colorado Area Health Education Centers (AHEC), the Colorado Health Institute, CALPHO, Public Health Alliance and member organizations, public health education/training providers, COTrain and national Train system

Accomplishments—What have we done thus far?

- COTrain, Colorado Health Institute and academic partners collect data
- Participated in 2008 NACCHO Profile
- Center for Public Health Practice established

Next Steps

- Determine effective membership for public health workforce taskforce
- Center for Public Health Practice continues to develop programs and systems

Anticipated Timeline

2010	2011	2012	2013	2014
Form taskforce, identify data sources, enhance learning management systems			Evaluate, refine and update	

2009 Strategic Priorities for Improving Colorado’s Public Health System

Workforce Development –continued

Strategic Recommendation 2—What do we need to do?

Use nationally developed professional competencies, including certifications, to build training plans, and inform hiring decisions and performance evaluations for the public health workforce (e.g., Council on Linkages between Academia and Public Health Practice-Core Competencies, Association of Schools of Public Health MPH Core Competency Project.)

Action Steps—How will we get there?

- Develop consensus on public health core competencies across disciplines and use to develop public health workforce.
- Develop training modules based on nationally recognized public health core competencies and specialized competencies agreed upon in Colorado.

How will this improve the Public Health System?

Standardizing public health competencies will raise the quality of performance for the current and incoming workforce, create accurate descriptions of individual disciplines, and provide a basis for monitoring improvements. Given acceptance and adoption of public health competencies, access to continuing education should be expanded so that practitioners throughout the state can further their knowledge and skills.

Leaders and Facilitators—Who will keep this moving?

Workforce development task force (once formed), Colorado School of Public Health Center for Public Health Practice

Partners—Who is needed to make this work effectively?

Public Health Alliance, public health education/training providers, CDPHE, national organizations

Accomplishments—What have we done thus far?

- Identified national public health competencies
- Public health nursing competencies in Colorado are almost completed

Next Steps

- Form workforce development taskforce
- Gather all competencies for review

Anticipated Timeline

2010	2011	2012	2013	2014
Task force reviews and recommends competencies		Develop and evaluate training based on competencies		

2009 Strategic Priorities for Improving Colorado’s Public Health System

Workforce Development –continued

Strategic Recommendation 3—What do we need to do?

Formally educate, expand and sustain Colorado’s public health workforce, by bringing new students to the field and increasing the number of existing professionals in the public health workforce who are pursuing further public health education.

Action Steps—How will we get there?

- Integrate public health into existing health profession “pipeline” programs that reach high school and college students.
- Provide service learning opportunities (e.g., service projects, internships, class projects, independent study) to students in public health related programs and connect practice to teaching and learning.
- Identify programs and scholarship opportunities for potential students.
- Identify academic programs throughout the state that can be strengthened with public health content.

How will this improve the Public Health System?

Public health and environmental health are complex fields that require practitioners to have formal education, in order to be effective in providing public health services based on quality standards and evidence-based practices.

Leaders and Facilitators—Who will keep this moving?

Colorado School of Public Health Center for Public Health Practice, AHEC, other academic programs

Partners—Who is needed to make this work effectively?

The Public Health Alliance, CDPHE, CALPHO, local public health agencies

Accomplishments—What have we done thus far?

- Colorado School of Public Health established in 2008
- Minimum qualifications identified for directors of local public health agencies

Next Steps

- Identify placement opportunities for students

Anticipated Timeline

2010	2011	2012	2013	2014
Ongoing activities				

2009 Strategic Priorities for Improving Colorado’s Public Health System

Workforce Development –continued

Strategic Recommendation 4—What do we need to do?

Develop an enhanced learning management system to track and manage workforce training and provide the technological foundation for active and dynamic online trainings. Increase access to public health training and education to meet workforce needs throughout the state through satellite courses, distance learning or web-based courses.

Action Steps—How will we get there?

- Assess information technology (IT) capabilities and capacity of public health professionals to access continuing education.
- Catalogue sites (venues) around the state that have video conferencing/web-casting capabilities; include associated costs.
- Train educators and promote use of distance learning methodologies.
- Develop interactive and dynamic on-line training programs.
- Offer trainings for remote locations, worksites, and during non-work hours.
- Regularly offer and promote distance learning and satellite trainings.
- Assess utility of national TRAIN systems in other states.
- Evaluate, improve and/or incorporate CO-TRAIN’s capacity into a new, enhanced system for tracking continuing education.
- Link trainings to competencies for individuals to chart progress toward proficiency.

How will this improve the Public Health System?

In addition to formal training and education, it will be efficient to maximize resources by sharing expertise among state and local public health agencies/organizations and continuing to provide accessible continuing education.

Leaders and Facilitators—Who will keep this moving?

Colorado School of Public Health Center for Public Health Practice

Partners—Who is needed to make this work effectively?

Colorado Public Health Association (CPHA), Colorado Society of Public Health Educators (COSOPHE), Colorado Environmental Health Association (CEHA), Public Health Nurses Association of Colorado (PHNAC), CALPHO and other public health education/training providers

Accomplishments—What have we done thus far?

- Annual and semi annual conferences of professional organizations
- COTrain developed and used

Next Steps

- The new Colorado School of Public Health Center for Public Health Practice continues to form structure and programs
- Assessment and cataloging of resources

Anticipated Timeline

2010	2011	2012	2013	2014
Assess current IT systems and usability Continued development of distance learning and learning management systems			Evaluate and improve	

2009 Strategic Priorities for Improving Colorado’s Public Health System

Workforce Development –continued

Strategic Recommendation 5—What do we need to do?

Increase public health workforce diversity by race, gender, age, and by profession (e.g., all disciplines of public health).

Action Steps—How will we get there?

- Identify and implement workforce diversity recruiting, hiring, and retention strategies.
- Strategically use “pipeline” programs.
- Create agency workforce development plans that encourage multidisciplinary staffing and link staff planning with community health assessments and public health improvement plans.

How will this improve the Public Health System?

Hiring and retaining talented individuals with diverse training and backgrounds at all levels continues to be an important strategy to improve the way in which public health serves communities.

Leaders and Facilitators—Who will keep this moving?

CDPHE Office of Health Disparities, Colorado School of Public Health Center for Public Health Practice

Partners—Who is needed to make this work effectively?

Human resources departments, public health agencies and organizations, AHEC

Accomplishments—What have we done thus far?

- Office of Health Disparities Report and Strategic Plan
- Diversity plan at Colorado School of Public Health

Next Steps

- Report results of latest NACCHO profile
- Identify best practices and share with hiring authorities

Anticipated Timeline

2010	2011	2012	2013	2014
Identify strategies	Create agency workforce development plans			

2009 Strategic Priorities for Improving Colorado’s Public Health System

Workforce Development -continued

Strategic Recommendation 6—What do we need to do?

Strengthen public health leadership at all professional levels (e.g., early, mid, executive, and retired).

Action Steps—How will we get there?

- Promote the development of career ladders for public health professionals.
- Expand the use of formal and informal mentors, coaches, and advisors to guide public health professionals in all disciplines of public health.
- Promote leadership opportunities in professional organizations (e.g. CEHA, CPHA, COSOPHE, PHNAC.)

How will this improve the Public Health System?

Retaining trained employees in public health is necessary to maintain the current workforce, expand the future workforce and to build a network of leaders. Career planning and connecting seasoned workers as well as retired workers with incoming public health practitioners will advance and educate the public health workforce.

Leaders and Facilitators—Who will keep this moving?

Regional Institute for Health and Environmental Leadership(RIHEL), CALPHO and professional organizations, human resource departments.

Partners—Who is needed to make this work effectively?

All agencies and organizations in the public health system

Accomplishments—What have we done thus far?

- Long-standing Regional Institute for Health and Environmental Leadership

Next Steps

- Identify best practices and communicate these to agencies and human resource departments

Anticipated Timeline

2010	2011	2012	2013	2014
Promote leadership programs and further develop mentoring across and within agencies and organizations				

2009 Strategic Priorities for Improving Colorado's Public Health System

VI. Data, Technology, and Public Health Informatics

Strategic Recommendation 1—What do we need to do?

Establish a Public Health Informatics Advisory Board to provide guidance and structure to informatics decision making that considers the benefit to the public health system, in addition to individual agencies. Advance strategies for effective use of newer information technology with accompanying policies as needed.

Action Steps—How will we get there?

- Establish Advisory Board that represents the interests of state and local public health, academic partners, private not-for-profit organizations, and other sectors within the public health system.
- Develop charter, structure and operating guidelines for Advisory Board.
- Propose standards and needed information technology and use of data policies
- Develop policy recommendations for review and adoption of new and emerging technology.
- Develop a plan for exchanging emerging technology information at existing public health venues and events.

How will this improve the Public Health System?

Public health agencies require timely access to a variety of data to assess the need for services, plan and evaluate service delivery, make resource allocation decisions, and monitor progress and threats to healthy environments. A Public Health Informatics Advisory Board can provide needed guidance and structure to informatics decisions that include consideration of the public health system, in addition to individual agencies. New technologies must be carefully evaluated for their potential to benefit, and their potential to burden, the systematic exchange of information among agencies.

Leaders and Facilitators—Who will keep this moving?

Public Health Informatics Advisory Board once formed

Partners—Who is needed to make this work effectively?

Colorado School of Public Health, IT experts and users, Colorado Regional Health Information Organization (CORHIO)

Accomplishments—What have we done thus far?

- IT Users Group, Colorado School of Public Health and others are studying issues

Next Steps

- Identify potential board members
- Research models in other states

Anticipated Timeline

2010	2011	2012	2013	2014
Establish Board, charter	Develop standards	Continually review and develop needed policies, standards and communicate new enhancements		

2009 Strategic Priorities for Improving Colorado’s Public Health System

Data, Technology, and Public Health Informatics-continued

Strategic Recommendation 2—What do we need to do?

Identify and adopt agency-level minimum architecture and infrastructure standards, including a continuous review process that supports integration of public health information needs across the system. Provide guidance and technical assistance for implementing these standards in local public health agencies. Standards for the collection, management, analysis, and exchange of public health data, information, and knowledge should be identified and widely distributed throughout the public health practice community.

Action Steps—How will we get there?

- Identify and adopt minimum infrastructure standards appropriate for local and state public health agencies.
- Assess local public health agencies’ capacity and resources needed to implement minimum infrastructure standards.
- Develop a plan to assist local public health agencies in meeting minimum standards.
- Identify existing standards for data collection, information exchange, and knowledge management.
- Develop informatics competencies relevant to each public health worker’s role in their organization.
- Implement public health informatics training system to address gaps.
- Develop an agency-agreement to inform all staff of standards, and a role-appropriate professional agreement to adhere to the standards.

How will this improve the Public Health System?

State and local public health agencies need high quality, reliable and secure information systems that allow timely sharing of accurate and relevant public health data. Standards for a minimum level of informatics capacity will ensure that every agency has the ability to fully integrate into a system-wide informatics network. Standards will ensure that data are appropriately used and shared.

Leaders and Facilitators—Who will keep this moving?

Public Health Informatics Advisory Board once formed, Colorado School of Public Health

Partners—Who is needed to make this work effectively?

CDPHE, local public health agencies

Accomplishments—What have we done thus far?

- Public health informatics survey conducted by Colorado School of Public Health

Next Steps

- Public Health Informatics Advisory Board forms and identifies process

Anticipated Timeline

2010	2011	2012	2013	2014
Identify and recommend standards		Educate agencies on standards Technical assistance		Review

2009 Strategic Priorities for Improving Colorado’s Public Health System

Data, Technology, and Public Health Informatics-continued

Strategic Recommendation 3—What do we need to do?

Develop information systems that incorporate role-based security measures through which authenticated and authorized users may directly access data (aggregate or record-level, as appropriate) from relevant data repositories.

Action Steps—How will we get there?

- Catalogue needed/relevant data and which agencies have data.
- Establish Data Use and Reciprocal Sharing Agreements (DURSA) among agencies having data.
- Design system and user-interface tools, and solicit funds for system build-out.

How will this improve the Public Health System?

A more centralized informatics system will provide for the seamless sharing of information across the public health system. Currently, public health data reside in numerous repositories in different locations, and are managed by different agencies. Bringing these data together in a single (virtual) locale for ready access by the public health community will increase the usefulness of these data.

Leaders and Facilitators—Who will keep this moving?

Public Health Informatics Advisory Board once formed.

Partners— Who is needed to make this work effectively?

CDPHE, local public health agencies, and agencies across public health who managed relevant public health data.

Accomplishments—What have we done thus far?

- The Colorado Health Information Dataset is a queryable compilation of public health data that provides electronic access to local level health data compiled by the Colorado Department of Public Health and Environment.

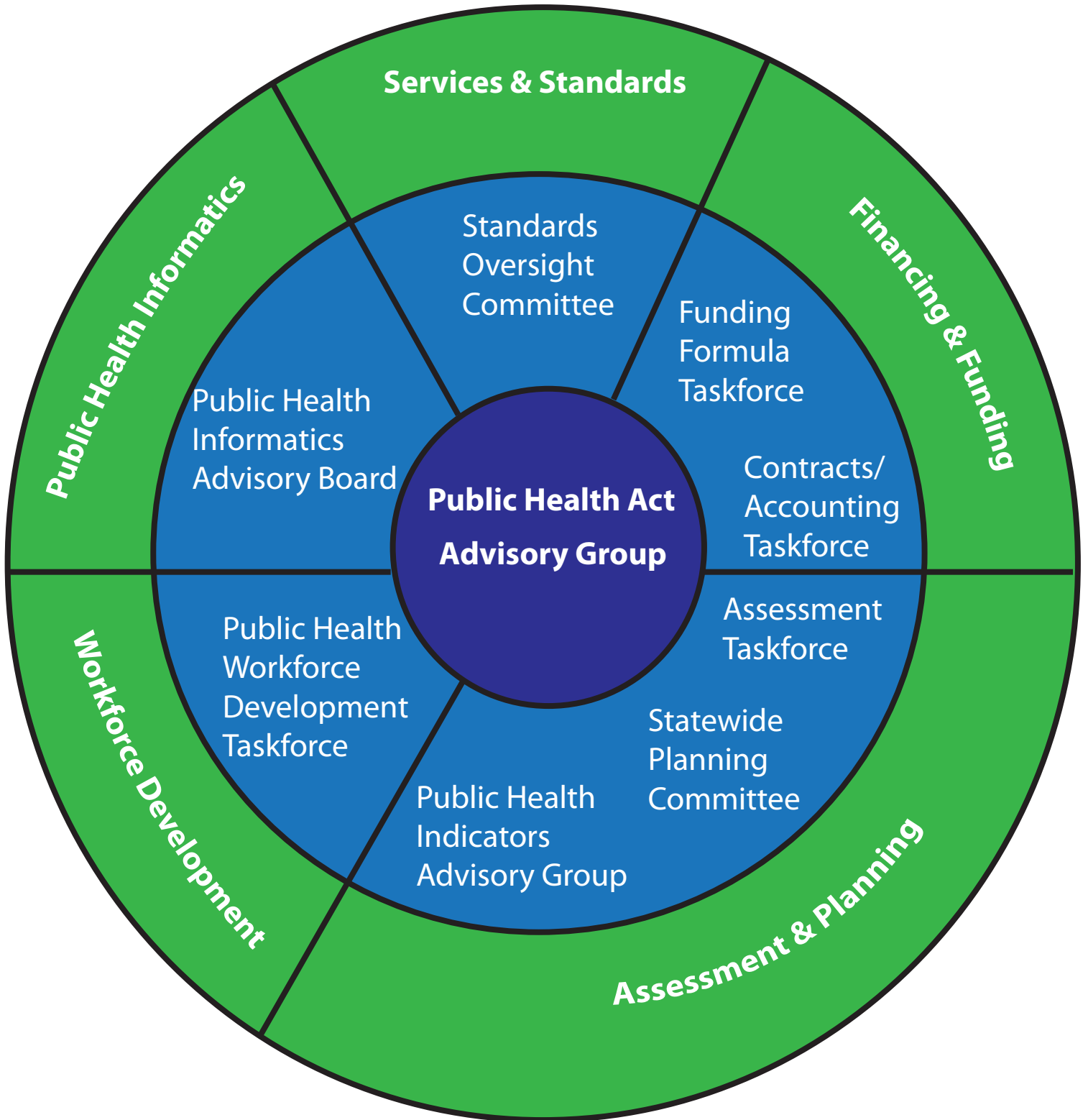
Next Steps

- Identify data sources
- Collect sample agreements

Anticipated Timeline

2010	2011	2012	2013	2014
Identify data sources and explore shared use		Form agreements and monitor		

Recommended Organizational Groups for Guiding Colorado’s Public Health Improvement



This DRAFT is based on input gathered from public health professionals across the state during summer 2009. Input will continue to be gathered from local boards of health, agencies and other interested parties.

A formal rulemaking process is not anticipated until 2010.

DRAFTING OF CORE SERVICES AND PROPOSED DRAFT AS OF SEPTEMBER 2009

Identification of a set of core public health services to be available for every citizen, resident, and visitor to the state, given the differing capacity, resources, and organizational structure of local public health agencies, is no easy task. It is necessary that the services be inherently understandable so that each local public health agency can develop and implement programs, strategies, interventions, and activities necessary for service delivery. At the same time, the services must not be so explicitly codified as to restrict or limit the ability of local agencies to provide the range of services necessary to meet public health priorities that may be unique to their jurisdiction. To meet these competing demands, the core public health services drafted for inclusion in this Plan were designed within a framework that proscribes service delivery areas, while allowing local flexibility in the design of agency operations to deliver public health services in all areas.

Service delivery areas include those historically important in public health, such as communicable disease control, sanitation, and vital records, as well as those wherein threats to the public's health have emerged over the last century such as chronic disease and All-Hazards emergencies. The services also allow for integration between public health and environmental health and recognize the importance of assessment and planning to the whole enterprise. As part of the public health system, local public health agencies should deliver core public health services with attention to the 10 Essential Public Health Services.

The following draft was developed over several months with input from public health professionals across the state. Input, particularly from local boards of health, will continue to be gathered before the beginning of the rule-making process by the Colorado State Board of Health.

This DRAFT is based on input gathered from public health professionals across the state during summer 2009. Input will continue to be gathered from local boards of health, agencies and other interested parties.

A formal rulemaking process is not anticipated until 2010.

DRAFT: CORE PUBLIC HEALTH SERVICES

Pursuant to Colorado Revised Statutes (CRS) 25-1-502, “*Public Health*” means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health needs and emergencies. It is accomplished through the provision of the essential public health services. “*Core public health*” is to be defined by the State Board of Health and shall include, but need not be limited to, the assessment of population health status and health risks, development of policies to protect and promote health, and assurance of the provision of essential public health services.

All county or district public health agencies organized under the Colorado Revised Statutes are to provide, or assure the provision of and direct people to, public health core services. Public health core services shall meet the needs of the population served by the county or district. In some jurisdictions, the services may be provided by other counties, community organizations or agencies; however, the county or district public health agency has an obligation to assure that core services are available. See Colorado Revised Statutes (CRS) 25-1-506 (County and District Local health Agencies). As part of the public health system, delivery of the core services shall be performed with attention to the 10 Essential Public Health Services as developed by the national Core Public Health Functions Steering Committee in 1994:

1. Monitor health status to identify and solve community health problems.
2. Investigate and diagnose health problems and health hazards in the community.
3. Inform, educate, and empower individuals about health issues.
4. Mobilize public and private collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce laws and regulations that protect health and promote safety.
7. Link people to needed personal health services and assure the provision of health care.
8. Encourage a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Contribute to research into insightful and innovative solutions to health problems.

Public health core services in Colorado shall include, but need not be limited to the following:

Assessment and Planning: Use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public’s health and use this knowledge to determine what strategies are needed to engage partners and improve health.

- Participate in integrated state, local, and national surveillance system(s) that quantify public health and environmental problems and threats

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A formal rulemaking process is not anticipated until 2010.

- Complete a local public health improvement plan based on a comprehensive assessment of the community's health and environmental status at a minimum of every five years that includes:
 - The leading causes of disease, injury, disability and death of the population within the jurisdiction
 - Health status and environmental indicators analyzed by income, age, race/ethnicity, and other socio/geo/demographic characteristics, where possible, to identify priority populations
 - Indicators of the determinants of health (or root causes), using data from a range of sources including the physical and social environment
 - Identification of assets and resources which support the public health system in promoting and protecting health

CDPHE will support the delivery of this service by collaborating in the collection, maintenance and provision of state and regional/county-level data on conditions of public health importance, including chronic and communicable disease; environmental hazards; health disparities; determinants of health; and injury. CDPHE will also provide technical assistance to local public health agencies in interpreting data and in public health planning.

Vital Records and Statistics: Record and report vital events (e.g., births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics policies. County and district public health directors shall act as the local registrar of vital statistics or contract out the responsibility of registrar in the area over which the agency has jurisdiction.

The state registrar shall designate vital records offices and may establish or designate additional offices to aid in the efficient administration of the system of vital statistics. CDPHE will coordinate services, provide training, analyze statistics, and make available compiled reports as appropriate.

Investigate and Control Communicable Diseases: Track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person.

- Collect and report disease information according to Colorado Board of Health Rules and Regulations
- Investigate cases of reportable diseases and suspected outbreaks according to standard protocols and guidance provided by CDPHE
- Assure immunizations using standard protocols, and monitor community immunization levels
- Take appropriate measures to prevent disease transmission using methods specific to: infected persons (isolation, treatment, contact tracing/notification); contacts to infected persons (quarantine, prophylaxis); and the environment in which the communicable disease occurs (facility closure, disinfection)

CDPHE will work closely with local public health agencies in communicable disease investigation and control, particularly if the investigation crosses county lines or technical assistance is requested.

This DRAFT is based on input gathered from public health professionals across the state during summer 2009. Input will continue to be gathered from local boards of health, agencies and other interested parties.

A formal rulemaking process is not anticipated until 2010.

Prevention and Population Health Promotion: Develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.

- Promote physical (including oral) health, mental and behavioral health, and environmental health with emphasis on increasing health equity among priority populations (e.g., children, elderly, racial or ethnic populations)
- Address identified risk factors or behaviors (e.g., tobacco use, physical activity, nutrition, teen pregnancy, sexually-transmitted infections) based on community health assessment priorities
- Inform, educate, and engage the public and policymakers to build community consensus and capability to promote/support evidenced-based strategies that enable healthy personal, organizational, and community behaviors and environments
- Assure strategies are delivered in a culturally and linguistically appropriate manner
- Coordinate efforts with governmental and community partners to link individuals to services such as primary care, maternal and child health care, oral health care, specialty care, and mental health care
- Develop community specific solutions to address prevention priorities
- Promote and participate in planning for sustainable environments that support healthy living

CDPHE will assist and provide technical assistance, grants, and funding when available and convene planning groups and support coalitions as needed.

Emergency Preparedness and Response: Prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners.

- Participate in All-Hazards planning, training, exercises, and response activities within the local jurisdiction
- Serve as or support the “Emergency Support Function 8-Public Health” lead for the county, region, or jurisdiction
- Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis
- Coordinate with county Emergency Managers and other first responders

CDPHE supports EPR regionally and at the state level and makes every effort to coordinate activities with local public health agencies.

Environmental Health: Protect and improve air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public.

- Prevent and control vector-borne (e.g. insects, rodents), air-borne, water-borne, food-borne, and other public health threats related to environmental hazards
- Protect surface water and groundwater, including recreational waters and drinking water sources, and assure appropriate local regulatory oversight of onsite waste water systems

This DRAFT is based on input gathered from public health professionals across the state during summer 2009. Input will continue to be gathered from local boards of health, agencies and other interested parties.

A formal rulemaking process is not anticipated until 2010.

- Assure the safety of food provided to the public at retail food establishments
- Assure sanitation of institutional facilities (e.g., child care facilities, local correctional facilities and schools)
- Assure the proper storage, collection, treatment, and disposal of garbage, refuse, and solid and hazardous waste
- Promote programs to minimize the amount of solid and hazardous waste and maximize the amount of recycling and reuse
- Participate in land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g., consideration of housing, urban development, recreational facilities and transport), and that protect and improve air quality, water quality and solid waste management

Certain environmental quality management and oversight activities and functions are conducted only by state or federal agencies. CDPHE will inform and communicate with local public health agencies regarding these activities and functions so that roles and responsibilities are clearly defined, and, where appropriate, will coordinate with local public health agencies and with other state agencies on these activities and functions. Where appropriate and practicable, local public health agencies are encouraged to enter into contracts or other acceptable agreements with the state's environmental programs in order to perform local assessments, inspections, investigations, and monitoring programs.

Administration and Governance: Establish and maintain the necessary programs, personnel, facilities, information technology, and other resources to deliver public health services throughout the agency's jurisdiction. This may be done in collaboration with community and regional partners.

- Maintain competent, appropriate staffing and other resources to ensure capacity for delivery of core public health services
- Meet minimum quality standards in the delivery of public health services throughout the jurisdiction
- Implement policies and procedures regarding agency operations
- Assure evaluation of core public health services provided in the jurisdiction
- Establish procedures for working across jurisdictional boundaries and/or for requesting assistance in the delivery of public health services
- Demonstrate effective financial management systems and management of the public health fund in accordance with CRS 25-1-511

CDPHE will coordinate with local public health agencies to promulgate administrative rules and regulations necessary to implement public health statutes.

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