Healthy Colorado:

Shaping a State of Health

Colorado's Plan for Improving Public Health and the Environment

2015-2019

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Prepared by:

COLORADO
Department of Public Health & Environment

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Department of Public Health & Environment

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

Dear partners in health and fellow Coloradans,

Colorado's *2013 Public and Environmental Health Assessment* identified key health and environmental issues to improve the health of the people in Colorado. This improvement plan, *Healthy Colorado: Shaping a State of Health*, builds upon that assessment and aligns with existing local, state and national efforts to establish Colorado's road map for improving public health and the environment over the next five years.

Recent years have presented many significant changes and opportunities for population health. Although Colorado has had great success in protecting environmental quality and population health, not all residents have the same opportunities to reach their best health or live in the healthiest environment. Many health outcomes relate to conditions in which Coloradans live and that are rooted in circumstances such as education, poverty, employment and access to healthcare. Health reform implementation offers opportunities to advance population health through new and traditional public health roles. It also illustrates the need for policy makers, health experts and residents to understand that health depends on much more than health insurance coverage and access to care.

This plan elevates a shared vision and shared strategies on several key issues. It focuses in two flagship priority areas: obesity and mental health/substance abuse, issues that have been identified as public health priorities in most communities across the state. It also is intended to guide efforts to address the critical issues of health care access and coverage, marijuana and public health infrastructure, and to continue working toward achieving Colorado's other Winnable Battles.

Reaching these targets and strengthening the state as a whole requires a statewide initiative and calls for building systems that promote health and healthy environments for all. The next five years hold promise for making great strides in these priority areas through opportunities such as receiving State Innovation Model grant funding that will enable development of a coordinated, accountable and integrated system of care for Coloradans. It is imperative for us to work together to improve health and the environment – for individuals, communities and the state as a whole. Success of this plan only is possible through strategic and coordinated state, regional and local efforts.

Thank you to all of our partners who have contributed to the development of this plan and who will work with us to ensure its success.

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We would like to thank the members of Colorado's Public Health Improvement Steering Committee, who provided oversight for development of this plan and will steer its implementation.

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Common Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health & Environment
EPA	United States Environmental Protection Agency
HCPF	Colorado Department of Health Care Policy and Financing
HRSA	Health Resources and Services Administration
HP 2020	Healthy People 2020
LPHA	Local Public Health Agency
PRAMS	Pregnancy Risk Assessment Monitoring System
TABS	Tobacco Attitudes and Behaviors Survey

Introduction

Colorado is consistently one of the healthiest and fastest growing states in the nation, with its distinct beauty, diverse geography and growing industry. Although Colorado has had great successes in protecting environmental quality and population health, not all residents have the same opportunities to reach their best health or live in the healthiest environment. Strengthening the state as a whole calls for building systems that promote health and healthy environments for all. To identify the state's needs for improvement, representatives from key organizations came together throughout 2013 to develop *Colorado's 2013 Public and Environmental Health Assessment*. This plan, *Healthy Colorado: Shaping a State of Health*, builds upon that assessment and aligns with existing local, state and national efforts to establish Colorado's plan for improving public health and the environment from 2015 through 2019.

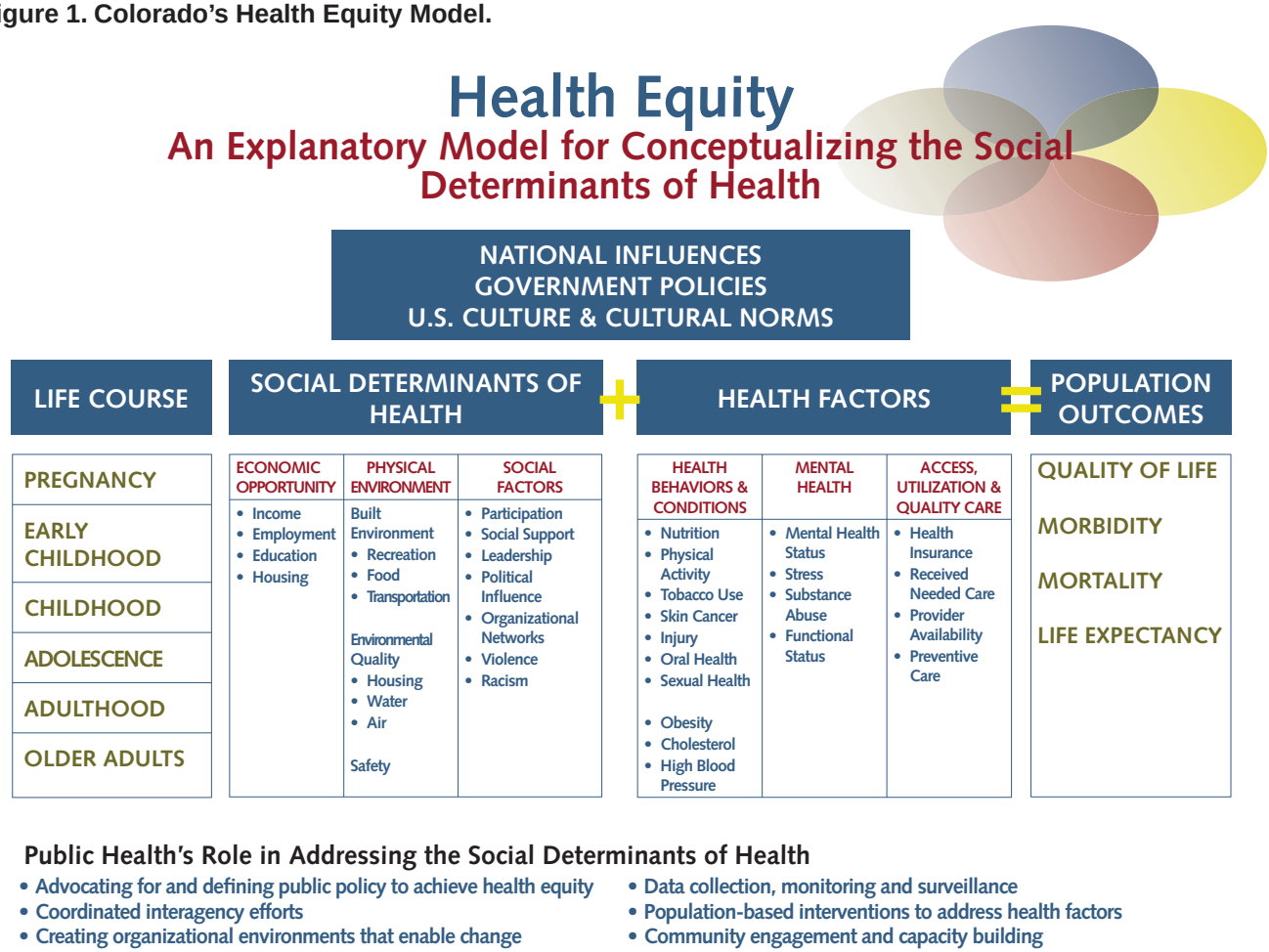
Healthy Colorado: Shaping a State of Health is Colorado's five-year road map for improving public health and the environment. It provides evidence-based strategies and helps guide actions with the ultimate goal of making measurable and lasting improvements for Coloradans. With input from partners from diverse agencies and organizations, the state's public health system has identified priority areas for improvement, measurable objectives, targets for health outcomes, and recommendations for continuing to build public health infrastructure and capacity. The priorities and objectives outlined in this plan are intended to provide support, guidance, and focus for public health activities throughout the state. Reaching these targets requires a statewide initiative, and success is possible only through strategic and coordinated state, regional and local efforts.

This plan is intended to guide health improvement work throughout our state. As a living document, it will be monitored, evaluated and revised at regular intervals during its implementation, which will be the responsibility of the Colorado Department of Public Health and Environment. However, the plan's success depends upon the contribution of many partners essential to ensuring Coloradans reach their highest level of health and live in the healthiest environments possible. Implementation of this plan will bring together public health system partners to systematically address shared priorities using common strategies. It also can serve as a catalyst for new partners working together in common priority areas to yield the greatest improvements in population health.

Health Equity, Environmental Justice and the Social Determinants of Health

The conditions in which people live, work, and play have an enormous impact on health. These influences, known as the social determinants of health, are important to consider when thinking about improving population health. Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.[1] Colorado's Health Equity Model (Figure 1), developed at the Colorado Department of Public Health and Environment and promoted nationally by the Association of State and Territorial Health Officials, is a visual model for conceptualizing the broad, complex and interrelated determinants of health. The Model recognizes that social determinants vary at ***every stage of life*** and have profound impacts on population health. Life expectancy, quality of life and other health outcomes are influenced by a variety of factors including genetics; the physical, economic and social environment; health behaviors; and access to quality health care.

Figure 1. Colorado's Health Equity Model.



Successful health promotion and disease management considers both the various facets of life that shape health and the inherent interplay between them. As defined by the Environmental Protection Agency, environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.[2]

Colorado's Public Health Improvement Steering Committee (PHISC) provided oversight for development of the statewide plan. In addition to data from *Colorado's 2013 Health and Environmental Assessment* and the Health Equity Model, the committee considered Colorado's local public health improvement plans, Colorado's Winnable Battles, the Governor's 2013 *The State of Health: Colorado's Commitment to Become the Healthiest State*, the Centers for Disease Control and Prevention (CDC) Winnable Battles, Healthy People 2020 Leading Health Indicators and the U.S. Environmental Protection Agency International Priorities (Table 1).

Local Public Health Assessments and Improvement Plans

Colorado's local public health agencies, along with their community partners, have completed community health assessments, prioritized issues and are now implementing their plans for public health improvement. Local public health assessment, planning and community engagement efforts informed development of this statewide plan. This coordinated state and local planning process enables enhanced management of resources, increased readiness for public health agency accreditation, and a more efficient approach to improving health outcomes.

Colorado's Winnable Battles

Colorado's Winnable Battles were established in 2011 as priorities for improving the public health and environment and have since gained substantial momentum. Many of these priorities align with the CDC's Winnable Battles or the Seven Priorities for the Environmental Protection Agency's Future, while others reflect Colorado's own unique priorities.

The State of Health: Colorado's Commitment to Become the Healthiest State

The Colorado Governor's report, *The State of Health: Colorado's Commitment to Become the Healthiest State*,[3] was released in May 2013. It is a blueprint to create a comprehensive and person-centered statewide system to address a broad range of health needs, deliver the best care at the best value and help Coloradans achieve the best health possible. The report reflects input from stakeholders, including health care providers, advocates, lawmakers, insurance companies and foundations. Four focus areas were defined. The first — Promote Prevention & Wellness: Preventing obesity, supporting improved mental health and better oral health, reducing substance abuse and encouraging wellness among state employees — includes three Colorado Winnable Battles. The other focus areas address-

ing health care reform are: Expand Coverage, Access and Capacity; Improve Health System Integration and Quality; and Enhance Value and Strengthen Sustainability.

Population Health in the Affordable Care Act

The passage of the Patient Protection and Affordable Care Act (ACA) includes several provisions that address population health. Some expand insurance coverage and aim to improve access to the health care delivery system, a critical component of a community's health. Other provisions aim to improve the quality of the care delivered or enhance prevention and health promotion measures within the health care delivery system. One example is the promotion and implementation of Accountable Care Organizations (ACOs) to incentivize providers to take responsibility for population health outcomes. Also included in the act is the expansion of primary health care training and requirements that health plans provide specific preventive services. Another set of provisions promote community and population-based activities. They establish the National Prevention, Health Promotion and Public Health Council, which produced the National Prevention Strategy, a new Prevention and Public Health Fund, and funding for Community Transformation Grants. The act also provides incentives for workplace wellness programs for both businesses and employees. For more information, see Academy Health's Population Health in the Affordable Care Act Era.

Selection of Priorities

Colorado's Public Health Improvement Steering Committee (PHISC) provided oversight for development of the statewide plan. In addition to data from Colorado's 2013 Health and Environmental Assessment and the Health Equity Model, the committee considered Colorado's local public health improvement plans, Colorado's Winnable Battles, the Governor's 2013 The State of Health: Colorado's Commitment to Become the Healthiest State, the Centers for Disease Control and Prevention (CDC) Winnable Battles, Healthy People 2020 Leading Health Indicators and the U.S. Environmental Protection Agency International Priorities (Table 1).

Table 1. Alignment of local, state and national priorities.

	Local Priority – Frequency	Colorado Winnable Battle	Governor's Priority	CDC Winnable Battle	HP 2020 Leading Health Indicators Topics	EPA Priority
Obesity	43	■	■	■	■	
Mental Health	27	■	■		■	
Substance Abuse	22	■	■		■	
Clean Water	14	■				■
Safe Food	13	■				
Clean Air	12	■			■	■
Access to Care	11		■		■	
Unintended Pregnancy	8	■		■	■	
Oral Health	6	■	■		■	
Injury Prevention	5	■		■	■	
Tobacco	5	■		■	■	
Infectious Disease Prevention	1	■		■	■	
Maternal and Child Health	1				■	

Note: 53 LPHAs have prioritized as of December, 2014. This table does not show all priorities for each category, it only reflects those in common with at least one other. Additionally, priority wording may differ from source.

Based on the frameworks above, data from the *2013 Colorado Health and Environmental Assessment*, and the issues most prioritized across the state, this plan focuses on two of Colorado's Winnable Battles: obesity and mental health/substance abuse. Stakeholder input determined the importance of continued communication on key strategies and progress in achieving all of the Winnable Battles, as this is core public health work. In addition, the issues of health care access and coverage, marijuana, and public health infrastructure are at the forefront of discussions in Colorado. This plan includes goals, strategies and objectives for each of the following:†

- Flagship Priority: Healthy eating, active living and obesity prevention (Colorado Winnable Battle)
- Flagship Priority: Mental health and substance abuse (Colorado Winnable Battle)
- Health care access and coverage
- Marijuana
- Colorado's other Winnable Battles
- Public health infrastructure

1 Healthy People 2020

2 http://www.epa.gov/environmentaljustice/

3 State of the Health Report, 2013 http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf

† Baselines and data sources are also included, where available. Where not available, specific objectives and baseline data will be developed during plan implementation.

10 COLORADO'S WINNABLE BATTLES
ELEVATING HEALTH AND ENVIRONMENT

Flagship Priority: Healthy Eating, Active Living and Obesity Prevention

Although Colorado has one of the lowest obesity rates in the nation, the proportion of Colorado adults who are obese has more than doubled during the past 15 years, and childhood overweight and obesity has increased at alarming rates. Risk factors for obesity include calorie-rich and high-fat diets, alcohol consumption, physical inactivity, genetics, stress and poor emotional health. People are especially vulnerable to obesity when they face additional risk factors such as limited financial resources and reduced access to healthy and affordable foods. Obesity increases a person's risk for serious conditions, including heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. As a result, state expenditures attributable to obesity in Colorado are estimated to exceed $1.6 billion each year.[4] While the percent of overweight or obese adults ranges from 28 percent to 72 percent by county,[5] it is an issue of concern across the entire state, particularly given the trend of increasing childhood obesity. Tackling obesity among youth and adults is an initiative within the Colorado Governor's *2013 State of Health Report*[6] and 43 of 53 local communities[7] have chosen to address healthy eating, active living and/or obesity as a public health priority through stakeholder-driven public health improvement planning processes led by local public health agencies.

Obesity needs to be addressed at the policy, systems and environmental levels to have the greatest population-based impact and reduce health disparities. This plan highlights strategies and policy approaches chosen based on opportunities for synergy with local public health and other partners, and that target various life stages to create a positive shift in nutrition and physical activity. The ultimate goals of implementing these proven and promising strategies are to reverse the upward obesity trend in Colorado and to increase the coordination of public health obesity prevention efforts.

Colorado's obesity prevention movement is supported by significant funders, practitioners, policymakers, researchers and a growing number of community-based healthy eating and active living coalitions. The year 2015 will be pivotal as new leaders at the Colorado Health Foundation and Live Well Colorado help guide the direction of the obesity prevention movement and shape funding and policy priorities with partners and allies; as Hunger Free Colorado continues its effective advocacy on hunger, food scarcity and Supplemental Nutrition Assistance Program enrollment; as CDPHE grantees implement healthy eating and active living strategies through the Cancer, Cardiovascular and Chronic Pulmonary Disease Grants Program and Health Disparities Grants

Program (through Amendment 35 Tobacco Taxes); and as other funders such as Kaiser Permanente continue to support and expand resources for obesity prevention. The Colorado School of Public Health contributes research, teaching and community learning sessions on obesity prevention. There are numerous other organizations at the national, state and local levels engaging in a variety of proven and promising strategies to support Coloradans in achieving healthy weight across the lifespan. Training and technical assistance to adopt best practices for healthier meals and curriculum integration of physical play in early care and education settings statewide is being supported by Colorado early education associations and partnerships. Against this backdrop, local public health agencies play an increasingly active leadership role in obesity prevention through implementation of public health improvement plans. Colorado's work in this field continues to be recognized by national funders and policy organizations, as well as the CDC.

To learn more about what Colorado is doing to prevent chronic disease, see the *Colorado Chronic Disease State Plan, 2013-2017*.

STATEWIDE GOAL: Reverse the upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradans to achieve healthy weight across the lifespan.

LONG-TERM OUTCOME MEASURES:

- **By 2020, the prevalence of overweight and obesity among low income children ages 2-5 years will be reduced 10 percent from baseline of 22.9 percent in 2012 to 20.6 percent.** (Data source: Women Infants Children data)
- **By 2020, the prevalence of overweight or obesity among children ages 2-14 years will be decreased 10 percent from baseline of 26.4 percent in 2013 to 23.8 percent.** (Data source: Colorado Child Health Survey)
- **By 2020, the prevalence of overweight or obesity among high school students will be decreased 10 percent from baseline of 19.3 percent in 2013 to 17.4 percent.** (Data source: Healthy Kids Colorado Survey)
- **By 2020, the prevalence of overweight or obesity among adults ages 18 years and older will be decreased 10 percent from baseline of 56.4 percent in 2013 to 50.8 percent.** (Data source: Behavioral Risk Factor Surveillance System)

STRATEGIES:

1. **Develop policies and programs that protect, promote and support breastfeeding-friendly environments.**

   Objective 1: By 2020, 18 hospitals in Colorado will be certified as Baby-Friendly.[8] (Data source: Baby-Friendly USA).

   Baseline: Three hospitals in 2014

   Coordinating agency: CDPHE

   Partners in implementation: Member hospitals of the Colorado Baby-Friendly Hospital Collaborative, the Colorado Breastfeeding Coalition, Baby-Friendly USA

   Role of local public health: Breastfeeding education, promotion, training and support; promotion of breastfeeding-friendly policies; coordination of lactation services in the community; serving on Baby-Friendly hospital committees

Objective 2: By 2020, 100 percent of LPHAs will have access to resources to support breastfeeding-friendly child care based on a CDPHE child care provider gaps analysis of knowledge, attitudes, skills and practices.

Baseline: Resources in development

Coordinating agency: CDPHE

Partners in implementation: LPHAs, CDHS, Colorado Breastfeeding Coalition, Early Childhood Councils

2. **Improve nutrition and physical activity environments for children younger than 18 years via early childhood education centers and schools, especially those that serve low-income populations.**

Objective 1: By 2020, at least 60 percent of the 900 participating Child and Adult Care Food Program (CACFP) child care programs[9] will prepare meals that meet Colorado healthier meals initiative standards[10] for children in their care.

Coordinating agency: CDPHE

Partners in implementation: Participating Child and Adult Care Food Program Centers

Objective 2: By 2020, increase participation in the Child and Adult Care Food Program (CACFP) after-school meals and snacks and summer food service programs in areas where at least 50 percent of students are eligible for free and reduced meals.

Baseline: 363 after school meals and snacks program sites and 1,499,621 summer meals served in 2014

Coordinating Agencies: CDPHE and Colorado Department of Education

Partners in implementation: Hunger Free Colorado, USDA, CACFP Sponsoring Organizations, Colorado Food Banks, other nonprofit organizations

Role of local public health: Convene community stakeholders to determine support for local sponsoring organizations and additional resources to implement the CACFP after school food program in their communities.

Objective 3: By 2020, 100 percent of the 179 school districts in Colorado will have farm to school activities.[11] (Data source: United States Department of Agriculture Food and Nutrition Service Farm to School Census)

Baseline: 41 percent of school districts in 2013

Coordinating agency: CDPHE

Partners in implementation: LPHAs, Colorado Farm to School Task Force, Real Food Colorado, United State Department of Agriculture Food and Nutrition Service, Mountain Plains Region, Colorado Department of Agriculture, Colorado Department of Education, school food directors

Objective 4: By 2017, at least 300 of the 1,190 licensed child care centers in Colorado will have physical activity as part of daily curriculum. (Data source: CDPHE Early Childhood Obesity Prevention Unit)

Baseline: 15 licensed child care centers in 2014

Coordinating agency: CDPHE

Partners in implementation: Healthy Childcare Colorado, Head Start, LPHAs, CDHS, American Heart Association

3. **Increase access to healthy foods and beverages in worksite and government settings.**

   Objective 1: By 2019, 50 of the 105 hospitals in Colorado will have joined the Colorado Healthy Hospital Compact and adopted healthier food and beverage standards, healthy marketing, and support for breastfeeding policy and practice.

   Baseline: 10 hospitals in 2014

   Coordinating agency: CDPHE

   Founding partners: Children's Hospital Colorado, Lutheran Hospital, The Centura Network, Denver Health and Hospital Authority, University Hospital, Denver Public Health, LiveWell Colorado, Kaiser Permanente, Jefferson County Public Health, Tri County Public Health, other LPHAs

   Objective 2: By 2016, all 19 state agencies will have adopted the United States General Services Administration Health and Human Services Guidelines for healthier beverages.

   Baseline: Five state agencies in 2014

   Coordinating agency: CDPHE

   Partners in implementation: CDHS, Blind Merchants Association

   Objective 3: By 2020, 75 of 225 local governments will have adopted organizational policies to increase access to healthier foods and beverages in their agencies.

   Partners in implementation: LPHAs, CDPHE, LiveWell Colorado, Kaiser Permanente, the Colorado Health Foundation

4. **Increase access to worksite wellness programs by developing a statewide strategic plan for worksite wellness that includes a network to assess, implement, communicate and deliver national best practices in worksite wellness.**

   Objective 1: By 2020, 1,000 worksites will have adopted worksite wellness policies that combine healthy eating, lactation accommodation and physical activity. (Data source: Health Links Colorado, Healthy Business Certification Application)

   Baseline: Seven worksites in 2014

   Coordinating agency: CDPHE

   Partners in implementation: Colorado School of Public Health, Governor's Council for Active and Healthy Lifestyles, Colorado Business Group on Health, LPHAs

5. **Increase the number of Coloradans with pre-diabetes or at high risk for type 2 diabetes who enroll in the CDC-recognized Diabetes Prevention Program (DPP) by increasing referrals to, use of, and reimbursement for the program.**

   Objective 1: By 2018, 3,500 adults ages 18 and older with pre-diabetes and/or at high risk of developing type 2 diabetes will be enrolled in the Diabetes Prevention Program. (Data source: Diabetes Prevention Program)

   Baseline: 476 adults ages 18 and older with pre-diabetes and/or at high risk in 2014

   Coordinating agency: CDPHE

   Partners in implementation: American Diabetes Association, Kaiser Permanente, United Healthcare, HCPF, Center for African American Health, YMCA of Metropolitan Denver, Governor's Office on Policy and Research, Denver Health, LPHAs and CDC recognized Diabetes Prevention Programs in Colorado[12]

Role of local public health: Promote awareness of pre-diabetes and referrals to Diabetes Prevention programs for community partners (including health systems), clients and employees; identify community-based organizations in their counties to offer the Diabetes Prevention Program and provide technical assistance to help them become CDC-recognized programs; promote inclusion of Diabetes Prevention Programs as a covered benefit for county employees.

6. **Advance 'health in all policies' as a widespread philosophy for actively engaging in state and local land use, transportation, agriculture and community development initiatives and develop policy and environmental strategies that focus on increasing access to physical activity and promoting health equity.**

   Objective 1: By 2020, at least 170 Colorado local governments adopt and/or implement policies and environmental strategies to increase safe, equitable access to physical activity through the built environment.

   2017 Target: 145 local governments

   Baseline: 120 local governments in 2014

   Partners in implementation: CDPHE, LPHAs, local government agencies, Colorado Department of Transportation, Safe Routes to School, LiveWell Colorado, HEAL Cities Campaign, the Colorado Health Foundation, Kaiser Permanente and elected officials

STATEWIDE GOAL: Increase statewide capacity for coordinated obesity surveillance and for creating conditions to achieve healthy weight across the lifespan.

STRATEGIES:

1. **Develop tools, resources and support for increasing statewide governmental public health system coordination and capacity in reducing the upward obesity trend.**

   Objective 1: By 2015, CDPHE, in partnership with LPHAs, will adopt common public health messaging strategies to address healthy eating, active living and obesity prevention that can be adapted for various communication needs.

   Partners in implementation: CDPHE and LPHAs

   Objective 2: By 2016, CDPHE and LPHAs will develop a set of indicators for Colorado's governmental public health system to collectively monitor progress on strategies and outcomes for healthy eating, active living and obesity prevention statewide.

   Partners in implementation: CDPHE and LPHAs

   Objective 3: By 2019, CDPHE, in partnership with LPHAs, will continually communicate and evaluate evidence-based strategies and promising practices for addressing healthy eating, active living and obesity prevention recommended for implementation at the local level.

   Partners in implementation: CDPHE and LPHAs

   Objective 4: From 2015-2019, CDPHE will provide technical assistance on an ongoing basis to local communities on policies and environmental strategies in the healthy eating and active living arena.

   Partners in implementation: CDPHE and LPHAs

2. **Standardize statewide student health and school health policy and practice data collection related to nutrition and other health indicators by (1) continuing to implement a unified approach to provide quality youth health data, including obesity and nutrition measures, via the Healthy Kids Colorado Survey and (2) implementing a unified approach to measure school health policies and practices, including prioritized school nutrition indicators, via the Colorado Healthy Schools Smart Source.**

   Objective 1: In the fall of each odd-numbered year, at least 80 percent of randomly selected schools will participate in the Healthy Kids Colorado Survey.

   Baseline: 79 percent of randomly selected schools in 2013 (more than 220 schools)

   Coordinating agency: CDPHE

   Partners in implementation: Colorado Department of Education, CDHS, University of Colorado Denver, LPHAs, School Districts

   Objective 2: By 2018, 75 percent of schools will participate in the Colorado Healthy Schools Smart Source.

   Baseline: Zero schools in 2013; piloted in Fall 2014

   Coordinating agency: Colorado Education Initiative

   Partners in implementation: Colorado Department of Education, CDPHE, Kaiser Permanente, LPHAs, school districts

4 Trogdon, J. G., Finkelstein, E. A., Feagan, C. W., & Cohen, J. W. (2012). State-and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. Obesity, 20 (1), 214-220.

5 Colorado Department of Public Health and Environment, Health Statistics Section. 2011-12 Colorado Behavioral Risk Factor Surveillance System. Denver, CO.4. American Diabetes Association. Diabetes Statistics. Accessed from http://www.diabetes.org/diabetes-basics/diabetes-statistics/

6 State of the Health Report, 2013 http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf

7 There are 64 counties in Colorado represented by 54 local public health agencies. These 43 communities represent 49 counties.

8 https://www.babyfriendlyusa.org/

9 Child care programs include child care centers, Head Start programs, preschools, child care centers, and after school programs.

10 Limit 100% fruit juice to twice a week on the menus or not at all, limit certain processed and pre-fried meats to once a week on the menus, or not at all and offer at least one whole grain product daily.

11 Initial school district engagement in farm to school activities is often a catalyst for picking up more and more farm to school activities.

12 http://www.cdc.gov/diabetes/prevention/recognition/states/Colorado.htm

10 COLORADO'S WINNABLE BATTLES
ELEVATING HEALTH AND ENVIRONMENT

Flagship Priority: Mental Health and Substance Abuse

Mental and emotional well-being is essential to shaping a state of health for Coloradans. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Substance abuse is defined as overindulgence in or dependence on addictive substances such as alcohol and illicit or prescription drugs, and is often associated with mental health status. It is a preventable health issue that has been linked to increased rates of sexually transmitted infections, domestic violence and child abuse, car crashes, crime and suicide.[13] Supporting improved mental health, reductions in substance abuse and better behavioral health through health system integration are initiatives within the Colorado Governor's 2013 State of Health Report.[14] Additionally, 27 of 53 local communities have chosen to address mental health and 22 of 53 have chosen to address substance abuse as public health priorities.

Mental health and substance abuse are impacted by broad and multifaceted issues that vary over the stages of life. Social factors such as housing, safe neighborhoods, education, adequate employment, social connectedness and high quality, integrated health care are needed to support mental health and prevent substance abuse. Living in poverty often has associated stresses that can be linked to decreased cognitive development, depression, increased drug use and a higher risk of some chronic diseases. Additionally, health systems that fail to provide person-centered care and treat conditions as isolated issues result in poor quality care and high costs. Colorado state agencies are committed to ensuring integration efforts that strengthen mental health crisis services, inpatient treatment and community-based behavioral health systems.[14]

The public health role in mental health promotion and substance abuse prevention is rooted in the understanding that mental health is closely connected to overall health and should be prioritized as such. It should include identifying risk factors and health disparities associated with mental health and substance abuse disorders, increasing awareness that mental health and substance abuse disorders are treatable, decreasing the stigma associated with seeking help for these issues, and improving screening and early intervention. To make the greatest population-based impact, Colorado is working to secure resources and clearly define the public health role in Colorado in addressing mental health and substance abuse at both the state and local levels. Colorado will receive $65 million over the next four years in a grant from Centers for Medicare and Medicaid Innovation. The pur-

pose of this State Innovation Model (SIM) funding is to develop and test a coordinated, accountable system of care that gives Coloradans access to integrated primary and behavioral health care. Enhanced behavioral health surveillance data are needed to inform these efforts. CDPHE, CDHS and the Colorado Department of Health Care Policy and Financing are leading efforts to identify opportunities within existing data collection systems to better measure effectiveness of behavioral health outcomes at various stages of life, implement necessary changes to data collection systems and set statewide performance benchmarks. To learn more about this effort, see *Measuring Behavioral Health: Fulfilling Colorado's Commitment to Become the Healthiest State*.

This plan highlights the population-based efforts that organizations across Colorado are taking to address mental health and substance abuse over the next five years, many of which align with the approaches of Colorado's local public health agencies. It focuses in three areas of high need:

- advancing policy and community approaches to improve social and emotional health of mothers, fathers, caregivers and children;
- improving screening and referral practices and reducing the stigma of seeking help for depression, especially among pregnant women, men of working age and individuals who are obese; and
- preventing prescription drug abuse.

Social and emotional health of children and families

Mental health is an important aspect of social and cognitive development for children. It is an essential part of a child's overall health and has a complex interactive relationship with physical health and the ability to succeed in school, at work and in society. Environments and relationships that are safe, stable and nurturing lay the groundwork for positive well being and help children reach their full potential. Children who grow up to be healthy and productive citizens build stronger and safer families and communities for their children. All children should have access to effective care to prevent or treat any mental health problems they may develop. However, many children experience unmet mental health needs, especially those living in low-income communities, ethnic minority youth and those with special needs. Colorado is working to improve the social and emotional health of children and their families through changes at the system, societal and community levels.

STATEWIDE GOAL: Advance policy and community approaches to improve the social and emotional health of mothers, fathers, caregivers and children.

STRATEGIES:

1. **Support efforts designed to increase access to high quality mental and behavioral health care and develop and expand the behavioral health workforce to support healthy parenting.**
2. **Expand comprehensive social and emotional health screening of caregivers by increasing adoption of depression screening codes for caregivers at the child's visit.**
3. **Promote best practice mental health integration in all publicly funded primary care, and change the reimbursement structure for mental health services by increasing incentives.**

   Coordinating agencies: CDPHE and CDHS

   Partners in implementation: Kempe Center, Pediatric Injury Prevention, Education and Research Center, CDHS, Children's Hospital, Steele Street Bank, Prevent Child Abuse Colorado, Early Childhood Comprehensive Systems Initiative.

Depression screening, referral practices and stigma reduction

Depression is the second leading cause of disability nationwide. Colorado consistently faces some of the highest suicide rates in the country and nearly two-thirds of Coloradans who die by suicide were suffering from depression at the time of death. Suicide rates in Colorado have been increasing for men and women of all ages, but the highest rates are among 45-54 year-old men. Pregnancy-related depression is one of the most common complications of childbirth and can disrupt a woman's ability to care for herself and engage in healthy parenting behaviors. Regular depression screening and education for all women during the prenatal and postpartum periods can increase awareness of the signs and symptoms, help identify depression sooner, and ultimately increase the number of women seeking needed treatment. This is especially important because infancy and early childhood lays the foundation for development, learning and health throughout life. Depression is related to other growing public health concerns such as obesity; the prevalence of depression increases as body mass index increases. Depression is treatable and seeking help and receiving treatment for depression leads to lower depression and suicide rates. However, the stigma surrounding mental health disorders prevents many from seeking help. Colorado is focusing on efforts that improve screening and referral practices and reduce the stigma of seeking help for depression, especially among these high risk populations.

STATEWIDE GOAL: Reduce the burden of depression in Colorado by improving screening and referral practices and reducing the stigma of seeking help for depression, especially among pregnant women, men of working age and individuals who are obese.

LONG-TERM OUTCOME MEASURES

- **Increase the percent of adults who report experiencing symptoms of depression from 7.7 percent in 2012 to 8.0 percent in 2018.**[15] (Data source: BRFSS)
- **Increase the percent of adults who reported taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem from 12.1 percent in 2013 to 15.0 percent in 2018.** (Data source: BRFSS)

STRATEGIES:

1. **Increase the percent of mothers who are appropriately screened and treated for depression.**

   Objective 1: By 2018, 82.0 percent of mothers will report that a doctor, nurse or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery. (Data source: Pregnancy Risk Assessment Monitoring System (PRAMS))

   Baseline: 76.6 percent of mothers in 2014

   Coordinating agency: CDPHE

   Partners in implementation: Denver Public Health, Tri-County Health Department, Larimer County Department of Health and Environment, Northeast Colorado Health Department, other LPHAs, Pregnancy-Related Depression State Advisory Committee

2. **Decrease the stigma of depression and increase access to an online cognitive behavior therapy tool for working aged men through access to the Man Therapy campaign and website.**

   Objective 1: By 2019, increase the number of visitors to Mantherapy.org to 50,000.

   Baseline: 11,851 visitors in 2013

   Coordinating agency: CDPHE

   Partners in implementation: Carson J. Spencer Foundation, Suicide Prevention Coalition of Colorado, Colorado Suicide Prevention Commission, CDHS Office of Behavioral Health

   Role of local public health: Promote Man Therapy and partner with the community to implement promotion strategies.

   Objective 2: By 2018, increase the percent of men who report experiencing symptoms of depression to 7.7 percent. (Data source: Behavioral Risk Factor Surveillance System (BRFSS))

   Baseline: 6.5 percent of men in 2012

   Coordinating agency: CDPHE

   Partners in implementation: Carson J. Spencer Foundation, Suicide Prevention Coalition of Colorado, Colorado Suicide Prevention Commission, CDHS Office of Behavioral Health

   Objective 3: Increase the number of Colorado men who access and use Mind Master, the online cognitive behavior therapy tool on Mantherapy.org, to 300 in 2019.

   Baseline: Zero in 2014

   Coordinating agency: CDPHE

   Partners in implementation: Mind Master, Carson J Spencer Foundation, Colorado Suicide Prevention Commission

   Role of local public health: Promote Man Therapy and partner with the community to implement promotion strategies.

3. **Provide best practices, tools and guidelines to primary care and behavioral health providers on screening and referral for depression and physical health care needs for obese patients.**

   Objective 1: Increase the number of viewers of online training about the relationship between depression and obesity that describes best practices and tools to improve screening and referral for depression and physical health care needs for obese patients to 100 by 2019.

   Baseline: 35 viewers in 2014

   Coordinating agency: CDPHE

   Partners in implementation: Behavioral Health Transformation Council, Integration Subcommittee, Colorado Prevention Alliance, Colorado Health Service Corps, LPHAs

4. **Partner with stakeholders and the Governor's office to share consistent messages focused on mental health as a part of overall health, and the importance of integrated care delivery systems.**

   Objective 1: CDPHE will partner with stakeholders and the Governor's office to share consistent messages focused on mental health as a part of overall health, and the importance of integrated care delivery systems, forming 20 partnerships by 2019.

   Baseline: 12 partnerships in 2014

   Partners in implementation: Behavioral Health Transformation Council, Bridges Advisory Council, Trauma Informed Systems of Care Advisory Committee, HCPF, CDHS Office of Behavioral Health, school based health centers

   Role of local public health: Support the integration of mental health and primary care. Promote integrated care centers and encourage that model.

Prescription drug abuse

Nonmedical use of pain relievers, also known as prescription drug abuse, has been and continues to be a growing public health concern. It is more common than illicit use of drugs such as cocaine, heroin, hallucinogens or inhalants. Colorado has the second highest prescription drug abuse rate in the country.[16] Between 2000 and 2012, the number of annual deaths due to drug-related poisoning more than doubled and the number of deaths involving the use of opioid analgesics such as oxycodone and hydrocodone more than tripled. According to the *2012 National Survey on Drug Use and Health*, 5.1 percent of Coloradans reported using pain relievers non-medically in the past year.

STATEWIDE GOAL: Reduce prescription drug overdose death rates of Coloradans ages 15 and older by increasing safe prescribing practices and permanent disposal sites for controlled substances.

LONG-TERM OUTCOME MEASURE: Reduce prescription drug overdose death rates of Coloradans ages 15 and older from 20.5 per 100,000 in 2013 to 16 per 100,000 in 2018.

STRATEGIES:

1. **Improve usability and appropriate accessibility of the prescription drug monitoring program (PDMP) system through the use of information technology, increased stakeholder access and increase use as a public health tool.**

   Objective 1: By 2019, every filled controlled substance prescription will be accompanied by a query of the prescription drug monitoring program database.

   Baseline: One query per every five filled controlled substance prescriptions in 2014

   Coordinating agency: Colorado Prescription Drug Abuse Prevention Consortium

   Partners in implementation: CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

   Role of local public health: Promote the use of the prescription drug monitoring program to care providers and as a public health tool for monitoring.

Objective 2: By 2019, form interagency agreements regarding use of the prescription drug monitoring program data to determine prevention strategies and policy changes.

Coordinating agency: Colorado Prescription Drug Abuse Prevention Consortium

Partners in implementation: CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

2. **Ensure all physicians and dentists receive continuing education about safe prescribing practices, including the use of the prescription drug monitoring program.**

Objective 1: By 2019, The Colorado Department of Regulatory Agencies (DORA) will promulgate state board policies (or rules) for all DORA-licensed prescribers to include pain management guidelines and require continuing education on safe prescribing practices.

Coordinating agency: DORA

Partners in implementation: Colorado Prescription Drug Abuse Prevention Consortium, CDPHE, HCPF, CDHS, University of Colorado, Colorado Medical Society

Objective 2: By 2019, increase the number of partners enlisted to offer provider trainings regarding safe and effective pain management practices, including the use of the prescription drug monitoring program.

Coordinating agency: Colorado Prescription Drug Abuse Prevention Consortium

Partners in implementation: CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society, LPHAs

3. **Ensure proper disposal of prescription drugs by establishing permanent drug disposal sites.**

Objective 1: By 2019, increase the number of permanent drug disposal sites for controlled substances to 64 (one in each county).

Baseline: Nine counties in 2014

Coordinating agency: CDPHE

Partners in implementation: Colorado Prescription Drug Abuse Prevention Consortium, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

Role of local public health: Advocate the need for this with law enforcement agencies and help identify proper storage for drugs until they can be destroyed.

13 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2010 midcourse review: Focus area 26, substance abuse [Internet]. Washington: HHS; 2006 Retrieved from: http://www.healthypeople.gov/2010/Data/midcourse/pdf/FA26.pdf

14 State of the Health Report, 2013 http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf

15 Efforts that successfully increase awareness of and reduce stigma of depression are expected to increase the percent of adults who report experiencing related symptoms.

16 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 8, 2013). The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers. Rockville, MD.

Health Care Access and Coverage

Health care provides an important venue for prevention, early identification and treatment of health problems. Many Coloradans face challenges or barriers to physical, mental and oral health services. The implementation of health care reform and the Affordable Care Act provide opportunities to transform the way Coloradans use and interact with the health care system, improving health outcomes and quality of life and decreasing health care costs. Expanding coverage, access and capacity; improving health system integration and quality; and enhancing value and strengthening sustainability are initiatives within *Colorado's 2013 State of Health Report*.[17] It is important to continue to build connections between public health and health care and align with health care reform efforts to optimize these opportunities. Public Health needs to assume a key role that springs from its tradition of capacity and systems building, while ensuring public health services are provided in the community.

Additionally, Colorado's receipt of State Innovation Model (SIM) funding will enable the development and testing of a coordinated, accountable system of care that gives Coloradans access to integrated primary and behavioral health care. The aim is for 80 percent of Colorado residents to have access to integrated primary care and behavioral health services in coordinated community systems with value-based payment structures by 2019. These efforts will be led by the Governor's Office, CDPHE, HCPF, CDHS, the Colorado Department of Personnel Administration and the Colorado Department of Regulatory Agencies.

STATEWIDE GOAL: Align state and local public health with health care reform efforts to increase access to and utilization of health care and related services for all Coloradans.

STRATEGIES:

1. **Standardize and connect public health data systems to allow for appropriate electronic public health and clinical data exchange through the use of Health information Exchange (HIE).**

   Objective 1: By 2016, CDPHE will develop a standard data interoperability plan that specifies how connections between data systems will be established and maintained to allow for appropriate electronic data exchange.

   Objective 2: By 2017, CDPHE will engage in real-time data sharing with Health Information Exchange. CDPHE will support LPHAs in interfacing with Health Information Exchange.

Objective 3: By 2017, increase the number of hospital laboratories reporting all relevant reportable conditions through a validated electronic laboratory reporting feed from zero to 20.

Objective 4: By 2017, increase the number of sites reporting successful ongoing submission of electronic data for immunization and cancer case information from 611 to 811 and from zero to 30, respectively.

Objective 5: By 2018, develop a mechanism for utilizing health information technology to maximize clinical quality measurement and reporting for population health bench-marking and guide clinical quality improvement to positively impact disease prevention and management in Colorado.

2. **Increase collaboration among clinical care, public health and payers to build a more integrated, effective health care system.**

   Objective 1: By 2016, enhance investment in workforce development for primary, oral and mental health providers who care for medically underserved Coloradans.

   Objective 2: By 2017, maximize health benefit coverage efforts among clients served by CDPHE's service delivery programs to assure optimal use of state and federal funds.

   Objective 3: By 2018, increase state and local level coordination with health providers, payers, Regional Care Collaborative Organizations, and related stakeholders to ensure a preventive focus in health plan coverage and delivery.

3. **Enhance care within a medical home for all Colorado children, especially those with special health care needs, by partnering with local public health agencies to develop policy and systems change strategies that support a medical home approach within their communities.**

   LONG-TERM OUTCOME MEASURES:

   - **By 2019, increase the prevalence of children ages 1-14 who receive care within a medical home to 70 percent from baseline of 63.6 percent in 2013.** (Data source: Colorado Child Health Survey)
   - **By 2019, increase the prevalence of children and youth with special health care needs ages 1-14 who receive care within a medical home to 58.2 percent from a baseline of 52.9 percent in 2013.** (Data source: Colorado Child Health Survey)

   Objective 1: By 2019, CDPHE will provide technical assistance to four local public health agencies on policies and system change strategies to increase the number of children and youth who experience a medical home approach, increased from a baseline of one in 2014.

   Objective 2: By 2019, identify and implement 20 new state and local policy and/or systems change strategies to increase the number of children and youth who experience a medical home approach.

   Coordinating Agency: CDPHE

   Partners in Implementation: LPHAs, HCPF, Regional Care Collaborative Organizations, Family Voices Colorado, Children's Hospital Colorado, CDHS

17 State of the Health Report, 2013 http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf

Marijuana

Colorado legalized marijuana use for medicinal purposes in 2000 and became one of the first two states to legalize retail marijuana for adults ages 21 and older in November 2012. Colorado's medical marijuana efforts are largely focused on maintaining a medical marijuana registry and administering a grant program for research regarding the efficacy of marijuana and its component parts as part of medical treatment. This section of the plan covers Colorado's public health efforts related to the legalization and use of retail marijuana products in Colorado.

As one of the first two states in the United States to legalize retail marijuana, Colorado continues to carefully examine the potential impacts on the health and safety of the public. Historically, marijuana has been the most common illicit drug used by adults and youth in the United States.[18] In 2011, approximately 40 percent of Colorado high school students reported ever using marijuana in their lifetime,[19] and 40 percent of Colorado young adults reported having used marijuana in the past year.[20] Although marijuana can help reduce symptoms of certain medical conditions, it may also produce some harmful effects depending on how often it is used and at what dosage. Regular use of marijuana can cause depression or anxiety and daily use or near daily use can lead to addiction or lasting impaired memory.[21] Using marijuana during pregnancy can lead to attention problems and lower IQ in the child.[21] Less is known about health issues associated with casual or infrequent marijuana use.

Marijuana legalization brings with it a range of potential negative health impacts similar to those public health professionals have seen with prescription drug abuse, tobacco use and alcohol abuse. These include accidental poisonings in children, exposure to secondhand smoke, and use by youth. Broad, multi-sector strategies are required to mitigate these impacts. They include preventing or delaying youth initiation, screening and treatment for substance use disorder, preventing use among pregnant and breastfeeding women, and injury and impaired driving prevention. Marijuana legalization also brings new public health concerns such as monitoring for acute health effects from contaminated marijuana products, food safety as it relates to edible marijuana products, disposal issues related to the chemicals and byproducts of marijuana production, concerns with laboratory testing, and occupational health and safety for the employees of grow operations.

The activities outlined below describe Colorado's multi-pronged and collaborative approach to reduce negative public health outcomes associated with the legalization and use of retail marijuana products.

Other state activities that compliment these efforts include initiatives to decrease the rates of fatalities and crimes related to the legalization of marijuana led by the Colorado Department of Public Safety and the Governor's office and efforts to increase screening, referrals and access to treatment for youth led by the Colorado Departments of Education, Health Care Policy and Financing and Human Services.

For more information and resources about retail marijuana in Colorado, visit www.colorado.gov/marijuana.

GOAL 1: Improve data systems across the state to better understand the impact of the legalization of marijuana, emerging public safety and public health concerns, and the effect of policy, regulation and programmatic changes to address public health concerns.

STRATEGIES:

1. **Monitor available data to identify trends and threats to public health and safety.**

   Activities:

   - **Continue existing efforts on data management, reporting and coordination from the Healthy Kids Colorado Survey, the Behavioral Risk Factor Surveillance System, the Pregnancy Risk Assessment Monitoring System, the Child Health Survey, hospitalization and emergency department data.**
   - **Establish an enterprise-wide data reporting task force charged with developing cross-agency longitudinal reports.**
   - **Increase public access to data.**

   Coordinating agencies: Colorado Department of Transportation, the Governor's Office, CDHS, CDPHE, Colorado Department of Education, Colorado Department of Public Safety, other stakeholders

2. **Improve data systems to collect information relevant to the legalization of marijuana.**

   Activities:

   - **Determine legislative actions to improve collecting data from schools and emergency room visits.**
   - **Modify existing data systems to capture relevant marijuana data, including motor vehicle fatality data; integrate data management and reporting capabilities into existing state infrastructure.**
   - **Establish training requirements for recognizing and assessing driving under the influence of drugs (DUIDs) and school-based incidents.**
   - **Coordinate data collection methods to determine youth-usage information.**

   Coordinating agencies: CDOT, the Governor's Office, federal partners, CDHS, Colorado legislature, other state governments, CDPHE, Colorado Department of Education, Colorado Department of Public Safety, other stakeholders

GOAL 2: Decrease the impact of negative public health and safety outcomes from the legalization of marijuana in the state.

STRATEGIES:

1. **Decrease public health threats inherent to the legalization of marijuana in Colorado such as explosive solvents used in the marijuana production process, marijuana-related hospitalizations and the impact of secondhand marijuana smoke exposure.**

   Activities:

   - **Support Retail Marijuana Public Health Advisory Committee efforts to review research related to health impacts of marijuana use.**
   - **Monitor health data such as emergency room visits, hospitalizations and other data to identify emerging threats.**
   - **Implement strong standards for laboratory and contaminant testing of marijuana products and food safety protocols for marijuana-infused products.**
   - **Identify safe methods for disposal of marijuana-related waste products.**
   - **Implement and enforce regulations that reduce the overconsumption of edibles through packaging, labeling, product and potency.**
   - **Implement ongoing education and prevention campaigns on issues such as legal use and safe storage, secondhand marijuana smoke exposure, use by pregnant or breastfeeding women and the overconsumption of edibles.**
   - **Develop and disseminate clinical prevention guidelines for physicians to assist in the screening of and treatment recommendations for marijuana exposure in patients.**
   - **Develop and disseminate resources for pregnant and breastfeeding women on the negative health outcomes for the developing fetus due to marijuana exposure and harm reduction strategies for marijuana users.**
   - **Develop and disseminate resources for parents and guardians on how to prevent unintentional poisonings among children through safe storage of marijuana products.**
   - **Identify additional emerging public health threats and respond accordingly by adapting evidence-based effective strategies to the rules, regulations, laws, local ordinances and programs or practices that target the legalization of marijuana.**

   Coordinating agencies: Colorado Department of Revenue, the Governor's Office, CDPHE, CDHS, local governments, clinicians, local law enforcement agencies, LPHAs, other relevant partners

2. **Decrease the rate of motor vehicle crashes related to marijuana-impaired driving.**

   Activity:

   - **Educate on the dangers of marijuana-impaired driving.**
   - **Implement effective strategies to prevent driving under the influence (DUI) in Colorado.**
   - **Enforce DUI laws in Colorado.**

   Coordinating agencies: CDOT, CDPHE, Colorado Department of Public Safety, local law enforcement agencies, local prevention coalitions

GOAL 3: By July 2016, maintain or decrease the percent of youth that report past 30-day use of marijuana at 2011 levels of approximately 22 percent. (Data Source: Healthy Kids Colorado Survey)

STRATEGIES:

1. **Restrict youth access to marijuana products.**

   Activities:

   - **Educate the general public on retail marijuana laws in Colorado.**
   - **Address concerns with youth access to edible marijuana products.**
   - **Enforce laws and regulations at point-of-sale and monitor compliance.**
   - **Coordinate laws across state agencies that restrict youth access to marijuana products.**
   - **Adopt marijuana-free school policies and enforcement on school property. Enforce marijuana laws within the community.**
   - **Strengthen local marijuana-related ordinances and policies that prevent youth access to marijuana by partnering with existing substance abuse prevention coalitions to consider:**
     - **Support for local taxes to fund local prevention work.**
     - **Increased enforcement of marijuana laws.**
     - **Implementing strict marketing regulations.**
     - **Passing marijuana-free multi-unit housing ordinances for secondhand marijuana smoke exposure prevention.**
     - **Strengthening the restricted hours of operation or setbacks for retail stores.**

   Coordinating agencies: Colorado Department of Public Safety, the Governor's Office, Colorado Department of Education, Colorado Department of Revenue, CDPHE, school resource officers, LPHAs, local law enforcement agencies, local prevention coalitions

2. **Increase youth knowledge about marijuana and increase perceptions of risk of underage use.**

   Activities:

   - **Educate the general public on the laws and health effects of marijuana.**
   - **Target campaigns for youth with prevention messages.**
   - **Encourage implementation of effective curricula that address health education standards related to substance use.**
   - **Encourage implementation of effective curricula/programming that incorporates a shared risk and protective factor approach to prevention and a positive youth development framework.**
   - **Provide funding to implement effective substance abuse prevention programs and community efforts around the state.**

   Coordinating agencies: Governor's Office, CDPHE, Colorado Department of Education, CDHS, Tony Grampsas Youth Services funded programs, LPHAs, local prevention coalitions

18 National Institute on Drug Abuse. Common resources include the Drug Facts: Marijuana, Marijuana Research Report, and the Drug Facts: Is Marijuana Medicine?

19 Healthy Kids Colorado Survey.

20 National Survey on Drug Use and Health.

21 Findings and Recommendations from Colorado's Retail Marijuana Public Health Advisory Committee. https://www.colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

Colorado's Other Winnable Battles

Colorado's Winnable Battles were established in 2011 as priorities for improving the public health and environment, and have since gained substantial momentum. Many of these priorities align with the Centers for Disease Control and Prevention's (CDC's) Winnable Battles or the Seven Priorities for the Environmental Protection Agency's (EPA's) Future, while others reflect Colorado's own unique priorities at the time. While the state has chosen to emphasize two of them as flagship priorities over the next five years: obesity and mental health/substance abuse, it is important to work towards progress in achieving the other eight. Below is an outline of the key public health and environmental quality strategies being employed to make progress in these areas. Many organizations and agencies play key roles in moving the needle on these issues using various individual, community, societal, policy and environmental-based approaches.

Healthier Air

Colorado's healthy air, clear streams and other natural resources are critical to the state's economy and identity; maintaining and improving air quality is important for protecting public health and the environment. Air pollution degrades visibility at national parks, wilderness areas and other scenic vistas in Colorado vital to tourism, recreation and the quality of life. Poor air quality has been shown to lead to decreased lung function, cardiac effects, susceptibility to infection, increased doctor and emergency room visits, and even premature death. People with pre-existing respiratory conditions are particularly susceptible.

National Ambient Air Quality Standards

Colorado's increasing population and growing industry with energy development sectors pose challenges to preserving and protecting air quality. The United States Environmental Protection Agency (EPA) establishes National Ambient Air Quality Standards (NAAQS) to protect public health and welfare. These standards have been more stringent over time as understanding about the effects from exposure to air pollutants has grown. These changes may make maintaining compliance more difficult, requiring Colorado to continually assess and implement plans to meet air quality health-based standards.

As of 2014, Colorado meets all NAAQS with the exception of ground-level ozone in the Denver metropolitan area and the North Front Range. Ground-level ozone is created through chemical reactions that occur between nitrogen oxide (NOx) and volatile organic compound (VOC) when exposed to sunlight. Periodically, other areas of the state experience concentrations above the health-based standards.

STATEWIDE GOAL: Reduce emissions that contribute to ground-level ozone concentrations by decreasing nitrogen oxide (NOx) and volatile organic compound (VOC) emissions statewide.

STATE STRATEGIES:

1. **Decrease NOx emissions statewide through regulatory mechanisms, such as motor vehicle programs and standards, and various Clean Air Act emissions standards that target source categories ranging from engines and small equipment to power plant boilers and diesel generators resulting in a downward trend over the next 5 years.**

   Baseline: 0.055 tons per capita in 2011

2. **Decrease VOC emissions statewide through regulatory mechanisms, such as robust oil and gas initiatives and state-only requirements, resulting in a downward trend over the next 5 years.**

   Baseline: 0.248 tons per capita in 2011

Recycling

Recycling reduces energy use and prevents air pollution by reducing the need to burn fossil fuels such as gasoline, diesel and coal to extract, transport and process raw materials and preventing the disposal of materials. Collecting and processing materials that would otherwise be thrown away as trash and turning them into new products has many other benefits such as avoiding the waste of useful materials, reducing water pollution, creating "green" jobs, and preserving finite natural resources for future generations. On a state-by-state comparison, Colorado has historically had a below average recycling rate, leaving significant room for improvement.

The CDPHE Pollution Prevention Advisory Board has classified developing hub-and-spoke recycling infrastructure for rural areas as the Tier 1 priority for grants available to develop recycling, utilizing financial support from the Recycling Resource Economic Opportunity Fund. Many rural areas and small communities struggle to fund and sustain independent recycling programs. Hub-and-spoke infrastructure creates economies of scale that avoid community investment in duplicate recycling infrastructure and allows costs for equipment, personnel, processing, transportation and marketing to be shared. In addition, efforts are taking place to align hub and spoke waste disposal activities with the hub and spoke recycling activities. Alignment of waste disposal and recycling hub and spoke activities has the potential to reduce waste disposal while increasing material reuse. This in turn could capitalize on collaborative efforts resulting in reduced waste disposal and increase material reuse resulting in reduced air emissions.

Waste tires can pose a threat to public health and the environment. If waste tire piles catch fire, they produce air emissions that include hazardous substances.[22] Creating sustainable recycled tire end use markets makes waste tires more valuable, thus reducing Colorado's stockpiles and discouraging disposal and illegal dumping. Every 100 tons of waste tires that are managed under new end use markets results in 24 fewer tons of pollutants emitted into Colorado's air sheds.[23] Expanding and diversifying Colorado's markets requires investment in new technologies, marketing and outreach of end use products, pilot projects and technical assistance.

STATEWIDE GOAL: Prevent air pollution by increasing Colorado's recycling rate.

STATE STRATEGIES:

1. **Engage stakeholders to apply for grant funds through the Recycling Resources Economic Opportunity (RREO) program and focus RREO grant projects on end-market development and infrastructure improvements.**

   Objective 1: By 2019, the percent of total tons diverted from waste disposal by all registered recyclers and compost facilities statewide will exceed 50 percent.

   Baseline: 41.7 percent of total tons diverted in 2012

   Objective 2: By 2019, 15 projects will be funded annually by the RREO program.

   Baseline: 9 projects in 2014

   Objective 3: By 2017, at least four regional planning projects for recycling infrastructure expansion grant projects will be funded through the RREO program.

   Baseline: 1 regional planning project in 2014

   Objective 4: By 2019, create or expand local end markets for at least two additional recyclable materials as reported to the RREO program.

   Baseline: 1 recyclable material in 2013

   Coordinating Agency: CDPHE

2. **Create statewide access to residential recycling by having at least one public drop-off center or curbside recycling in every municipality by utilizing a hub-and-spoke collection infrastructure.**

   Objective 1: By 2019, 267 municipalities will have access to residential recycling and all 64 counties will have recycling available.

   Baseline: 162 municipalities and 59 counties in 2013

   Coordinating Agency: CDPHE and the Pollution Prevention Advisory Board

   Partners in implementation: Local government agencies, Private industry: waste & recycling sector, Colorado Association for Recycling

3. **Diversify the current end-use markets of waste tire products in Colorado to create self-sustaining end-use markets for Colorado waste tires without the need of a state funded subsidy.**

Objective 1: By 2019, the recycling rate for newly generated waste tires will be 100 percent.

Baseline: 92 percent recycling rate in 2013

Coordinating agency: CDPHE

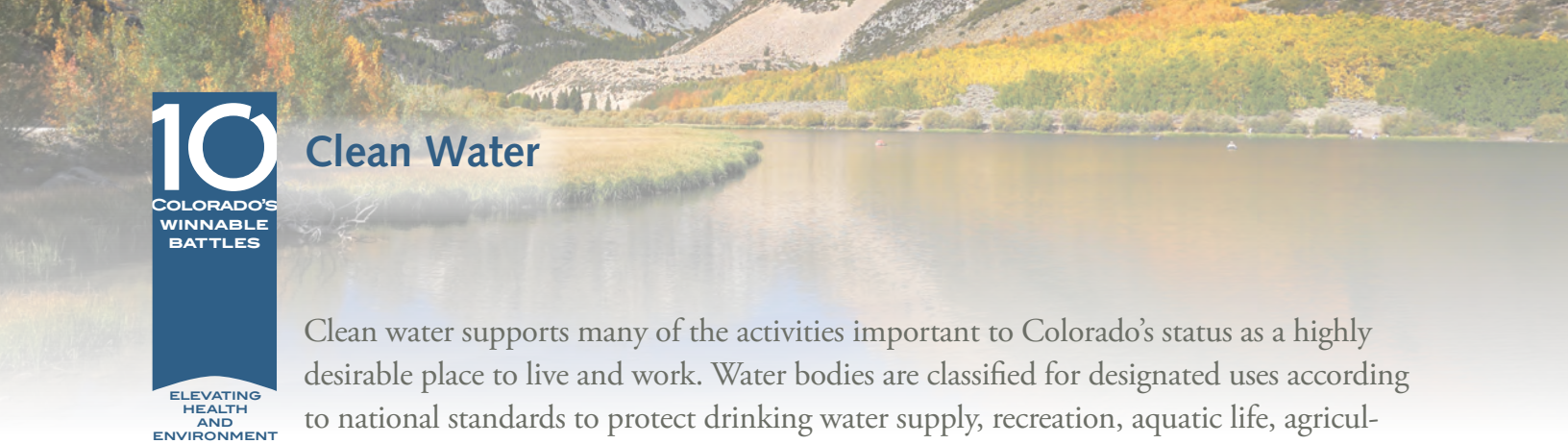
Partners in implementation: Tetra Tech Inc., local governmental agencies, waste tire industry leaders (processors, end users, waste tire monofills),[24] Rubber Manufacturer's Association

LOCAL STRATEGIES:

Local public health agencies and community partners throughout Colorado have many efforts underway that contribute to healthier air. The following are strategies for improving air quality chosen by local communities to address in local public health improvement plans; they do not represent all local efforts that contribute to healthier air.

- Build local capacity for provision of environmental health services.
- Obtain, maintain, communicate and educate the public about air quality monitoring data.
- Increase radon awareness, radon testing within homes, and the percent of homes that take corrective action for radon levels over the Environmental Protection Agency action limit.
- Promote radon-resistant construction in all buildings and adoption of policy that supports increasing radon awareness.

Other local efforts that contribute to healthier air may include both regulatory and advisory programs that address air quality concerns related to fireplaces, woodstoves, restaurant grills, open burning, fugitive dust, asbestos, mold, carbon monoxide and vehicle idling.



10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

Clean Water

Clean water supports many of the activities important to Colorado's status as a highly desirable place to live and work. Water bodies are classified for designated uses according to national standards to protect drinking water supply, recreation, aquatic life, agriculture and wetlands under federal and state regulatory frameworks. Protecting and restoring water quality while balancing the competing demands on this limited resource for current and future generations is important for public health, the environment, the welfare of citizens and the economic well-being of Colorado.

Uranium and radium are radioactive metals that occur naturally in Colorado's mineral-rich rock, and can dissolve into groundwater wells used for drinking water. Long-term exposure to uranium and radium in drinking water can lead to cancer and may also cause toxic effects to the kidneys. The levels of these metals in drinking water exceeded health standards in 28 Colorado communities, making this the largest, most wide-spread health risk from drinking water in the state. The Clean Water Winnable Battle focuses on improving and protecting natural water bodies and ensuring residents have access to drinking water that meets health standards for uranium and radium.

STATEWIDE GOAL: Protect all designated uses for water bodies and drinking water by attaining water quality standards and restoring impaired water quality to attainable standards.

STATE STRATEGIES:

1. **Improve water quality by expanding water body characterization, restoring impaired water bodies and maintaining water quality status with continued population growth.**

   Objective 1: By 2019, expand water body characterization by increasing the number of streams/river miles assessed to 80 percent and lake/reservoir acres to 45 percent.

   Baseline: 78 percent stream/river miles and 42 percent lake/reservoir acres assessed in 2012

   Objective 2: By 2019, improve water quality by increasing the number of assessed water bodies that meet standards and support designated uses to 70 percent stream/river miles and 40 percent lakes/reservoirs.

   Baseline: 63 percent stream/river miles and 28 percent lakes/reservoir acres in 2012

   Objective 3: By 2019, restore impaired water bodies so that among those assessed, 15 percent of impaired stream/river miles and 15 percent of impaired lake/reservoir acres meet attainable standards.

   Baseline: 9 percent stream/river miles and 9 percent lakes/reservoir acres in 2012

   Coordinating Agency: CDPHE

   Partners in Implementation: Federal, state, and local government agencies, performance partners such as permitted discharge facilities, local watershed groups, citizens, special interest groups.

2. **Work with public drinking water systems that do not meet standards for uranium or radium to assist with financing opportunities, install drinking water treatment processes or identify alternate drinking water sources.**

   Objective 1: By 2016, increase the number of water systems that have received affordable financing (grants or subsidized loans) to resolve uranium or radium in their water supply to 16 systems serving 4,116 people.

   Baseline: Three systems serving 1,066 people in 2014

   Coordinating agency: CDPHE offers several grant programs to assist with capital construction for water related projects. In addition, CDPHE partners to offer a federal subsidized loan program for water-related capital improvements.

   Partners in implementation: Colorado Department of Local Affairs, Colorado Water Resources and Power Development authority, United State Department of Agriculture Rural Development

   Objective 2: By 2020, decrease the number of people served by public drinking water system that are not incompliance with uranium or radium standards to 4,135 people served by 12 systems.

   2016 Target: 5,000 people served by 19 systems

   Baseline: 6,045 people served by 25 systems in 2014

   Partners in implementation: CDPHE, communities with elevated uranium and radium levels in drinking water supplies, local and federal agencies supporting the Arkansas Valley Conduit that will bring fresh, clean water to affected areas.

LOCAL STRATEGIES:

Local public health agencies and community partners throughout Colorado have many efforts underway that contribute to clean water. The following are strategies for improving water quality chosen by local communities to address in local public health improvement plans; they do not represent all local efforts that contribute to clean water.

- Build local capacity for provision of environmental health services.
- Obtain, maintain, communicate and educate about water quality data.
- Promote local ordinance adoption to protect designated uses.
- Increase awareness and knowledge of drinking water safety and quality and well testing and increase the number of families who have their well tested.

Many communities have also developed storm water management plans to educate the public and minimize impacts to water quality from car washing, pharmaceutical and personal care products, household hazardous waste, construction sites, landscaping, pet waste, sewage, livestock, street sand and more. In addition, many communities are looking for ways to bolster their water supplies through water reuse and are identifying the potential water quality issues that need to be addressed with this strategy. Communities are also exploring the concept of green infrastructure for both wastewater treatment facilities and storm water best management practices. Finally, watershed and other interest groups are pursuing ways to reduce nonpoint source or diffuse sources of pollution such as runoff from agricultural fields or abandoned mines.

10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

Infectious Disease: Outbreak Response Infrastructure

All local public health agencies in Colorado are required to 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 transmitted person-to-person. This includes, collecting and reporting disease information, investigating cases of reportable disease and suspected outbreaks, assuring immunizations using established standards and monitoring community immunization levels, taking appropriate measures to prevent disease transmission and working closely with CDPHE in communicable disease investigation and control, particularly if the investigation crosses county lines or technical assistance is needed. In order to assure the state capacity in doing so, the infectious disease winnable battle focuses on building outbreak response infrastructure through development of the workforces and electronic reporting and tracking systems.

STATEWIDE GOAL: Improve public health's ability to monitor, detect, and respond to outbreaks or unusual trends in infectious diseases through epidemiology workforce development and augmented electronic reporting and tracking systems.

STRATEGIES:

Workforce Development

1. **Distribute and promote national competencies for use when hiring, evaluating and promoting epidemiology staff, and developing contracts for epidemiologic services.**

   Objective 1: Increase the number of CDPHE epidemiology position descriptions, hiring announcements, and contracts that incorporate national standards.

   Objective 2: Increase the number of local public health agencies that receive information on national competencies from CDPHE.

2. **Offer outbreak investigation and epidemiology training opportunities for epidemiologists working in state and local public health agencies.**

   Objective 1: Increase the number of training opportunities offered and number of individuals trained.

Electronic Reporting and Tracking Systems

1. **Develop and launch a new electronic disease reporting system that will be more user-friendly and allow greater functionality to identify outbreaks and co-infections.**

   Objective 1: Develop and launch new electronic system.

   Objective 2: Increase the number of users trained on new system.

2. **Increase the number of electronic laboratory reporting connections and connections with the Colorado Immunization Information System, through purchase and implementation of a connectivity engine and work with Health Information Exchanges.**

   Objective 1: Purchase and implement a connectivity engine.

   Objective 2: Increase the number of new electronic laboratory reporting and Colorado Immunization Information System connections.

10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

Injury Prevention

In Colorado, injuries are the third leading cause of death for all ages and the leading cause of death for people under age 45.[25] Each year, they cause 3,300 deaths and more than 32,000 hospitalizations. It is estimated that nearly one in eight Coloradans seeks medical treatment for an acute injury each year. Recognizing the importance of this public health issue, Colorado is implementing a variety of statewide injury surveillance and prevention and control programs with the overarching goal of reducing injury-related morbidity and mortality among all Coloradans. In collaboration with partners at the state and local level, CDPHE is focusing in three areas of high need for the Injury Prevention Winnable Battle: child fatalities, motor vehicle fatalities and older adult falls.

STATEWIDE GOAL: Reduce injury-related morbidity and mortality among all Coloradans.

Child Fatality Prevention

Each year, Colorado has nearly 700 fatalities among children younger than 18 years. Nearly half of child fatality deaths are due to natural causes among infants in the first 28 days of life and do not have clear preventability. The remaining child fatalities are reviewed by multidisciplinary teams for the purpose of identifying prevention recommendations. Among preventable child fatalities, most are due to unintentional injury, making unintentional injury the leading cause of preventable death among children.

LONG-TERM OUTCOME MEASURE: By 2019, reduce the child fatality rate from 46.4 deaths per 100,000 2013 to 40.0 deaths per 100,000 among children ages 0-17 years. (Data source: Vital records)

STRATEGIES:

1. **Increase the number of evidence-based child fatality prevention projects implemented and evaluated at the local level.**

   Objective 1: By 2018, 50 evidence-based projects will be initiated by local child fatality review teams. (Data source: Child Fatality Prevention System Prevention Strategy Tracking Form and Annual Local Team Survey)

   Baseline: Zero in 2013

   Objective 2: By 2018, 85 percent of local health agencies will report having moderate to high injury prevention capacity. (Data source: Office of Planning and Partnerships LPHA 2011 Annual Report)

   Baseline: 15 percent in 2011

   Coordinating Agency: CDPHE

   Partners in Implementation: LPHAs, local child fatality team members (e.g. law enforcement, coroners, attorneys, hospitals, county human services), Child Fatality Prevention System State Review Team members

2. **Increase the number of state-level systems and policy change strategies implemented.**

   Objective 1: By June 2018, 25 state-level systems and policy change strategies will have been implemented since the passage of Senate Bill 13-255. (Data source: Child Fatality Prevention System Annual Legislative Report)

   Baseline: Zero in July 2013

   Coordinating Agency: CDPHE

   Partners in Implementation: Child Fatality Prevention System State Review Team members, Colorado legislators, CDHS, Colorado Department of Public Safety, CDOT, Colorado Department of Education

Motor Vehicle Fatality Prevention

In Colorado, motor vehicle accidents are a leading cause of unintentional injury for people younger than 65 years. For Coloradans between ages of 5 and 24 years, half of unintentional injury death is due to motor vehicle accidents. Each year, more than 300 motor vehicle occupants die in motor vehicle crashes and nearly 2,500 are hospitalized for nonfatal injuries.

LONG-TERM OUTCOME MEASURES:

- **By 2019, reduce the motor vehicle fatality rate in Colorado from 9.5 deaths per 100,000 population in 2013 to 8.5 deaths per 100,000 population.** (Data source: Death certificate data)
- **By 2018, reduce the teen motor vehicle fatality rate for ages 15-19 years from 11.7 deaths per 100,000 teens in 2013 to 9.7 deaths per 100,000 teens.** (Data source: Death certificate data)

STRATEGY:

1. **Educate decision-makers about evidence-based practices and policies related to seat belt use and educate parents, teens, and law enforcement about Colorado's graduated driver's license law.**

   Objective 1: By 2018, increase the percent of adults and teens observed to wear seat belts to 90.0 percent. (Data source: CDOT Seat Belt Observational Surveys)

   Baseline: 82.1 percent in 2013 for adults; 84.8 percent in 2013 for teens

   Objective 2: By 2018, reduce the number of crashes caused by teen drivers ages 15-19 years to 74 crashes per 1,000 licensed teen drivers. (Data source: Colorado Traffic Accident Reports)

   Baseline: 82.2 crashes per 1,000 licensed teen drivers in 2012.w

   Coordinating Agency: CDPHE

   Partners in Implementation: Colorado Teen Driving Alliance, CDOT, Colorado Department of Public Safety, Colorado Department of Revenue, Drive Smart Colorado, AAA Colorado, regional emergency medical advisory councils (RETACs), LPHAs, local motor vehicle safety coalitions

Older Adult Fall Prevention

For adults ages 65 years and older, falls are the leading cause of nonfatal injuries, hospital admissions for trauma and injury death.[26] Each year, an average of 400 Coloradans ages 65 years or older die from fall-related injuries and more than 10,000 are hospitalized for nonfatal injuries.

LONG-TERM OUTCOME MEASURE:

- **By 2019, decrease the rate of fall-related hospitalizations among adults ages 65 and older in Colorado from 1,263 hospitalizations per 100,000 population in 2013 to 1,136.7 hospitalizations per 100,000 population.** (Data source: Colorado Hospital Association)

STRATEGY:

1. **Increase the number of organizations that offer evidence-based fall prevention programs and increase the number of health care providers who make successful referrals to evidence-based community fall prevention programs.**

   Objective 1: By 2018, 70 organizations will offer a minimum of two evidence-based fall prevention programs per year. (Data source: CDPHE Falls Prevention Database)

   Baseline: 19 organizations in 2013

   Objective 2: By 2018, the number of older adults who participate in evidence-based fall prevention programs will increase to 2,000. (Data source: CDPHE Falls Prevention Database)

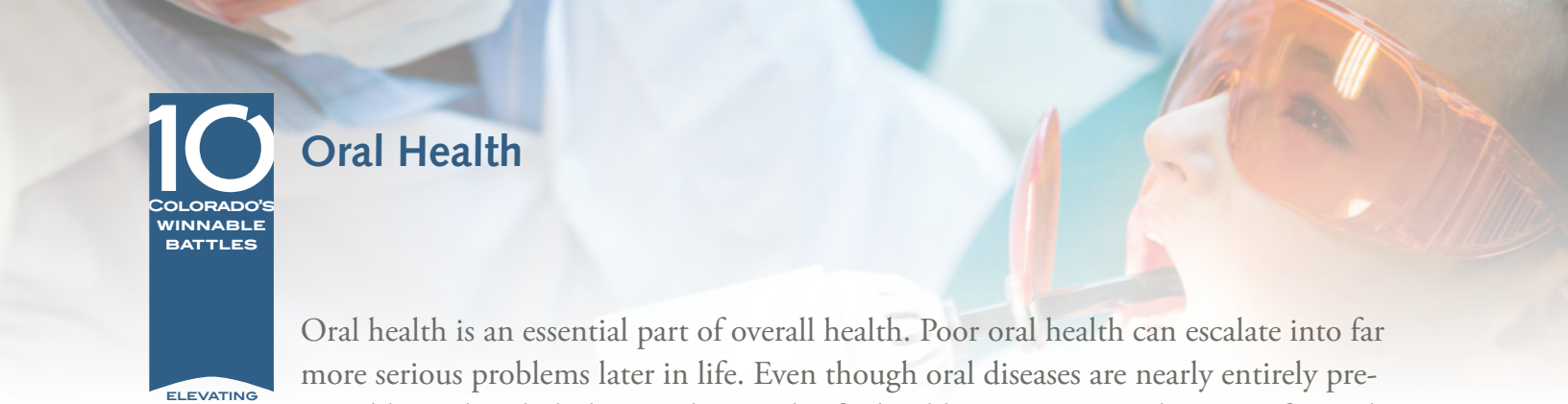
   Baseline: 424 older adults in 2013

   Objective 3: By 2018, the number of older adults participating in evidence-based fall prevention programs who report being referred by health care providers will increase to 500. (Data source: CDPHE Falls Prevention Database)

   Baseline: 25 older adults in 2013

   Coordinating Agency: CDPHE

   Partners in Implementation: CDHS State Unit on Aging, HealthOne Hospital System, Centura Hospital System, YMCAs, Senior Centers, Regional Emergency Medical Advisory Councils, Tri-County Health Department, Fall Prevention Network, Parks and Recreation Centers.



10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

Oral Health

Oral health is an essential part of overall health. Poor oral health can escalate into far more serious problems later in life. Even though oral diseases are nearly entirely preventable, Colorado kids miss thousands of school hours every year because of mouth pain. Safe, inexpensive preventive measures such as water fluoridation and dental sealants are available, but many children lack access to these interventions, and cavities are still the most common chronic disease of childhood. An estimated 41 percent of working-age Coloradans and approximately 60 percent of Colorado adults over 65 years do not have dental benefits. Access to regular preventive care and interventions is necessary to help Colorado win the battle against oral diseases.

STATEWIDE GOAL: Increase access to evidence-based preventive oral health interventions in Colorado.

STRATEGIES:

1. **Increase access to optimally fluoridated water and dental sealants.**

   Objective 1: By 2020, 79.6 percent of the population in Colorado will be served by community water systems receiving optimally fluoridated water. (Data source: Water Fluoridation Reporting System)

   2016 Target: 75 percent of the population

   Baseline: 72.4 percent of the population in 2013

   Objective 2: By 2020, 52.5 percent of 3rd graders will have one or more dental sealants on permanent molars. (Data Source: Basic Screening Survey)

   2016 Target: 50 percent of 3rd graders

   Baseline: 45 percent of 3rd graders in 2011/12

   Objective 3: By 2020, 21.9 percent of 6 to 9 year-old children enrolled in Medicaid will have received at least one sealant on a permanent molar. (Data source: Centers for Medicare & Medicaid Services data)

   2016 Target: 19.9 percent of 6 to 9 year-old children enrolled in Medicaid

   Baseline: 19.4 percent of 6 to 9 year-old children enrolled in Medicaid in 2013

   Coordinating Agency: CDPHE

   Partners in Implementation: Colorado Department of Health Care Policy and Financing (HCPF), CDHS, Colorado Department of Education, HRSA Region VIII, Oral Health Colorado, Colorado Dental Association, Colorado Dental Hygiene Association, Colorado Community Health Network, Colorado Rural Health Center, School of Dental Medicine, graduate schools, LPHAs, regional oral health specialists, Colorado Rural Water Association, Colorado Association for School-Based Health Care, sealant providers, foundations, Oral Health Collaborative, insurers

2. **Increase access to dental homes for vulnerable populations.**

   Objective 1: By 2020, 52.5 percent of children enrolled in Medicaid will receive a dental or oral health service by a medical or dental provider. (Data source: Centers for Medicare & Medicaid Services)

   2016 Target: 50.5 percent of children enrolled in Medicaid

   Baseline: 50.0 percent of children enrolled in Medicaid in 2013

   Objective 2: By 2020, 8.7 percent of children enrolled in Medicaid will have had a dental visit by age 1 year. (Data source: Centers for Medicare & Medicaid Services)

   2016 Target: 7.7 percent of children enrolled in Medicaid

   Baseline: 7.2 percent of children enrolled in Medicaid in 2013

   Objective 3: By 2020, 322 dentists will be providing a number of significant services (billing at least $10,000 in the past 12 months) to Medicaid patients. (Data Source: HCPF)

   2016 Target: 303 dentists

   Baseline: 288 dentists in 2014 (HCPF provider list)

   Coordinating Agencies: CDPHE, HCPF

   Partners in Implementation: DentaQuest, LPHAs, Colorado Dental Association, CDHS, HRSA Region VIII, Oral Health Colorado, Colorado Dental Association, Colorado Dental Hygiene Association, Colorado Community Health Network, Colorado Rural Health Center, regional oral health specialists, Colorado Rural Water Association, Colorado Association for School-Based Health Care, sealant providers, foundations, Oral Health Collaborative

3. **Decrease untreated dental decay and decay experience in children.**

   Objective 1: By 2020, 32.1 percent of kindergarteners will have experienced dental decay. (Data source: CDPHE Basic Screening Survey)

   2016 Target: 35.7 percent of kindergarteners

   Baseline: 39.7 percent of kindergarteners in 2011/12

   Objective 2: By 2020, 11.2 percent of kindergarteners will have untreated decay. (Data source: CDPHE Basic Screening Survey)

   2016 Target: 12.4 percent of kindergarteners

   Baseline: 13.8 percent of kindergarteners in 2011/12

   Coordinating Agencies: CDPHE, HCPF

   Partners in Implementation: DentaQuest, LPHAs, Colorado Dental Association, Colorado Department of Human Services, Colorado Department of Education, Oral Health Colorado, Colorado Dental Association, Colorado Dental Hygiene Association, Colorado Association for School-Based Health Care, Colorado Community Health Network, Colorado Rural Health Center, regional oral health specialists, sealant providers, foundations, Oral Health Collaborative

10 COLORADO'S WINNABLE BATTLES
ELEVATING HEALTH AND ENVIRONMENT

Safe Food

Each year, approximately 1 in 6 Americans get sick from eating contaminated food.[27] While most recover, some may suffer complications such as kidney failure, miscarriage or brain and nerve damage. From 2007 to 2011, each year there was an average of 41 food-borne outbreaks reported and investigated in Colorado. This frequency underscores the need for vigilance and highlights the importance of food safety programs to identify food-borne illnesses; to regulate, inspect and give technical guidance to major food industries; and to inform consumers about food recalls. Colorado's economy and the health of the public benefit from a safe and successful food industry.

Colorado currently has a high capacity for outbreak monitoring and reporting, but has faced challenges due to the use of numerous unique inspectional information data systems across the state. Across the nation, evidence has shown that disseminating easy to understand results of restaurants inspections to the public provides an incentive for restaurant operators to comply with food safety guidelines. Colorado is working towards establishing uniform rating systems, high quality food retail standards and standardized data collection systems to establish a more effective statewide retail food program.

Currently under state law, food safety programs include inspections and regulatory oversight of restaurants, grocery stores, food manufacturing facilities, school and prison food programs. Exempt are food service operations within health facilities. Initiatives are underway to ensure these vulnerable populations have the same level of assurance in the safety of their food as the general public.

STATEWIDE GOAL: Establish high quality standards that will assure an effective statewide retail food program that will in turn assure safe food throughout Colorado.

STRATEGIES:

1. **Standardize statewide retail food inspection data by: continuing to work towards statewide data sharing; expanding data standardization to include additional compliance factors for comparison; and determining new and innovative ways to collect and use data for continual improvement of the statewide food safety program.**

   Objective 1: By 2018,100 percent of databases statewide will be able to produce standard reports focused on foodborne illness risk factors (Four initial reports by 2016).

   Objective 2: By 2016, increase the number of reports for assessing uniformity and comparing traditional enforcement methods with compliance assistance tools to determine effectiveness for sustained compliance.

   Coordinating Agency: CDPHE, LPHAs

   Partners in implementation: Colorado Food Program Managers, Colorado Environmental Health Directors, Decade Software, Larimer County Department of Health and Environment, Jefferson County Public Health, Pueblo City-County Health Department, Summit County Environmental Health Department, Tri-County Health Department (All LPHAs and database providers in the state will implement the work of these individuals)

2. **Achieve statewide adherence to state and national program standards.**

   Objective 1: By 2019, with local public health partners, review existing records, policies and procedures to develop new methods for meeting state and national standards statewide. Completion of all 9 standards statewide by 2019; at least 2 per year.

3. **Create and implement a uniform rating system for restaurants with broader access to inspection reports for the purpose of communicating risk to the general public. The optional rating system will weigh heavily on foodborne illness risk factors and provide a mechanism to relay severity of risk to the public through websites and traditional and social media channels.**

   Objective 1: By 2016, complete and implement a uniform, statewide restaurant inspection rating system that clearly communicates food safety and severity of risk to the public.

   Baseline: 15 percent complete in 2014

   Objective 2: By 2017, increase the number of local public health agencies utilizing websites and media channels to make inspection data and ratings available to the general public to 70%.

   Coordinating agencies: CDPHE, LPHAs

   Partners in implementation: Colorado Food Program Managers, Colorado Environmental Health Directors, Colorado Restaurant Association, Boulder Public Health Department, El Paso County Public Health, Larimer County Department of Health and Environment, Mesa County Health Department, Montrose County Health and Human Services, Pueblo City-County Health Department, San Juan Basin Health Department

4. **Improve inspection and enforcement of food service operations associated with health facilities by assuring inspections meet the expectations set forth in state and national standards for retail food establishments and are conducted by trained food safety staff.**

   Objective 1: By 2016, review current food safety oversight for food service operations in all health facilities license types to determine which do not meet state and national standards for quality and frequency of inspections to determine which health facility license types should be included in statutory change requiring retail food licensing.

   Objective 2: By 2016, implement a pilot project that assesses how best to address food safety standards for the health facilities industry.

   Coordinating Agency: CDPHE

   Partners in Implementation: Health facility operations, LPHAs, Colorado Food Program Managers, Colorado Environmental Health Directors and other stakeholders identified through the process.

10 COLORADO'S WINNABLE BATTLES
ELEVATING HEALTH AND ENVIRONMENT

Tobacco

Tobacco-related diseases are the leading cause of preventable death in Colorado and nationwide. Cigarette smoke contains more than 7,000 chemicals, 69 of which are known to cause cancer.[28] It harms nearly every organ in the body and can cause lung cancer, chronic obstructive pulmonary disease, coronary heart disease, stroke and a host of other cancers and diseases.[29] Smoking during pregnancy accounts for 20-30 percent of low-birth weight babies, as many as 14 percent of preterm deliveries and about 10 percent of all infant deaths.[30] Statewide expenditures attributable to smoking were estimated at more than $1.3 billion in 2004 and Colorado employers lose approximately $1 billion each year from smoking-related decreases in productivity.[31] Despite recent downward trends in tobacco use, 18.3 percent of adults and 15.7 percent of adolescents in Colorado smoke and nearly 8 percent of pregnant women smoked during the last trimester of pregnancy.[32]

Smoking is most common among low socioeconomic status (SES) populations, which includes people whose income falls below 200 percent of the federal poverty level, have no health insurance, do not have a high-school diploma or are disabled or unable to work. Smoking rates are at least two times higher for these populations. Colorado is employing numerous proven strategies to combat tobacco use and reduce secondhand smoke exposure, especially among youth, low SES populations and pregnant women. To learn more, see the *Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012–2020*.

STATEWIDE GOAL: Reduce the burden of tobacco use in Colorado by reducing the number of Coloradans who initiate and use tobacco products.

LONG-TERM OUTCOME MEASURES:

- **By 2020, reduce the percent of adolescents who smoke to 10 percent, down from a baseline of 15.7 percent in 2011.** (Data Source: Healthy Kids Colorado Survey)
- **By 2020, decrease the percent of straight-to-work population ages 18-24 years who report ever using tobacco to 20 percent, down from a baseline of 28.3 percent in 2012.** (Data Source: TABS)
- **By 2020, reduce the percent of adults who smoke to 12 percent, down from a baseline of 16.0 percent in 2010.** (Data Source: BRFSS)
- **By 2020, decrease the percent of pregnant women who smoke during pregnancy to 6 percent, from a baseline of 7.8 percent in 2011.** (Data Source: PRAMS)

STRATEGIES:

1. **Implement a multi-pronged approach that includes public education, positive youth development skills, policy development and dissemination targeted at youth younger than 18 years and the straight-to-work population ages 18-24 years.**

   Objective 1: By 2020, increase cessation attempts among the 18-24 age group by 30 percent. (Data Source: TABS)

   Objective 2: By 2020, increase the cessation success rate among the 18-24 age group by 20 percent. (Data Source: TABS)

   Coordinating agency: CDPHE
   Partners in implementation: American Lung Association, Boys and Girls Club of Metro Denver, RMC Health, University of Colorado – School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

2. **Establish, promote and enforce laws prohibiting the sale and restricting the marketing of tobacco products to minors.**

   Objective 1: By 2020, reduce the percent of youth in grades 6 – 12 that report "very easy" or "pretty easy" access to get cigarettes to 26 percent.

   Baseline: 53.1 percent of youth in 2008

   Objective 2: By 2020, reduce the percent of Colorado high school smokers who were not asked for proof of age when purchasing cigarettes to 22 percent.

   Baseline: 44.7 percent of high school smokers in 2008

   Objective 3: By 2020, reduce the percent of underage Colorado high school students who were sold cigarettes to 30 percent.

   Baseline: 60.7 percent of students in 2008

   Coordinating agency: CDPHE
   Partners in implementation: American Lung Association, Boys and Girls Club of Metro Denver, RMC Health, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

3. **Develop, implement, monitor, protect, strengthen and expand policies that protect populations from secondhand smoke exposure at home, work and in multi-unit housing.**

   Objective 1: By 2020, decrease the percent of children who live with a smoker in the home who are exposed to secondhand tobacco smoke to 28 percent.

   Baseline: 30.9 percent of children in 2012

   Objective 2: By 2020, decrease exposure to secondhand smoke at work to 1 percent.

   Baseline: 5.2 percent of people exposed in 2008

   Objective 3: By 2020, decrease exposure to second-hand smoke in multi-unit housing to 26 percent.

   Baseline: 54.4 percent people exposed in 2011

   Coordinating agency: CDPHE
   Partners in implementation: American Lung Association, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

4. **Implement media campaigns with anti-smoking and cessation promotion messaging to increase the number of quit attempts and successes among smokers in Colorado, focusing on low-socioeconomic status adults.**[33]

   Objective 1: By 2020, increase cessation attempts among adult smokers to 75 percent.

   Baseline: 65.6 percent cessation attempts among adult smokers in 2008

   Objective 2: By 2020, increase the percent of smokers who attempted and successfully quit tobacco to 15 percent.

   Baseline: 9.3 percent of smokers in 2008

   Objective 3: By 2020, increase the percent of smokers who have heard of the Colorado QuitLine to 85 percent.

   Baseline: 73.9 percent of smokers in 2008

   Objective 4: By 2020, increase the percent of low-socioeconomic status smokers who attempted and successfully quit to 11 percent.

   Baseline: 7.6 percent of low-socioeconomic status smokers in 2008

   Coordinating agency: CDPHE
   Partners in implementation: SE2, InLine Media, WebbPR, National Jewish – Quitline, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, Community Tobacco Grantees, including LPHAs

5. **Expand access to and utilization of tobacco cessation services and treatment among all Coloradans, particularly Medicaid clients, through interventions focused on health care delivery.**

   Objective 1: By 2020, increase the percent of smokers who were advised to quit smoking by a health care provider to 80 percent.

   Baseline: 62.6 percent of smokers in 2008

   Objective 2: By 2020, increase the percent of smokers who saw a health care provider and who were referred to cessation treatment to 50 percent.

   Baseline: 38.6 percent of smokers in 2008

   Objective 3: By 2020, increase the percent of smokers who report ever having used the Colorado QuitLine to 22 percent. (Data Source: TABS)

   Baseline: 20.2 percent of smokers in 2012

   Coordinating agency: CDPHE
   Partners in implementation: National Jewish – Quitline, Health and Hospital Authority (E-Referral System), University of Colorado Hospital Authority, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

6. **Increase access to and utilization of tobacco cessation services tailored for pregnant and postpartum women.**

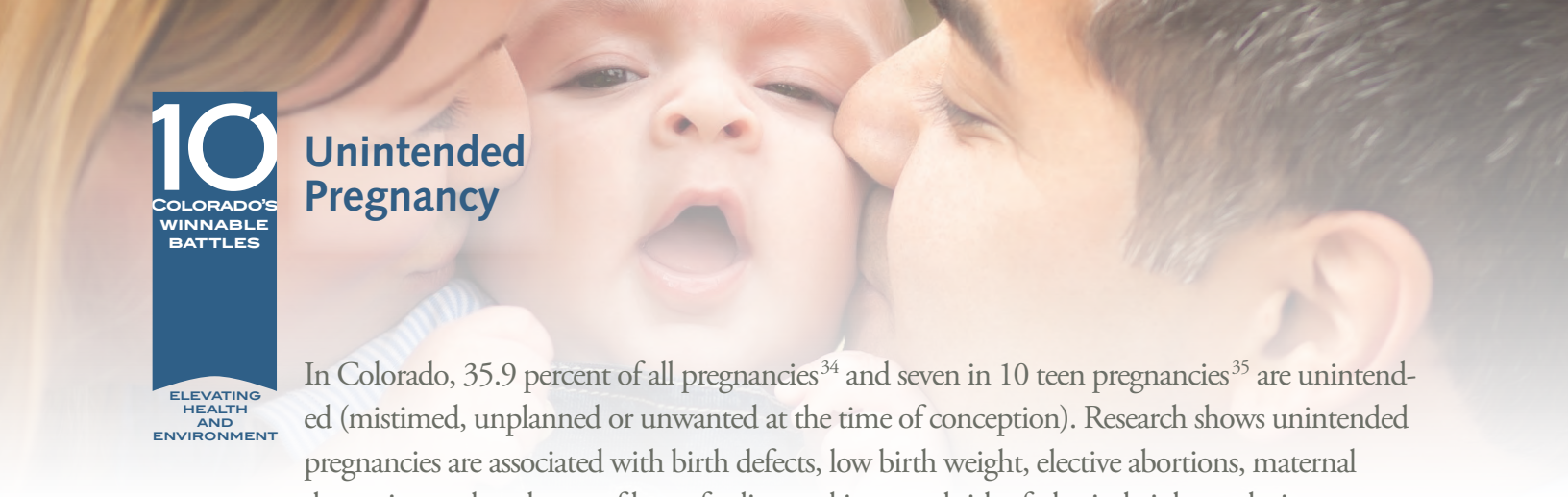
   Objective 1: By 2020, decrease percent of pregnant women who smoke three months before pregnancy to 17 percent. (Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS))

   Baseline: 22.3 percent of pregnant women who smoke in 2010

   Objective 2: By 2020, decrease the percent of women who relapse into smoking after delivery to 10 percent. (Data Source: PRAMS)

   Baseline: 13 percent of women who relapse into smoking after delivery in 2010

   Coordinating agency: CDPHE
   Partners in implementation: Rocky Mountain Health Plan Foundation, Denver Health and Hospital Authority (E-Referral System), University of Colorado – School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs



10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

Unintended Pregnancy

In Colorado, 35.9 percent of all pregnancies[34] and seven in 10 teen pregnancies[35] are unintended (mistimed, unplanned or unwanted at the time of conception). Research shows unintended pregnancies are associated with birth defects, low birth weight, elective abortions, maternal depression, reduced rates of breastfeeding and increased risk of physical violence during pregnancy.[36] In the United States, more than four of five births to teen mothers are unintended.[37] Teen mothers are less likely to graduate from high school or earn as much as women who wait to have children.

Avoiding unintended pregnancy helps reduce social and economic costs such as health care expenditures associated with teen births. The return on investment is great: Nationally, every $1.00 invested in publicly funded family planning services saves $7.09 in Medicaid and other public expenditures.[38]

In Colorado, the teen birth rate dropped 40 percent from 2009 through 2013 due, in a large part, to the CDPHE Family Planning Initiative that provided more than 30,000 intrauterine devices or implants at low or no cost to low-income women. Colorado has demonstrated that once the cost and access barriers to long-acting, reversible contraceptive methods (LARC) are removed, women are likely to choose these methods. Additionally, they are the most effective way to prevent unintended pregnancy.

STATEWIDE GOAL: Reduce unintended pregnancy in Colorado.

LONG-TERM OUTCOME MEASURE: By 2019, the unintended pregnancy rate in Colorado will be 30 percent or less, down from 35.9 percent in 2011. (Data Source: PRAMS)

STRATEGY:

1. **Increase use of long-acting, reversible contraceptive methods.**

   Objective 1: By 2019, increase the percent of Title X female clients using long-acting, reversible contraceptives to 30 percent.

   Baseline: 23 percent use in 2013

   Objective 2: By 2019, increase the percent of sexually active adults ages 18-44 using an effective method of birth control (long-acting, reversible contraceptives or sterilization) to 70 percent. (Data Source: BRFSS)

   Baseline: 68.3 percent of sexually active adults in 2012

   Coordinating Agency: CDPHE

   Partners in Implementation: Sexual Health Work Group, school based health centers, Youth Sexual Health Team, Maternal Wellness Program, LPHAs, service providers, HCPF, NARAL, Colorado Consumer Health Initiative, Colorado Youth Matter, Colorado Division of Insurance, CDHS, Beforeplay.org

22 http://www.epa.gov/osw/conserve/materials/tires/fires.htm

23 Calculated using the EPA Waste Reduction Model http://epa.gov/epawaste/conserve/tools/warm/Warm_Form.html

24 A waste tire monofill is any duly licensed and permitted (issued a Certificate of Designation by the local governing authority) solid waste disposal site and facility or section of a solid waste disposal site and facility at which only waste tires are accepted.

25 Colorado Health Statistics and Vital Records

26 Hornbrook MC, Stevens VJ, Wingfield DJ, Hollis JF, Greenlick MR, Ory MG. Preventing falls among community–dwelling older persons: results from a randomized trial. The Gerontologist 1994:34(1):16–23.

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32 Colorado Department of Public Health and Environment, Health Statistics Section. 2011 Colorado Youth Risk Behavior Survey; Colorado Behavioral Risk Factor Surveillance System; Colorado Pregnancy Risk Assessment Monitoring System. Denver, CO.

33 Low SES means uninsured, income below 200% of federal poverty level, no high school diploma (may have GED), or disabled/unable to work.

34 2011 Pregnancy Risk Assessment Monitoring System.

35 http://www.colorado.gov/cs/Satellite?c=Page&childpagename=GovHickenlooper%2FCBONLayout&cid=1251655017027&pagename=CBONWrapper

36 U.S. Dept. of Health and Human Services. Healthy People 2020 topics and objectives. http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13. Accessed 10-31-13.

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38 Frost, JJ, et al., Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, The Milbank Quarterly, Published electronically October 14, 2014. doi: 10.1111/1468-0009.12080.

Public Health Infrastructure

The 2008 Public Health Act called upon the Colorado Department of Public Health and Environment (CDPHE) 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.

The intent of the Public Health Act of 2008 was to improve the performance of the public health system in order to improve the health outcomes of Colorado's residents and visitors. This work is never done, but continues with system changes and ongoing challenges.

Over the last five years, implementation of the Public Health Act has resulted in several counties making changes to their organizational structures, such as merging departments within the county, to provide more of the core public health services. The system will continue to evolve as local elected officials look for ways to address budget concerns, create efficiencies and anticipate other looming changes, including retirements of public health leaders.

Critical to the success of the public health system and addressing social determinants of health is the need to connect across agencies, programs and organizations and in conjunction with local boards of health and county commissioners. 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.

STATEWIDE GOAL: Continue to strengthen Colorado's public health system and increase capacity to address the root causes of health inequities, respond to emerging issues, provide or assure core public health services and ensure that all Coloradans have access to quality public health services[39] regardless of where they live.

Recommendation: Organizational Capacity and Partnerships

1. **Develop a blueprint for the future of public health in rural Colorado with the assistance of a work group that studies, guides, and supports the organizational changes needed to optimize small to midsize public health agencies, particularly in rural Colorado.** (Responsible agencies: CDPHE, rural/frontier LPHAs and the Colorado School of Public Health, with support from Colorado's entire governmental public health system)

   The work group should:

   - Identify both positive and negative trends in organizational change currently affecting LPHAs.
   - Recommend strategies for maintaining and strengthening public health roles and responsibilities in today's operating environments.
   - Identify quality improvement opportunities for public health program delivery and use of funding by examining the performance of CDPHE and LPHAs (including and beyond grant management and fiscal accountability activities).
   - The work group might also consider the formation of a more formal structure for advice and review, such as Regional Public Health Advisory Councils for continuous quality improvement.

   The blueprint should establish the following, with the aim of LPHAs providing Colorado's core public health services and meeting minimum quality standards:

   - New, innovative ways of funding public health initiatives and infrastructure.
   - Organizational capacity improvements for rural public health, including local and state funded regional staff.
   - Partnership development that strengthens local, regional and state capacity and to assure services are provided most efficiently.
   - The role of CDPHE in providing support, guidance, advocacy, as well as reliable public health data.
   - An assessment and decision-making process for boards of health considering changes in governance or organizational structures to determine what is in the best interest of their programs, departments, and communities and grounded in foundational capabilities for public health.
   - Broader boards of health or development of public health advisory committees for counties not having a local board of health that is distinct from county commissioners.
   - Support for continued shared learning communities and a system of regional public health meetings and conferences that include local stakeholders.
   - Methods to recruit medical officers that are knowledgeable and committed to the public health mission.

Recommendation: Financing and Funding

1. **Develop a system of yearly review of resource allocation, with a plan to fund local public health equitably and strategically.** (Responsible agency: CDPHE)

   This yearly review and plan should:

   - Ensure funding and contracting processes do not de-incentivize shared services and regional partnerships among agencies.
   - Develop consistent principles around funding allocations to address population served, health equity, and urban/rural/frontier/resort needs.
   - Continue the 2009 recommendation to 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.
   - Address looming issues such as the continual drop in master settlement funds along with increasing population and need for services.
   - Consider national models and mechanisms to justify stable public health funding.[40]

Recommendations: Communications and Networking

1. **Develop and implement a strategic communications plan with the purpose of ensuring consistency in the management of communications on current and emerging public health issues.** (Responsible agency: CDPHE)

   The plan should:

   - Include processes for dissemination; defining audiences; and coordinating with community partners to promote the dissemination of consistent and unified public health messages that are accurate and appropriate for the audience and their level of health literacy. (PHAB Measure 3.2.3 A)
   - Recommend an organizational structure to better coordinate public information officers, communication liaisons, and others with a communications role to manage communications activities directed towards stakeholders, partners and the general public across the state.
   - Define a system-wide marketing plan using the expertise and connections among state/local agencies and professional organizations to increase visibility and understanding of the field of public health.
   - Address how to continually improve systems to promote an empowered, coordinated voice in promoting public health initiatives and legislative agendas.
   - Establish a mechanism to inform local boards of health regularly with a strategic public health update.

2. **Recruit qualified multilingual professionals to provide direct "in language" services in languages other than English, and who are not responsible for interpretation or translation.** (Responsible agencies: CDPHE and LPHAs)

Recommendations: Workforce Development

1. **Participate in Region 8 Rocky Mountain Public Health Training Center's public health workforce development needs assessment conducted to align with nationally adopted core competencies and consistent with national needs assessments.** (Responsible agencies: CDPHE, Region 8 Rocky Mountain Public Health Training Center, Colorado School of Public Health, LPHAs)
2. **Utilize national and regional public health workforce development needs assessments to develop training plans to meet such needs.** (Responsible agencies: CDPHE, Colorado School of Public Health, LPHAs)
3. **Develop a public health workforce development plan that includes ways to recruit, promote and support a professional and culturally and linguistically diverse workforce reflective of and responsive to the needs of the population being served.** It must include nationally adopted core competencies and curricula and training schedules. (PHAB Standard 8.2) (Responsible agencies: CDPHE, Colorado School of Public Health, LPHAs)
4. **Adapt and implement nationally defined competencies and minimum qualifications for local public health and environmental health personnel (i.e. public health nurses, epidemiologists, environmental health specialists, health educators) and provide ongoing trainings and professional development opportunities.** (Responsible agencies: CDPHE, Colorado School of Public Health, LPHAs)

Recommendations: Health Equity, Environmental Justice and Social Determinants of Health

1. **Continue developing and implementing cross-cutting health equity and environmental –justice initiatives and partnerships that integrate public and environmental health across the community spectrum.** (Responsible agencies: Health Equity Commission, CDPHE, LPHAs, CALPHO)
    - Educate, train and support staff at every level in local and state agencies to address the root causes of health inequity and environmental injustice, and incorporate it into daily work.
    - Build a sharing community with a network of health equity champions across the state.
    - Develop internal agency infrastructure (e.g., policies, communications strategies, data platforms) supportive of health equity and environmental justice.
    - Provide data at the smallest geographic level possible and link clinic and population-based health data with social determinants of health data to inform policy development, resource allocation, and program development.
    - Implement innovative strategies to collect data on population groups that are not adequately represented in traditional surveillance systems.
    - Collaborate with systems partners to develop a common understanding, common goals and common metrics to achieve health equity and environmental justice for all Coloradans.

2. **Increase capacity at CDPHE and local public health agencies for provision of culturally and linguistically appropriate services, as follows.** (Responsible agencies: CDPHE and LPHAs)

Culturally and Linguistically Appropriate Services

Culturally and linguistically appropriate services (CLAS) are broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.[41] According to the 2013 national CLAS standards, "though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services."

The national CLAS standards are comprised of 15 standards covering three theme areas: governance, leadership and workforce; communication and language assistance; and engagement, continuous improvement and accountability. Building upon previous efforts, the following are recommendations for continuing to work towards further adoption and implementation of the national standards for culturally and linguistically appropriate services within the state and local governmental public health system in Colorado.

STATEWIDE GOAL: Increase adoption and implementation of national CLAS standards among CDPHE and local public health agencies to provide meaningful access to public and environmental health services for linguistically diverse audiences.[42]

STRATEGIES:

1. **Build upon previous implementation efforts of the CLAS standards to increase CDPHE staff knowledge of Limited English Proficiency policy, CLAS standards and available language services.**

   Objective 1: By 2019, CDPHE will increase department staff utilizing Centralized Language Services for interpretation, translation or technical assistance.

   Objective 2: By 2019, CDPHE will measure and use language services utilization rates to guide planning and resource allocation.

   Activities:

   - Training: Following implementation of required language services training, evaluate training efficacy and assess need for refresh course type and frequency.
   - Planning: Consider and promote resources, such as CDPHE's health equity and environmental justice collaborative and health equity tools[43] that can be used to incorporate CLAS standards into program planning and communication throughout the department.
   - Resource allocation: Work towards greater compliance with the federal requirements[44] by raising awareness, building capacity and providing examples such as federal fund requests that include an interpretation and translation budget item and RFA/RFP proposals that address Title VI compliance.

2. **CDPHE will provide training and technical assistance about CLAS to local public health agencies as part of the department's ongoing training and technical assistance efforts.**

   Objective 1: By 2019, increase local public health agency awareness and utilization of CLAS Standards above the 2014 baseline, as assessed through a survey conducted by the Office of Health Equity and the Office of Planning and Partnerships.

   Activity:

   - The Office of Health Equity and the Office of Planning and Partnerships will identify opportunities for coordinated training and technical assistance, including linking local public health to available CLAS resources.

39 Colorado established core public health services in 2011 and minimum quality standards for public health services in 2013, both aligned with national standards and guidance.

40 Such as the National Foundational Capabilities for Public Health: http://www.resolv.org/site-healthleadershipforum/files/2014/03/Articulation-of-Foundational-Capabilities-and-Foundational-Areas-v1.pdf

41 United States Department of Health and Human Services. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint to Advancing and Sustaining CLAS Policy and Practice. 2013.

42 Consistent with Title VI of the 1964 Civil Rights Act, Executive Order 13166 and the national CLAS standard's Principal Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

43 Such as Multnomah County's Health Equity and Empowerment Lens: https://multco.us/file/31833/download

44 United States Department of Justice, Service Assessment Tool. 2011. Retrieved from website: http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

Plan Development: Analysis of Local Plans and Community Input

This plan was developed to align with and support Colorado's local public health improvement plans. Therefore, an integral piece of the development process was a thorough analysis of the local plans developed between 2011 and 2014. The priorities and strategies outlined in local plans were qualitatively analyzed and categorized. This approach allowed for the identification of the most common approaches being taken by local communities and opportunities for synergy with state-level efforts. It also meant the state plan was informed and guided by the structured stakeholder-engagement and improvement planning that happened in communities across the entire state. This detailed analysis was performed for each priority area; below are high-level summaries of the strategy analyses for Colorado's flagship priorities.

Figure 2. Colorado Winnable Battles represented in local priorities.

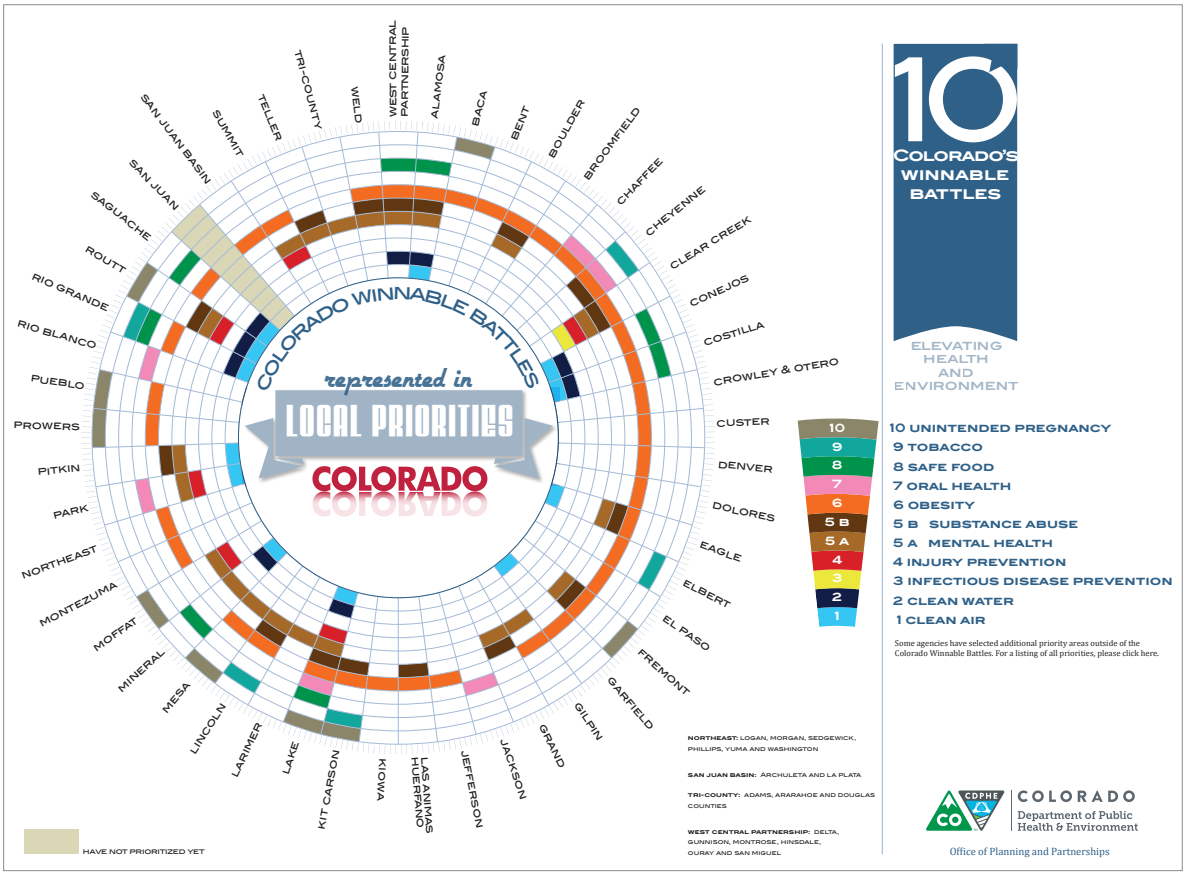
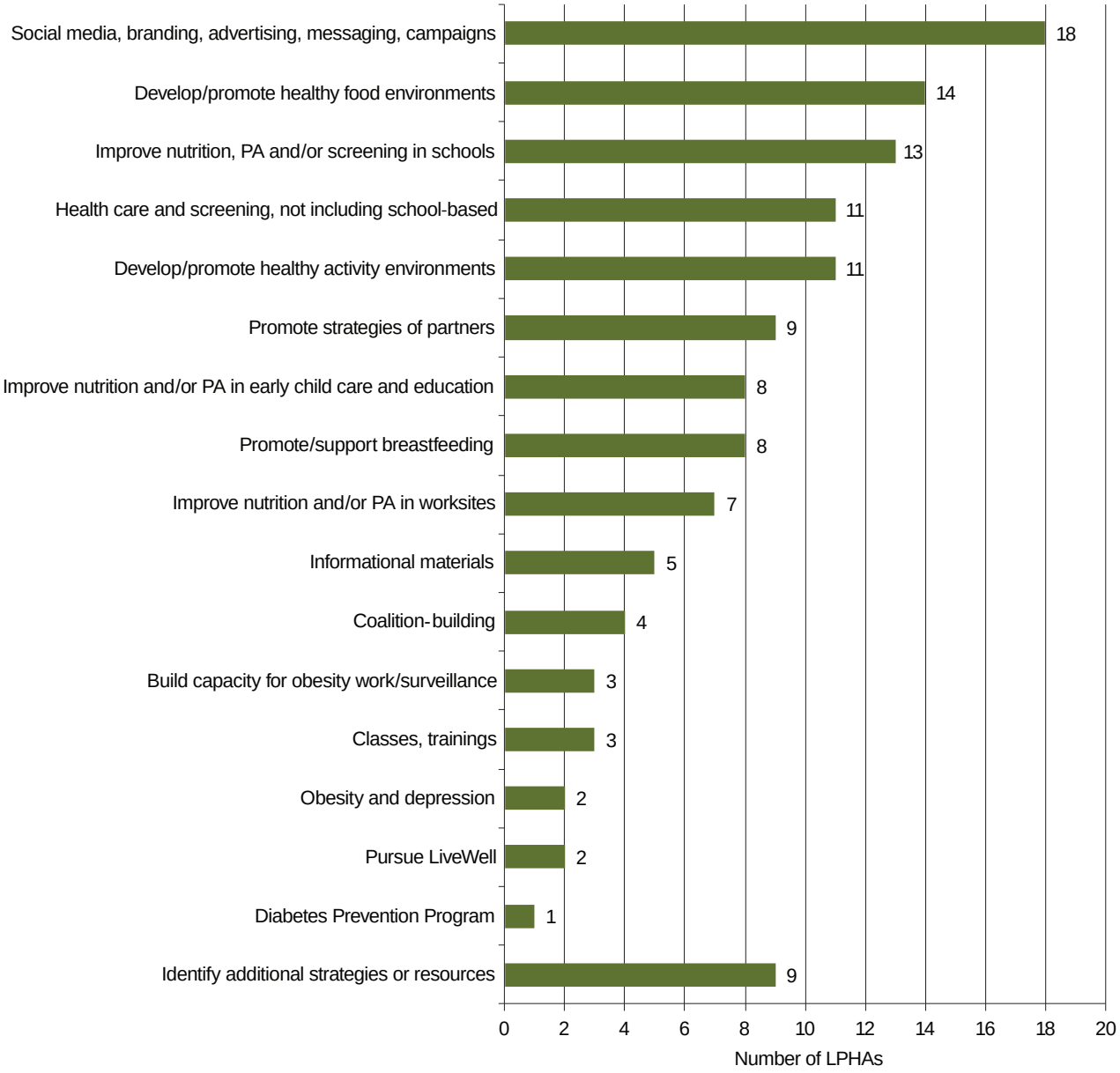
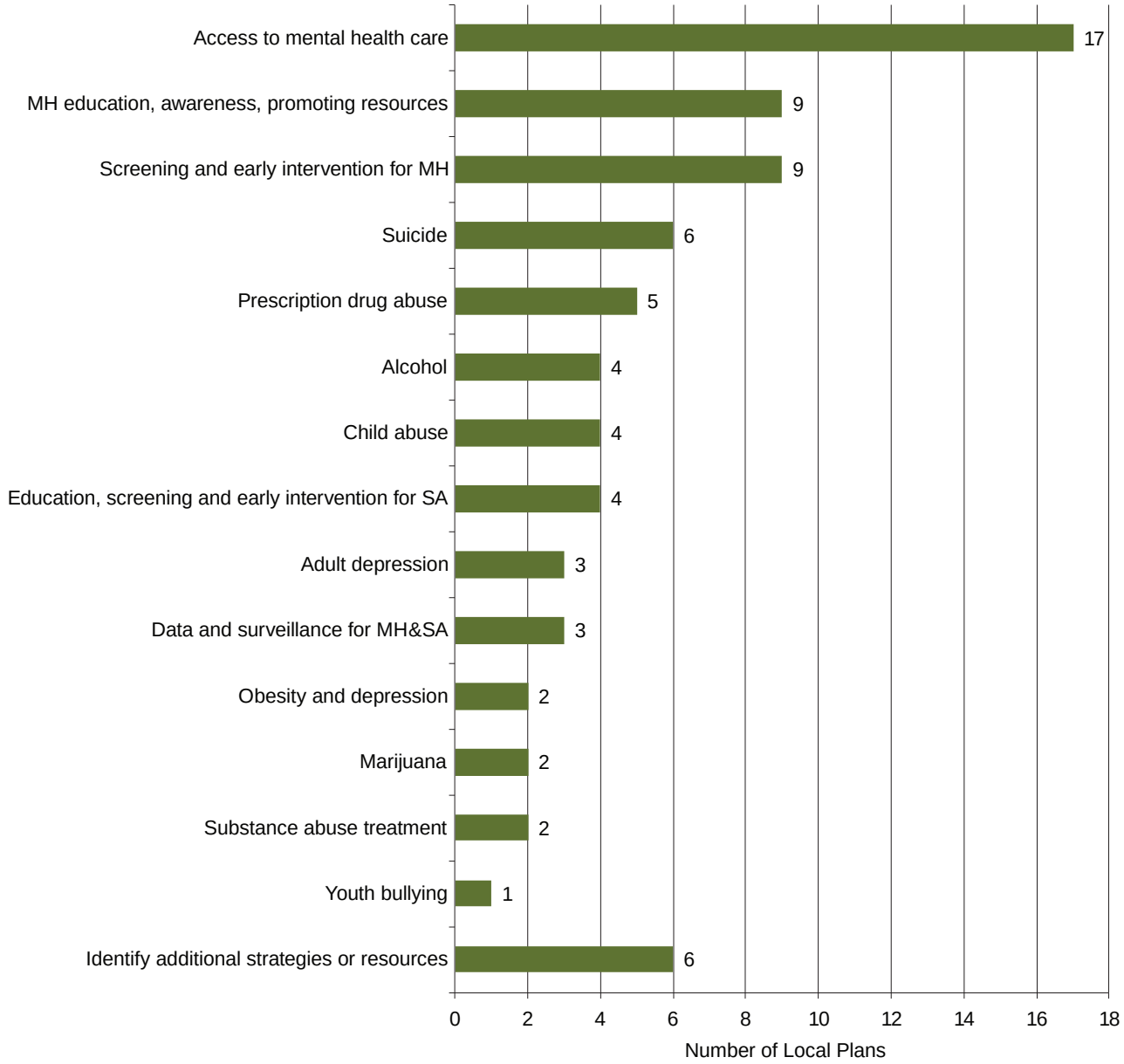


Figure 3. Types of Obesity Strategies in Colorado's Local Public Health Improvement Plans.*



**36 local public health improvement plans representing 43 local communities included obesity as or within a public health priority.*

Figure 4. Types of Mental Health & Substance Abuse Strategies in Colorado's Local Public Health Improvement Plans.*



**24 local public health improvement plans representing 27 local communities included mental health as or within a public health priority; 17 local public health improvement plans representing 22 local communities included substance abuse as or within a public health priority.*

Input meetings were held in the summer and early fall of 2014 to get additional input specific to the state plan. During these meetings, input was gathered regarding strengths and needs related to obesity, mental health and substance abuse, public health infrastructure and Colorado's Winnable Battle initiative. Objectives, strategies and targets in each priority area were chosen by existing stakeholder groups based upon needs identified in Colorado's 2013 Health and Environmental Assessment and alignment with local strategies and initiatives, using the analyses previously described.

Table 2. State plan input meetings.

Date	Location	Meeting
June 23, 2014	Alamosa	Chronic Disease State Plan input meeting with San Luis Valley Partnership (6 counties)
July 24, 2014	Snowmass	Colorado Directors of Environmental Health Quarterly Meeting
July 28, 2014	Pueblo	Statewide Public Health Improvement Plan and Heath Equity Input Meeting
July 29, 2014	Breckenridge	Statewide Public Health Improvement Plan and Health Equity Input Meeting
August 12, 2014	Sterling	Chronic Disease State Plan input meeting with Northeast Colorado Health Department (6 counties)
August 21, 2014	Montrose	Input meeting with West Central Public Health Partnership (6 counties)
September 17, 2014	Ft. Collins	Input session at Public Health in the Rockies annual conference
September 18, 2014	Ft. Collins	Input session at Public Health in the Rockies annual conference
September 24, 2014	Steamboat Springs	Input session at Colorado Environmental Health Association annual conference
September 24, 2014	Grand Junction	Chronic Disease State Plan input meeting with Mesa County

Local public health improvement plans reviewed and analyzed in preparing the 2015-2019 statewide plan

- Alamosa County Public Health Improvement Plan
- Baca County Public Health Improvement Plan
- Bent County Public Health Improvement Plan
- Boulder County Public Health Improvement Plan
- Broomfield County Public Health Improvement Plan
- Chaffee County Public Health Improvement Plan
- Cheyenne County Public Health Improvement Plan
- Clear Creek County Public Health Improvement Plan 2013-2017
- Conejos Community Health Plan 2013-2017
- Costilla County Public Health Improvement Plan
- Crowley and Otero Counties 2013 Health Status Report and Improvement Plan
- Custer County Public Health Improvement Plan 2014-2018
- Be Healthy Denver: Denver's Community Health Improvement Plan 2013-2018
- Eagle County Community Health Improvement Plan 2017
- El Paso County Community Health Improvement Plan 2013-2017
- Elbert County Public Health Improvement Plan 2014-2018
- Fremont County Public Health Improvement Plan 2014-2018
- Garfield County Public Health Improvement Plan 2013-2017
- Gilpin County Public Health Improvement Plan
- Grand County Public Health Improvement Plan 2012-2013
- Jackson County Public Health Improvement Plan 2013-2017
- Jefferson County Community Health Improvement Plan 2014-2017
- Kiowa County Public Health Improvement Plan
- Kit Carson County Public Health Improvement Plan
- Lake County Public Health Improvement Plan 2012-2015
- Larimer County Community Health Improvement Plan 2014-2018
- Las Animas-Huerfano Counties District Health Department Public Health Improvement Plan 2013-2018
- Lincoln Public Health Improvement Plan 2013
- Mesa County: Healthy Mesa County 2012-2017
- Mineral County Public Health Improvement Plan 2013
- Montezuma and Dolores Counties Public Health Improvement Plan 2014
- Northeast Colorado Health Department (Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties) Public Health Improvement Plan 2013
- Park County Community Health Assessment Report
- Pitkin County Community Health Improvement Plan 2013
- Prowers County Public Health Improvement Plan
- Pueblo County Community Health Improvement Plan 2013-2017
- Rio Blanco County Public Health Improvement Plan 2013-2017
- Rio Grande County Community Health Improvement Plan 2013-2018
- 2012-2016 Community Health Improvement Plan for Routt & Moffat Counties
- Saguache County Community Health Improvement Plan
- San Juan Basin Health Department, Archuleta and La Plata Counties Public Health Improvement Plan 2013-2018
- Summit County Community Health Improvement Plan 2013
- Teller County Community Health Improvement Plan
- Tri-County: Adams, Arapahoe and Douglas Counties Public Health Improvement Plan 2014-2018
- Weld County 2012 Health Status Report
- West Central Public Health Partnership (Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel Counties) Public Health Improvement Plan 2013