



COLORADO PUBLIC HEALTH SYSTEM TRANSFORMATION  
**Core Public Health Services  
Operational Definitions Manual**

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## Introduction

Colorado's Public Health Act (SB08 194) took effect in 2008, calling for major reforms to the state's governmental public health system, made up of the Colorado Department of Health and Environment (CDPHE), and 53 local public health agencies (LPHAs). The Act's purpose was to ensure that Core Public Health Services were available with a consistent standard of quality, to every person in Colorado regardless of where they live. Over the decade since this Act was passed, Colorado has seen many achievements and advancements in public health.

However, public health in Colorado, and around the nation, still faces dramatic changes and challenges. The Colorado Association of Local Public Health Officials (CALPHO) and CDPHE have identified that these changes will require them to think differently and creatively about the governmental public health system's work and are choosing to embrace that need to develop a comprehensive strategy for transforming the public health system to best serve its mission: to protect and improve the health of Colorado's people and the quality of its environment. CALPHO and CDPHE have identified that the Foundational Public Health Services (FPHS) system transformation model is the best model for Colorado's public health system transformation efforts and are following the example of other states engaged in similar public health system transformation efforts.

The FPHS system transformation model establishes that there is a foundational level of public health services that are needed everywhere for services to work anywhere. This foundation, called FPHS are a subset of all public health services and include foundational capabilities and services that (1) must be available to all people served by the governmental public health system, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- Services for which the governmental public health system is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.

For consistency with Colorado's Public Health Act, Colorado has elected to refer to its FPHS framework as Core Public Health Services.

### Colorado's CPHS Framework

The Colorado State Board of Health adopted Colorado's CPHS framework April 17, 2019 into the Code of Colorado Regulations (CCR; 6 CCR 1014-7 Core Public Health Services), the official publication of Colorado's state administrative rules. This framework goes into effect January 1, 2020.

Colorado's CPHS Framework defines seven foundational capabilities and five foundational services:

#### National FPHS Framework

In 2009, the Institute of Medicine (IOM) formed a committee to consider three topics related to population health: data and measurement, law and policy, and funding. Their work culminated in a report, *For the Public's Health: Investing in a Healthier Future (2012)*, in which the IOM recommended that a minimum package of public health services be defined. In April 2013, the Public Health Leadership Forum, funded by the Robert Wood Johnson Foundation and facilitated by RESOLVE, developed the national Foundational Public Health Service framework (FPHS) to define this "minimum package of services." The FPHS framework included foundational capabilities and programs that the group felt were needed everywhere for public health to work anywhere, and for which costs could be estimated. This national model is now stewarded by the Public Health National Center for Innovations (PHNCI) has been and continues to be adopted and localized by states across the nation, including Colorado. More information on the national FPHS framework is available [here](#).

## A. Foundational Capabilities

1. Assessment and Planning
2. Communications
3. Policy Development and Support
4. Partnerships
5. Organizational Competencies
6. Emergency Preparedness and Support
7. Health Equity and Social Determinants of Health

## B. Foundational Services

1. Communicable Disease Prevention, Investigation and Control
2. Environmental Public Health
3. Maternal, Child, Adolescent and Family Health
4. Chronic Disease, Injury Prevention and Behavioral Health Promotion
5. Access to and Linkage with Health Care

Together, the foundational capabilities and foundational services are the limited statewide set of core public health services that must exist everywhere for services to work anywhere.

However, for the governmental public health system to successfully and consistently implement CPHS, more detail was needed in the definitions. In 2019, the Colorado Public Health System Transformation Steering Committee oversaw the development of operational definitions that:

- Describe “what” CPHS provides for Colorado’s communities, but not “how” the governmental public health system should provide it,
- Are agnostic to which governmental public health provider should provide it,
- Are reduced to discreet activities (define as few actions as possible per statement) and begin with a verb identifying the action to be taken and,
- Align with existing statutes, rules, regulations and guidelines.

These operational definitions add detail by adding functions, definitions, and operational definitions that define the functions, elements, and activities that the governmental public health system must deliver for residents for CPHS to be fully implemented.

These definitions are published in this document, the *Foundational Public Health Services Functional Definitions Manual*.

It is expected that these definitions will continue to evolve alongside the public health practice. A process will be established for periodic updates to the CPHS operational definitions, as documented in this *Core Public Health Services Operational Definitions Manual*.

# How to Use this Manual: Understanding and Implementing Operational Definitions

This document provides operational definitions for Colorado’s foundational capabilities and services meant to help governmental public health agencies operationalize this framework statewide across the public health system, and within their organizations. Each foundational capability and service definition includes:

## A. Foundational Capability or Foundational Service.

CPHS in Colorado include both foundational capabilities and foundational services. Foundational capabilities are denoted by “A.” and are the crosscutting capacity and expertise needed to support public health programs. Foundational services are denoted by “B.” and are the subset of services in each public health program area that are defined as foundational.

*Example: A. denotes foundational capabilities, while B. denotes foundational services.*

### 1. Actual Foundational Capability or Service.

Colorado’s CPHS framework includes seven foundational capabilities and five foundational services denoted by numerals and individually assigned as either a foundational capability or service, such that they are represented as “[Foundational Capability (A) or Foundational Service (B)].[Foundational Capability or Service number].”.

*Example: A.1. denotes the foundational capability “Assessment and Planning.”*

#### a. Function.

Colorado’s foundational capabilities and services are further reduced to 53 “functions” which organize the different elements and activities of CPHS to describe the work being done. Functions are denoted by lowercase letters and individually assigned to one foundational capability or service, such that they are represented as “[Foundational Capability (A) or Foundational Service (B)].[Foundational Capability or Service number].[Function lowercase letter].”.

*Example: A.1.a. denotes the first Assessment and Planning function “Data Collection and Distribution.”*

#### I. Definitions.

Colorado’s CPHS functions are described in detail by 114 “definitions” that represent the various work elements of each function. Definitions are denoted by uppercase Roman numerals and individually assigned to one function, such that they are represented as “[Foundational Capability (A) or Foundational Service (B)].[Foundational Capability or Service number].[Function lowercase letter].[Definition uppercase Roman numeral].”.

*Example: A.1.a.i. denotes the first definition “I. Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals” under the first Assessment and Planning function “Data Collection and Distribution.”*

#### i. Operational Definition.

In some cases, “definitions” are not reduced down to discrete “activities;” that is they may define more than one action per statement. Where that is the case, they are further described by 346 “operational definitions” which describe the various work activities under each definition. Operational definitions are denoted by lowercase Roman numerals and individually assigned to one function, such that they are represented as “[Foundational Capability (A) or Foundational Service (B)].[Foundational Capability or Service number].[Function lowercase letter].[Definition uppercase Roman numeral].[Operational Definition lowercase Roman numeral].”.

*Example: A.1.a.i.i. denotes the first operational definition, “i. Ensure capacity to collect primary qualitative data” under the first definition, “1. Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals” under the first Assessment and Planning function “Data Collection and Distribution.”*

It is important to remember that there is significant interplay among the foundational capabilities and services, so governmental public health agencies and their staff members should be familiar with this full operational definitions manual, and not simply the definitions specific to the work they do.

Statutory and regulatory sources and relevant quality standards are cited throughout the document through footnotes on the relevant operational definitions, definitions, functions and foundational capabilities and services.

Appendix B provides any relevant acronyms. These acronyms are referenced where the terms they summarize are used, however, the full term is spelled out for each operational definitions, definitions, functions and foundational capabilities and services. This is to provide clarity when the individual definitional components are used independently from one another and this manual.

# Colorado Core Public Health Services Definitions Summary

## A. Foundational Capabilities

1. **Assessment and Planning:** Colorado’s governmental public health system will apply the principles and skilled practice of epidemiology, laboratory investigation, surveillance, and program evaluation to support planning, policy and decision making in Colorado. The public health system will monitor, diagnose, and investigate health problems and hazards in communities including public health emergencies, outbreaks, and epidemics, and collect and analyze data.<sup>1</sup>
  - a. **Data Collection and Distribution**
    - I. Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions and tools to support all public health goals.
    - II. Operate and maintain confidential, continuous public health surveillance systems that systematically collect health and behavioral data for public health practice.
  - b. **Data Access, Analysis and Interpretation**
    - I. Use epidemiological practices to explain the distribution of disease, death, health outcomes, health disparities and systemic inequities, including links to biological, environmental, economic and social determinants.
    - II. Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.
    - III. Translate data, analyses, technical descriptions and scientific literature into information that is valid, accurate, understandable and meaningful for intended audiences.
  - c. **Health Assessment Development, Implementation and Evaluation**
    - I. Complete a comprehensive community health assessment (CHA) at a minimum every five years.
    - II. Develop, implement and evaluate a public or community health improvement plan (PHIP/CHIP) that is informed by a comprehensive community health assessment (CHA) and priorities identified by communities, at a minimum every five years.
    - III. Conduct and disseminate topical or population-specific assessments focused on certain issues facing the community.
  - d. **Vital Records**
    - I. Record and report vital events (e.g., births and deaths) and act as the local registrar of vital statistics or ensure provision of the responsibility of registrar for each jurisdiction.
  - e. **Public Health Laboratory (State and Regional Lab Role Only)**
    - I. Maintain laboratory resources capable of providing rapid detection and investigation of health problems and environmental public health hazards.
2. **Communications:** Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals.<sup>2</sup>
  - a. **Media Communications**
    - I. Maintain ongoing relations with local and statewide media through proactive and compelling press releases, press conferences and story pitching.

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<sup>1</sup> 6 CCR 1014-7, 3.1 A1

<sup>2</sup> 6 CCR 1014-7, 3.1 A2



**b. Public Communications**

- I. Increase the visibility and understanding of public health issues and the value of public health initiatives through consistent, strategic communications that are culturally and linguistically appropriate to the communities served.
- II. Maintain the ability to transmit and receive communications to and from the public in an appropriate, timely and accurate manner. Adapt this ability to emerging communications technologies and the preferred mediums in each jurisdiction.
- III. Develop and maintain customer service standards for regular public interactions in manner that are culturally and linguistically appropriate to the communities served.

**c. Internal and Partner Communications**

- I. Maintain and encourage frequent internal communications between staff, leadership and close partners.

**3. Policy Development and Support:** Colorado’s governmental public health system will inform and implement policies to meet the community’s changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado.<sup>3</sup>

**a. Policy Development**

- I. Serve as a primary and expert resource for developing, establishing and maintaining evidence-informed public health policy recommendations that support individual, community and environmental health efforts.
- II. Inform policies that impact the physical, environmental, social and economic conditions affecting health that are beyond the immediate scope or authority of governmental public health.

**b. Policy Enactment**

- I. Partner with community members and stakeholders to build support for evidence-informed policies that promote healthy behaviors and environments for individuals, families, and communities.

**c. Policy Evaluation**

- I. Use evidence-informed data and analytics to assess policy recommendations for unintended consequences or disparate impact.
- II. Use assessment, surveillance and epidemiology to evaluate the outcomes of public health policies.
- III. Disseminate information regarding policy results and outcomes to promote continued understanding and support for strategies that will improve the public’s health.

**4. Partnerships:** Colorado’s governmental public health system will create, convene, and support strategic partnerships, engage community members and cross-sectoral partners, agencies, and organizations to achieve public health goals.<sup>4</sup>

**a. Partner and Community Relationships**

- I. Create, convene, support and evaluate strategic partnerships.
- II. Maintain the ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with partners.
- III. Maintain the ability to identify and enable collaborative opportunities with other government sectors and across jurisdictional boundaries to effectively and efficiently deliver services and/or improve public health outcomes.
- IV. Earn and maintain the trust of community residents by working towards common goals through inclusive engagement that is culturally and linguistically appropriate for the communities served.

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<sup>3</sup> 6 CCR 1014-7, 3.1 A3

<sup>4</sup> 6 CCR 1014-7, 3.1 A4

## 5. Organizational Competencies

- a. Accountability, Performance Management and Quality Improvement:** Colorado’s governmental public health system will be accountable and transparent in such a way that the general public can understand the value received from investments made in the system. Accountability, organizational performance management and quality improvement are essential to creating a system that provides high-quality public health services regardless of location. To sustain the culture of quality, performance will be tied to improvements in public health outcomes and other measures, the public health system will be monitored, and public health service delivery will be tracked.<sup>5</sup>
- I. Follow accountability, performance and quality standards in accordance with local, state, and federal laws, regulations and policies. Standards refer to a level of recommended achievement against which a state department or local public health agency (LPHA) may compare its current activities, and may include, but is not limited to, performance standards, performance management standards, descriptive standards and/or quality standards.
  - II. Develop and/or utilize accountability, performance and quality standards that are tied to improvements in public health outcomes and processes.
  - III. Establish, utilize and maintain a system to monitor accountability, performance and quality standards to align with the national Public Health Accreditation Board (PHAB) Standards.<sup>6</sup>
  - IV. Assess the delivery and performance of Colorado’s foundational capabilities and services.
  - V. Establish, utilize and maintain a system of continuous quality improvement processes, integrated into organizational practice, programs and interventions, to align with the national Public Health Accreditation Board (PHAB) Standards.<sup>7</sup>
  - VI. Communicate to appropriate governmental officials and the public on progress made by public health agencies and the state with meeting performance standards and on the delivery of Colorado’s foundational capabilities and services.
  - VII. Develop, coordinate, implement and evaluate an agency strategic plan that that defines and determines the agency’s roles, priorities and direction.
- b. Human Resources:** Colorado’s governmental public health system will develop and maintain a competent workforce and provide adequate human resources support to ensure the Public Health Director meets minimum qualifications, and staff are able to perform the functions of governmental public health.<sup>8</sup>
- I. Assure the agency has a public health director that possess the minimum qualifications as prescribed by the State Board of Health. The qualifications shall reflect the resources and needs of the county or counties covered by the agency.<sup>9</sup>
  - II. Develop and maintain a competent public health workforce with the necessary knowledge, skills and abilities to perform the functions required of governmental public health.
  - III. Develop and implement a workforce development plan that identifies needed skills, competencies and/or positions.
  - IV. Provide or have access to adequate human resources support, including recruitment, retention, succession planning, training, performance review and other necessary human resource activities.
  - V. Support leaders and employees in understanding equity principles and using inclusionary practices in all aspects of workforce management and workforce culture.

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<sup>5</sup> 6 CCR 1014-7, 3.1 A5 a

<sup>6</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

<sup>7</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

<sup>8</sup> 6 CCR 1014-7, 3.1 A5 b

<sup>9</sup> CRS 25-1-508 &509

- c. Legal Services and Analysis:** Colorado’s governmental public health system will access and appropriately use legal services and tools to plan, implement and analyze public health activities, including due process requirements as necessary. The system will understand, communicate and utilize appropriate entities in regards to public health’s legal authority, and understand and use legal tools such as laws, rules, ordinances and litigation to carry out its duties.<sup>10</sup>

  - I.** Interpret and assess public health laws, policies and procedures regarding agency operations in compliance with statutes, ordinances, rules and regulations.<sup>11</sup>
  - II.** Enforce public health laws regarding agency operations in compliance with statutes, ordinances, rules and regulations.<sup>12</sup>
  - III.** Employ or retain and compensate an attorney to be the legal adviser of the agency to defend all actions and proceedings brought against the agency or the officers and employees of the agency through the agency’s county or district board of health or through its public health director with the approval of the state board.
- d. Financial Management, Contract and Procurement Services, and Facilities Management:** Colorado’s governmental public health system will establish and maintain access to the appropriate systems and facilities necessary to deliver public health services in an efficient and effective manner. The system will establish policies and procedures, and provide financial, procurement, budgeting and auditing services in compliance with federal, state and local standards and laws.<sup>13</sup>

  - I.** Ability to comply with local, state and federal standards and policies.
  - II.** Establish and maintain budgeting, billing, contracting and financial system(s) in compliance with local, state and federal standards and policies.
  - III.** Conduct sound financial analyses to inform decisions about policies, programs and services.
  - IV.** Work with partners to seek and sustain funding for additional public health priority work.
  - V.** Ability to procure, maintain and manage safe, accessible facilities and efficient operations.
- e. Information Technology/Informatics (IT):** Colorado’s governmental public health system will maintain access to information technology, information management systems and ensure informatics capacities to store, protect, manage, analyze, and communicate data and information to support effective, efficient, and equitable public health decision making.<sup>14</sup>

  - I.** Design, develop, manage and evaluate information systems to support all public health activities.
  - II.** Establish and adhere to data management and data governance best practices. Comply with federal and state laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA), when storing, analyzing, and disseminating data.
- f. Leadership and Governance:** Colorado’s governmental public health system will serve as the face of public health, lead internal and external stakeholders in consensus development, engage in policy development and adoption.<sup>15</sup>

  - I.** Engage with local health agencies to define a strategic direction for public health initiatives.
  - II.** Engage in health policy development, discussion and adoption with local public health agencies (LPHAs) to define a strategic direction for public health initiatives.
  - III.** Engage with appropriate governing entities about public health’s legal agencies and what new legislative concepts, laws and policies may be needed.

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<sup>10</sup> 6 CCR 1014-7, 3.1 A5 c

<sup>11</sup> 6 CCR 1014-9, 3.1 F and 6 CCR 1014-7, 4.1 G

<sup>12</sup> 6 CCR 1014-9, 3.1 F and 6 CCR 1014-7, 4.1 G

<sup>13</sup> 6 CCR 1014-7, 3.1 A5 d

<sup>14</sup> 6 CCR 1014-7, 3.1 A5 e

<sup>15</sup> 6 CCR 1014-7, 3.1 A5 f

- 6. Emergency Preparedness and Response:** Colorado’s governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.<sup>16</sup>
- a. Public Health Preparedness and Response Strategies and Plans**
    - I. Develop, exercise, maintain and use public health preparedness and response strategies and plans, in accordance with established guidelines and the United States Department of Health and Human Services (HHS).
    - II. Develop, maintain and execute a Continuity of Operations Plan (COOP) that includes access to financial resources for emergency response and recovery operations.
    - III. Establish plans to reach all persons within our communities through multiple communications methods before, during and after incidents using the inclusive Federal Emergency Management Agency (FEMA) “Whole Community”<sup>17</sup> approach.
    - IV. Assure the inclusion of functional and operational considerations to enhance community inclusion for all genders, races, religions, social and health strata before, during and after incidents.
  - b. Emergency Support Function 8**
    - I. Serve as Emergency Support Function 8 – Public Health & Medical (ESF8) and/or a public health response for the county, region, jurisdiction and state.
  - c. Emergency Response**
    - I. Issue public health orders and coordinate with partner agencies to enforce orders.
    - II. Maintain ability to provide essential and core public health laboratory testing and reporting functioning as a Laboratory Response Network (LRN). For biological threats, operate as a Biological Reference Laboratory (LRN-B); for chemical threats operate as a Chemical Reference Laboratory (LRN-C) all at levels designated by the CDC.
    - III. Monitor the burden on the public health and medical system utilizing epidemiology to identify the problem, agent and transmission route, collect data and implement control measures to prevent additional transmission of illness.
  - d. Community Preparedness**
    - I. Establish and promote basic ongoing community preparedness, readiness and resilience by educating, communicating to and encouraging the public to take necessary action before, during and after an incident.
      - i. Promote community preparedness by communicating steps that can be taken before, during or after an incident.
- 7. Health Equity and the Social Determinants of Health:** Colorado’s governmental public health system will intentionally focus on improving systems and institutions that create or perpetuate socioeconomic disadvantage, social exclusion, racism, historical injustice, or other forms of oppression so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies, and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.<sup>18</sup>
- a. Leadership and Workforce Training and Diversity**

<sup>16</sup> 6 CCR 1014-7, 3.1 A6

<sup>17</sup> [https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole\\_community\\_dec2011\\_2\\_.pdf](https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole_community_dec2011_2_.pdf)

<sup>18</sup> 6 CCR 1014-7, 3.1 A7

- I. Implement and evaluate training to support the governmental public health workforce in understanding and applying equity principles and inclusionary practices in all aspects of workforce management and workforce culture.
  - II. Implement and continuously improve staff and volunteer recruitment, retention and promotion practices to ensure that the governmental public health workforce understands the values of the communities served, and has the education, training and experience to address inequitable social and environmental conditions.
  - III. Develop relationships and partnerships to cultivate a public health workforce and governance that is more representative of communities served.
  - IV. Through use of health equity leadership development strategies, strengthen governmental public health leadership to be competent in addressing health inequities.
  - V. Cultivate boards of health and elected officials' understanding of equity concepts and the social and environmental determinants of health through orientations and other learning strategies.
  - VI. Ensure adequate resources are available to support health equity work within the governmental public health system—for example, by devoting staff time or combining efforts and resources across jurisdictions.
- b. Health Equity Policy**
- I. Advocate for population-based, primary prevention policies that improve physical, environmental, social and economic conditions that affect the public's health.
  - II. Support statutes, regulations, rules, codes, policies and procedures and revisions to those that govern public health to ensure equity in the distribution of public health benefits and interventions across all populations.
  - III. Ensure that health equity principles are infused across governmental public health programs, initiatives, strategies and investments.
  - IV. Use performance management and quality improvement principles to continuously improve all policies, processes and programs to advance health equity.
  - V. Assess the governmental public health system's capacity to act on root causes of health inequities, including organizational structure, policies, processes, culture and historic institutional biases and barriers.
- c. Health Equity Data**
- I. Collect, analyze and report data on the social and environmental determinants of health to better understand health inequities.
- d. Health Equity Partnerships**
- I. Engage and partner with the community and stakeholders to assess social and environmental determinants of health and health inequities.
  - II. Build strategic public health partnerships to address social, economic, and environmental determinants and health disparities, and recognize root issues for these disparities including, but not limited to, discrimination on the basis of race, ability, age, sexual preference, gender and gender identity.
- e. Health Equity Communications**
- I. Develop, support and inform communication efforts regarding social, economic, and environmental determinants of health disparities and inequities.
  - II. Ensure that all communications and engagement activities with the public align with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).<sup>19</sup>

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<sup>19</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

## B. Foundational Services

1. **Communicable Disease Prevention, Investigation and Control:** Colorado’s governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases. Programs will target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state, and local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.<sup>20</sup>
  - a. **Communicable Disease Prevention**
    - I. Provide timely, statewide, locally relevant and accurate information to public health partners, health care system partners and the community on communicable disease risks and preventive strategies to reduce those risks.
    - II. Conduct routine surveillance for reportable conditions. Monitor data to prevent and detect outbreaks and maintain awareness of communicable disease trends.
  - b. **Identify Communicable Disease Prevention, Investigation and Control Assets**
    - I. Identify local community, regional and statewide assets and ensure disease surveillance, investigation and control of communicable diseases, in accordance with local, state and federal mandates and guidelines.
    - II. Ensure access to communicable disease prevention services through partnerships with community providers or direct service provision.
  - c. **Communicable Disease Investigation and Control**
    - I. Investigate case reports, outbreaks, unusual trends and uncommon cases of communicable diseases. Implement disease control measures to prevent communicable disease transmission.
    - III. Issue public health orders and coordinate with partner agencies to enforce orders.
  - d. **Communicable Disease Laboratory Services**
    - I. Ensure availability of public health laboratory services for disease investigations and response, and for reference and confirmatory testing related to communicable diseases.
  - e. **Immunization**
    - I. Promote and provide immunization through evidence-informed strategies and in collaboration with schools, health care providers and other community partners to increase vaccination rates.
  - f. **Coordination of Other Communicable Disease Services with Foundational Capabilities and Services**
    - I. When other public health services are delivered regarding prevention and control of communicable disease, ensure they are well coordinated with foundational capabilities and services.
2. **Environmental Public Health:** Colorado’s governmental public health system will use evidence-informed practices to understand the cause and effect relationships between environmental changes and ecological and human health impacts, to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land, and food safety by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state, and local levels as well as industry stakeholders and the public.<sup>21</sup>
  - a. **Environmental Health Data**

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<sup>20</sup> 6 CCR 1014-7, 3.1 B1

<sup>21</sup> 6 CCR 1014-7, 3.1 B2

- I. Use available community specific environmental and health data to ensure protection of public health, assess health impacts, reduce risk and communicate risk information to the community.
- b. Identify Environmental Health Assets**
  - I. Identify local community, regional and statewide assets to perform environmental health assessments, inspections, investigations and monitoring programs in accordance with local, state and federal mandates and guidelines.
- c. Environmental Health Investigations, Inspections, Sampling, Lab Analysis and Oversight**
  - I. Implement public health laws, policies and procedures to ensure the safety of food provided to the public from all parts of the local food system.
  - II. Take appropriate steps to support the protection of surface water and groundwater, including recreational waters and drinking water sources; collect and use community specific water quality data to assure community health and assure appropriate local regulatory oversight of onsite wastewater treatment systems.
  - III. Implement public health laws, policies and procedures to ensure the sanitation of institutional facilities (e.g., child care facilities, local correctional facilities and schools).
  - IV. Collect and analyze air quality data throughout the state to better understand the sources of air pollution and develop mitigation strategies.
  - V. Ensure proper management of solid and hazardous waste, maximizing waste diversion and ensuring safe storage, collection, treatment and disposal of solid and hazardous waste.
  - VI. Issue public health orders related to environmental health, and coordinate with partner agencies to enforce orders.
- d. Zoonotic Conditions**
  - I. Identify and mitigate zoonotic and vector-borne (e.g., insects, rodents), air-borne, water-borne, foodborne and other public health threats related to environmental hazards and consumer-oriented facilities (e.g., body art facilities, swimming pools, and marijuana-related facilities).
- e. Land Use Planning and Climate Change**
  - I. Use community-specific data to decrease vulnerability to and mitigate risks related to climate impacts.
  - II. Participate in land use and sustainable development decision making processes to encourage practices that promote positive public health outcomes (e.g., consideration of housing, development approaches, recreational facilities and transportation systems), and that protect and improve air and water quality, promote water conservation, effectively manage solid and hazardous waste and promote energy efficiency and clean energy resources.
- f. Coordination of Other Environmental Health Services with Foundational Capabilities and Services**
  - I. When public health services are delivered regarding environmental health, ensure they are coordinated with foundational capabilities and services.
- 3. Maternal, Child, Adolescent, and Family Health:** Colorado’s governmental public health system will develop, implement and evaluate state-wide, regional and local strategies related to maternal, child, adolescent and family health to increase health and wellbeing, reduce adverse health outcomes and advance health equity across the life course. Strategies may include but are not limited to identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.<sup>22</sup>
  - a. Maternal, Child, Adolescent and Family Health Information**

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<sup>22</sup> 6 CCR 1014-7, 3.1 B3

- I. Provide timely and relevant federal, state and local evidence-informed information on maternal, child, adolescent and family health using health equity and life course frameworks.
  - b. Identify Maternal, Child, Adolescent and Family Health Assets**
    - I. Identify local community, regional and statewide assets to improve maternal, child, adolescent, and family health in accordance with local, state and federal mandates and guidelines.
  - c. Collaborative Efforts around Maternal, Child, Adolescent, and Family Health**
    - I. Lead systems improvements and coordinate efforts across sectors to ensure access to services such as primary care, oral health care, specialty care, mental health prevention and treatment, social services and early intervention for development.
    - II. Collaborate with cross sector partners, including community members, to promote and build will for policies, practices and strategies that improve maternal, child, adolescent and family health.
  - d. Maternal, Child, Adolescent and Family Health Improvement**
    - I. Improve the health status of infants, children, adolescents, youth, women and their families, and protect critical stages of a child’s physical and mental development during pregnancy and early childhood.
    - II. Identify and develop maternal, child, adolescent and family health prevention approaches, using life course expertise to advance equity, and advocate and seek resources for related initiatives.
  - e. Mandated Newborn Screening (State Role Only)**
    - I. Ensure mandated newborn screening to test every infant born in Colorado to detect and prevent developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health.
  - f. Coordination of Other Maternal, Child, Adolescent and Family Health Services with Foundational Capabilities and Services**
    - I. Coordinate and align categorically-funded maternal, child, adolescent and family health programs and services to work in synergy toward improved health outcomes.
- 4. Chronic Disease, Injury Prevention, and Behavioral Health Promotion:** Colorado’s governmental public health system focuses on common risk and protective factors that affect social, emotional and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado’s governmental public health system will use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health and substance use (including tobacco, alcohol and other substances).<sup>23</sup>
- a. Chronic Disease, Injury Prevention and Behavioral Health Promotion Data**
    - I. Provide timely, relevant and accurate information statewide and to communities on chronic disease prevention and management, injury and violence prevention and behavioral health promotion.
  - b. Chronic Disease, Injury Prevention and Behavioral Health Promotion Assets**
    - I. Work with partners to identify community assets and develop state and local plans to prevent and manage chronic disease, prevent injury and violence, and promote behavioral health.
    - II. Seek resources for policies, programs and strategies that support the prevention and management of chronic disease, prevention of injuries and violence and promotion of behavioral health.
  - c. Chronic Disease, Injury Prevention and Behavioral Health Promotion Policies**

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<sup>23</sup> 6 CCR 1014-7, 3.1 B4



- I. Develop, implement and evaluate evidence-informed strategies, policies and programs that aim to prevent, delay or detect the onset of chronic diseases and injuries, and promote behavioral health to protect and enhance the health and wellbeing of communities.
  - II. Advocate for policies, programs and strategies that support the prevention and management of chronic disease, prevention of injuries and violence and promotion of behavioral health.
  - d. Coordination of Other Chronic Disease, Injury Prevention, and Behavioral Health Promotion Services with Foundational Capabilities and Services**
    - I. When public health services are delivered regarding chronic disease and injury prevention and behavioral health promotion, ensure they are coordinated with foundational capabilities and services.
- 5. Access to and Linkage with Health Care:** All Coloradans should be connected with and have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care. Colorado’s governmental public health system will coordinate governmental and community partners to link individuals to and ensure the provision of health care within their jurisdictions.<sup>24</sup>
- a. Collaborative Efforts Around Access to Clinical Care**
    - I. Participate actively in state, regional and local level collaborative efforts regarding primary, maternal/child, oral, behavioral, and specialty health care systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health
  - b. Access to Clinical Care Data**
    - I. Provide data and information to health care providers, coalitions, decision-makers, legislators and other stakeholders to support health care planning.
  - c. Health Facility Inspection and Licensure (State Role Only)**
    - I. Conduct timely inspection and review of regulated health facilities and ensure compliance with all licensing rules and minimum standards.
  - d. Linkage to Clinical Care**
    - I. Link people to needed personal health care services and ensure the provision of health care.<sup>25</sup>

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<sup>24</sup> 6 CCR 1014-7, 3.1 B5

<sup>25</sup> 6 CCR 1014-7, 2.1 E7

# Colorado Core Public Health Services Full Operational Definitions

## A. Foundational Capabilities

1. **Assessment and Planning:** Colorado’s governmental public health system will apply the principles and skilled practice of epidemiology, laboratory investigation, surveillance, and program evaluation to support planning, policy and decision making in Colorado. The public health system will monitor, diagnose, and investigate health problems and hazards in communities including public health emergencies, outbreaks, and epidemics, and collect and analyze data.<sup>26</sup>
  - a. **Data Collection and Distribution**
    - I. Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions and tools to support all public health goals.
      - i. Ensure capacity to collect primary qualitative data.
      - ii. Ensure capacity to collect primary quantitative data.
      - iii. Ensure capacity to gather secondary data.
      - iv. Ensure epidemiological capacity to combine primary data with secondary data.
    - II. Operate and maintain confidential, continuous public health surveillance systems that systematically collect health and behavioral data for public health practice.
      - i. Maintain and implement written processes and/or protocols to collect surveillance data.
      - ii. Participate in statewide or national surveillance systems which are directed by standard protocol (for instance, the Healthy Kids Colorado Survey [HKCS] or the Behavioral Risk Factor Surveillance System [BRFSS]).
      - iii. Ensure that data are regularly disseminated and available.
      - iv. Maintain the ability to develop and adapt surveillance systems as needed.
  - b. **Data Access, Analysis and Interpretation**
    - I. Use epidemiological practices to explain the distribution of disease, death, health outcomes, health disparities and systemic inequities, including links to biological, environmental, economic and social determinants.
    - II. Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.
    - III. Translate data, analyses, technical descriptions and scientific literature into information that is valid, accurate, understandable and meaningful for intended audiences.
      - i. Respond to appropriate and legal data requests.
      - ii. Work collaboratively with communities to co-create communication and dissemination strategies that align with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).<sup>27</sup>
  - c. **Health Assessment Development, Implementation and Evaluation**
    - I. Complete a comprehensive community health assessment (CHA) at a minimum every five years.

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<sup>26</sup> 6 CCR 1014-7, 3.1 A1

<sup>27</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

- i. Include primary and secondary data in the assessment.
  - ii. Include quantitative and qualitative data in the assessment.
  - iii. Engage a wide range of community partners and stakeholders in the assessment process, especially including representatives of populations experiencing inequities (Describe how representatives of the local community develop and implement the local plan.)<sup>28</sup>
  - iv. Ensure comprehensive community health assessments (CHAs) describe the health of a community using a wide variety of measurements including social context and other metrics in addition to traditional health outcomes.
  - v. Publish and disseminate the community health assessment to stakeholders and community members.
- II. Develop, implement and evaluate a public or community health improvement plan (PHIP/CHIP) that is informed by a comprehensive community health assessment (CHA) and priorities identified by communities, at a minimum every five years.
- i. Engage a wide range of community partners and stakeholders in the planning process, especially including representatives of populations experiencing inequities.
  - ii. Compile data on community or regional resources, assets, and strengths (e.g., schools, parks, housing, transportation, economic well-being, environmental quality, existing partnerships) to determine capacity to address priorities selected in the PHIP/CHIP.
  - iii. Coordinate with partners to implement PHIP/CHIP action plans.
  - iv. Publish, disseminate and promote PHIP/CHIP to stakeholders and community members.
  - v. Work with partners to obtain sufficient funding for PHIP/CHIP priorities and plan implementation.
  - vi. Assess the capacity and performance of the local public health system.
- III. Conduct and disseminate topical or population-specific assessments focused on certain issues facing the community.

**d. Vital Records**

- I. Record and report vital events (e.g., births and deaths) and act as the local registrar of vital statistics or ensure provision of the responsibility of registrar for each jurisdiction.
- i. Collect, compile and tabulate reports of marriages, dissolutions of marriage and declarations of invalidity of marriage; births, deaths and morbidity; and require any person having information, with regard to the same, to make such reports and submit such information as is required by law or the rules of the State Board of Health.

**e. Public Health Laboratory (State and Regional Lab Role Only)**

- I. Maintain laboratory resources capable of providing rapid detection and investigation of health problems and environmental public health hazards.
- i. Maintain and develop, as needed, appropriate laboratory certification and quality assurance, and ensure compliance with relevant accreditation and regulations.
  - ii. Coordinate with clinical laboratories to promote quality assurance, consistency in testing methodologies, result interpretations and safe laboratory practices among clinical and public health laboratories.

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<sup>28</sup> CRS 25-1-505 2d

- iii. Develop and maintain surge capacity agreements with other public health laboratories (regionally and nationally) to ensure testing capacity during emergency events or large outbreaks.
- iv. Maintain laboratory resources to provide public health services for essential and core Public Health Laboratory testing and reporting functioning as a Laboratory Response Network (LRN). This should include a Biological Reference Laboratory (LRN-B) resources for biological threats, and a Chemical Reference Laboratory (LRN-C) resources for chemical threats, operating at all levels as designated by the CDC.<sup>29</sup>
- v. Maintain laboratory resources to provide public health laboratory services for disease investigations and response and for reference and confirmatory testing related to communicable diseases.<sup>30</sup>
- vi. Maintain laboratory resources that are certified and supported by the FDA for milk and food testing, and that participate in the Food Emergency Response Network.<sup>31</sup>
- vii. Maintain laboratory resources that are EPA-certified for testing water.<sup>32</sup>
- viii. Maintain laboratory resources that are EPA-certified for zoonotic disease specimens.<sup>33</sup>
- ix. Maintain laboratory resources to support newborn bloodspot screening, including repeat or confirmatory testing, as needed.<sup>34</sup>

**2. Communications:** Colorado’s governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals.<sup>35</sup>

**a. Media Communications**

- I. Maintain ongoing relations with local and statewide media through proactive and compelling press releases, press conferences and story pitching.
  - i. Build and maintain relationships with media outlets.
  - ii. Respond to media requests.
  - iii. Develop and maintain media relations plans, policies and/or protocols for leveraging media in communicating with the public effectively.
  - iv. Regularly evaluate and improve media engagement plans, policies and/or protocols.

**b. Public Communications**

- I. Increase the visibility and understanding of public health issues and the value of public health initiatives through consistent, strategic communications that are culturally and linguistically appropriate to the communities served.
  - i. Promote the community’s understanding of and support for policies and strategies that will improve the public’s health.

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<sup>29</sup> See A.6.c.II for more information on the public health laboratory services that need to be available.

<sup>30</sup> See B.1.d. for more information on the public health laboratory services that need to be available.

<sup>31</sup> See B.2.c.I.iii for more information on the public health laboratory services that need to be available.

<sup>32</sup> See B.2.c.II.i for more information on the public health laboratory services that need to be available.

<sup>33</sup> See D.1.c.III.i for more information on the public health laboratory services that need to be available.

<sup>34</sup> See B.3.e.I.ii for more information on the public health laboratory services that need to be available.

<sup>35</sup> 6 CCR 1014-7, 3.1 A2

- ii. Educate individuals and organizations in the meaning, purpose and benefit of public health laws and how to comply.
  - iii. Develop and implement strategic communications plans that align with public health improvement plans (PHIP).
  - iv. Work collaboratively with communities to co-create communication strategies to that promote and align with federal standards, such as Culturally and Linguistically Appropriate Services (CLAS).<sup>36</sup>
  - v. Regularly evaluate and improve of communications efforts using qualitative and quantitative methods.
- II. Maintain the ability to transmit and receive communications to and from the public in an appropriate, timely and accurate manner. Adapt this ability to emerging communications technologies and the preferred mediums in each jurisdiction.
- i. Maintain an up-to-date public website and social media presence through a variety of channels to provide public health information, as part of regular monitoring and responding to community concerns, both routinely and during an emergency.
  - ii. Develop and evaluate a risk communication plan that includes protocols for urgent 24/7 communications.
  - iii. Establish or participate in a public alert network or similar system to receive and issue alerts 24/7 through phone and text messaging.
  - iv. Regularly evaluate and improve public engagement activities, plans, policies and/or protocols.
- III. Develop and maintain customer service standards for regular public interactions in manner that are culturally and linguistically appropriate to the communities served.
- i. Ensure that communications and interactions with the public are delivered in a courteous and professional manner that aligns with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).
  - ii. Provide visitors and clients with correct and appropriate information, including through easy-to-understand signage.
  - iii. Provide contact information, including a names, telephone numbers and online addresses in all communications.
  - iv. Provide a channel (e.g., online and paper forms) for public feedback on customer and client services performance.
  - v. Regularly evaluate and improve customer service engagement plans, policies and/or protocols.

**c. Internal and Partner Communications**

- I. Maintain and encourage frequent internal communications between staff, leadership and close partners.
  - i. Develop internal communications protocols.
  - ii. Provide shared learning opportunities, including through emerging communications technologies.
  - iii. Share important public information with agency staff before it is released to the public.
  - iv. Provide channels for agency staff to give feedback to leadership.
  - v. Provide ongoing formal and informal opportunities for staff and workgroups to evaluate programs, quality improvement efforts, staff and leadership capabilities, and tactics.
  - vi. Regularly evaluate and improve internal engagement plans, policies, or protocols.

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<sup>36</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

**3. Policy Development and Support:** Colorado’s governmental public health system will inform and implement policies to meet the community’s changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado.<sup>37</sup>

**a. Policy Development**

- I. Serve as a primary and expert resource for developing, establishing and maintaining evidence-informed public health policy recommendations that support individual, community and environmental health efforts.
  - i. Research and analyze policies (policies include legislation, rules, regulations, internal policies, etc.).
  - ii. Research evidence-informed or innovative practices for policy recommendations
  - iii. Determine fiscal impacts of policies.
  - iv. Determine social, economic and health impacts of policies including possible unintended consequences or inequitable impacts.
  - v. Articulate the impact of policies to decision makers, partners, stakeholders, community members, governmental agencies and others, as appropriate.
  - vi. Use Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIP) to inform policy recommendations.
- II. Inform policies that impact the physical, environmental, social and economic conditions affecting health that are beyond the immediate scope or authority of governmental public health.
  - i. Research and analyze policies (policies include legislation, rules, regulations, internal policies, etc.).
  - ii. Determine fiscal impacts of policies.
  - iii. Determine social, economic and health impacts of policies, including possible unintended consequences or inequitable impacts.
  - iv. Articulate the impact of policies to decision makers, partners, stakeholders, community members, governmental agencies and others, as appropriate.

**b. Policy Enactment**

- I. Partner with community members and stakeholders to build support for evidence-informed policies that promote healthy behaviors and environments for individuals, families, and communities.
  - i. Build relationships with partners and stakeholders related to public health policy priorities.
  - ii. Collaborate with other entities as appropriate to support public health policy priorities.
  - iii. Maintain relationships with partners and collaborations to support public health policy priorities including attending relevant meetings and events.
  - iv. Communicate with partners and stakeholders about policies.
  - v. Outreach to communities about policies.
  - vi. Testify and/or provide comment on policies.

**c. Policy Evaluation**

- I. Use evidence-informed data and analytics to assess policy recommendations for unintended consequences or disparate impact.

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<sup>37</sup> 6 CCR 1014-7, 3.1 A3

- i. Research and analyze policies (policies include legislation, rules, regulations, internal policies, etc.).
- ii. Research evidence-informed or innovative practices for policy recommendations.
- iii. Determine fiscal impacts of policy recommendations.
- iv. Determine social, economic and health impacts of policies or policy recommendations, including possible unintended consequences or inequitable impacts.
- II. Use assessment, surveillance and epidemiology to evaluate the outcomes of public health policies.
  - i. Research and analyze policies (policies include legislation, rules, regulations, internal policies, etc.).
  - ii. Determine fiscal impacts of policies.
  - iii. Determine social, economic and health impacts of policies including possible unintended consequences or inequitable impacts.
  - iv. Use community health assessments (CHAs) and community health improvement plans (CHIP) to inform policy recommendations.
- III. Disseminate information regarding policy results and outcomes to promote continued understanding and support for strategies that will improve the public's health.
  - i. Communicate with partners and stakeholders about policies.
  - ii. Outreach to communities about policies.
  - iii. Bring policies before appropriate entities such as those with authority to adopt or influence policies.
  - iv. Testify and/or provide comment on policies.
  - v. Prepare facts sheets, briefs or other necessary documents that provide information about policies.
  - vi. Disseminate information about policies as appropriate.

**4. Partnerships:** Colorado's governmental public health system will create, convene, and support strategic partnerships, engage community members and cross-sectoral partners, agencies, and organizations to achieve public health goals.<sup>38</sup>

**a. Partner and Community Relationships**

- I. Create, convene, support and evaluate strategic partnerships.
  - i. Dedicate resources to community partnership development (i.e., workforce, training, technical assistance, facilitation, meeting spaces, etc.).
  - ii. Engage with the public health system -- including local boards of health, the community, and populations experiencing health disparities and affected by systemic inequities -- to identify and address health problems through collaborative processes.
  - iii. Evaluate the quality of partnerships (i.e., their efficiency, effectiveness, equity, level of integration, impact, etc.).
- II. Maintain the ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with partners.
  - i. Coordinate policy agendas with partner organizations to advance cross-cutting, strategic goals.
  - ii. Use the state and/or community health improvement plan (SHIP/CHIP) as the basis for collaborative work with partners, and to coordinate activities and use of resources.

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<sup>38</sup> 6 CCR 1014-7, 3.1 A4

- III. Maintain the ability to identify and enable collaborative opportunities with other government sectors and across jurisdictional boundaries to effectively and efficiently deliver services and/or improve public health outcomes.
- IV. Earn and maintain the trust of community residents by working towards common goals through inclusive engagement that is culturally and linguistically appropriate for the communities served.
  - i. Build trust through transparency, reliability, and community engagement best practices (such as the Community Engagement IMPACT Practice Model<sup>39</sup>), including federal standards such as Culturally and Linguistically Appropriate Services (CLAS).<sup>40</sup>
  - ii. Ensure participation of community partners and leverage shared resources in local and state public health assessment and/or planning efforts.

## 5. Organizational Competencies

- a. **Accountability, Performance Management and Quality Improvement:** Colorado’s governmental public health system will be accountable and transparent in such a way that the general public can understand the value received from investments made in the system. Accountability, organizational performance management and quality improvement are essential to creating a system that provides high-quality public health services regardless of location. To sustain the culture of quality, performance will be tied to improvements in public health outcomes and other measures, the public health system will be monitored, and public health service delivery will be tracked.<sup>41</sup>
  - I. Follow accountability, performance and quality standards in accordance with local, state, and federal laws, regulations and policies. Standards refer to a level of recommended achievement against which a state department or local public health agency (LPHA) may compare its current activities, and may include, but is not limited to, performance standards, performance management standards, descriptive standards and/or quality standards.
  - II. Develop and/or utilize accountability, performance and quality standards that are tied to improvements in public health outcomes and processes.
    - i. Engage leadership and staff in determining appropriate accountability, performance and quality standards.
    - ii. Develop and/or utilize and maintain goals, objectives and performance measures related to state or agency strategic plans and improvement plans.
    - iii. Establish, implement and maintain operational policies and procedures that support the attainment of public health goals, objectives and performance measures.
    - iv. Collect and analyze data related to public health outcomes and processes.
  - III. Establish, utilize and maintain a system to monitor accountability, performance and quality standards to align with the national Public Health Accreditation Board (PHAB) Standards.<sup>42</sup>
    - i. Establish meaningful measures, milestones and targets for accountability, performance and quality standards.
    - ii. Ensure appropriate levels and frequency of data are available to monitor established standards.
    - iii. Evaluate and analyze performance measures, milestones and targets related to established standards.
    - iv. Assess the extent to which accountability, performance and quality standards are being used.

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<sup>39</sup> [https://coloradohealth.org/sites/default/files/documents/2018-06/IMPACT\\_PracticeModel\\_March2018.pdf](https://coloradohealth.org/sites/default/files/documents/2018-06/IMPACT_PracticeModel_March2018.pdf)

<sup>40</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASstandards.pdf>

<sup>41</sup> 6 CCR 1014-7, 3.1 A5 a

<sup>42</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)



- IV. Assess the delivery and performance of Colorado’s foundational capabilities and services.
    - i. Routinely monitor and evaluate goals, objectives, targets and performance measures included in strategic plans; improvement plans and foundational capability and service plans; interventions and programs.
    - ii. Generate regular progress reports that analyze data and performance results related to Colorado’s foundational capabilities and services.
    - iii. Use financial data as appropriate to evaluate foundational capabilities and services.
    - iv. Collect, maintain and analyze feedback from customers and the community regarding the delivery of Colorado’s foundational capabilities and services.
    - v. Facilitate review and discussion of the assessment of the delivery of Colorado’s foundational capabilities and services.
  - V. Establish, utilize and maintain a system of continuous quality improvement processes, integrated into organizational practice, programs and interventions, to align with the national Public Health Accreditation Board (PHAB) Standards.<sup>43</sup>
    - i. Use performance management and quality improvement methods, tools and coaching to promote organizational objectives and to sustain a culture of quality.
    - ii. Provide expertise in the use of quality improvement methods and tools to utilize continuous quality improvement processes that align with national Public Health Accreditation Board (PHAB) Standards.<sup>44</sup>
    - iii. Provide access to training and workforce development on continuous quality improvement methods and tools.
    - iv. Engage staff in continuous quality improvement processes.
  - VI. Communicate to appropriate governmental officials and the public on progress made by public health agencies and the state with meeting performance standards and on the delivery of Colorado’s foundational capabilities and services.
    - i. Generate and communicate regular progress reports on state and agency performance related to established standards and performance measures.
    - ii. Produce reports that describe the impact of public health policies, programs and strategies.
    - iii. Evaluate the cost-effectiveness or cost-benefit of public health services as appropriate.
  - VII. Develop, coordinate, implement and evaluate an agency strategic plan that that defines and determines the agency’s roles, priorities and direction.
    - i. Where possible, adhere to Public Health Accreditation Board (PHAB) Standard 5.3<sup>45</sup> when developing the strategic plan.
- b. Human Resources:** Colorado’s governmental public health system will develop and maintain a competent workforce and provide adequate human resources support to ensure the Public Health Director meets minimum qualifications, and staff are able to perform the functions of governmental public health.<sup>46</sup>
- I. Assure the agency has a public health director that possess the minimum qualifications as prescribed by the State Board of Health. The qualifications shall reflect the resources and needs of the county or counties covered by the agency.<sup>47</sup>

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<sup>43</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

<sup>44</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

<sup>45</sup> [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

<sup>46</sup> 6 CCR 1014-7, 3.1 A5 b

<sup>47</sup> CRS 25-1-508 &509

- II. Develop and maintain a competent public health workforce with the necessary knowledge, skills and abilities to perform the functions required of governmental public health.
    - i. Develop and maintain an operational infrastructure to support the performance of public health function.<sup>48</sup>
    - ii. Maintain administrative and management capacity.<sup>49</sup>
    - iii. Develop public health leaders to effectively support and manage the workforce from hire to retire.
    - iv. Ensure access to public health expertise and capacity to address public health problems and hazards.<sup>50</sup>
    - v. Support overall workforce development by providing resources to improve the skills, capabilities and leadership of the public health workforce.
  - III. Develop and implement a workforce development plan that identifies needed skills, competencies and/or positions.
    - i. Coordinate or perform, when necessary, assessments of leadership, staff and organizational capabilities to understand capacity, identify gaps.
    - ii. Make available organizational and individual training and development opportunities.<sup>51</sup>
  - IV. Provide or have access to adequate human resources support, including recruitment, retention, succession planning, training, performance review and other necessary human resource activities.
    - i. Develop and maintain a human resources manual or set of human resources policies and procedures.
    - ii. Maintain current operational definitions and statements of the public health roles, responsibilities and authorities.<sup>52</sup>
  - V. Support leaders and employees in understanding equity principles and using inclusionary practices in all aspects of workforce management and workforce culture.
    - i. Assure workforce competency with ongoing access to training and supervision.
    - ii. Increase cultural competency and health equity skills.
- c. **Legal Services and Analysis:** Colorado’s governmental public health system will access and appropriately use legal services and tools to plan, implement and analyze public health activities, including due process requirements as necessary. The system will understand, communicate and utilize appropriate entities in regards to public health’s legal authority, and understand and use legal tools such as laws, rules, ordinances and litigation to carry out its duties.<sup>53</sup>
- I. Interpret and assess public health laws, policies and procedures regarding agency operations in compliance with statutes, ordinances, rules and regulations.<sup>54</sup>
    - i. Review existing laws and work with governing entities, elected/appointed officials and legal counsel to update and revise laws as needed.
    - ii. Identify gaps in the law that contribute to or exacerbate health disparities or systemic inequities.

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<sup>48</sup> 6 CCR 1014-9 3.1 K 1

<sup>49</sup> 6 CCR 1014-9 3.1 K

<sup>50</sup> 6 CCR 1014-9 3.1 B 3)

<sup>51</sup> 6 CCR 1014-9 3.1 H

<sup>52</sup> 6 CCR 1014-9 3.1 L1

<sup>53</sup> 6 CCR 1014-7, 3.1 A5 c

<sup>54</sup> 6 CCR 1014-9, 3.1 F and 6 CCR 1014-7, 4.1 G

- iii. Develop and share legal tools, such as public health orders and memoranda of understanding (MOUs).
    - iv. Monitor and evaluate public health enforcement processes and outcomes.
  - II. Enforce public health laws regarding agency operations in compliance with statutes, ordinances, rules and regulations.<sup>55</sup>
    - i. Communicate and educate individuals and organizations, as needed, in the meaning, purpose, and benefit of public health laws and how to comply.
    - ii. Conduct public health enforcement activities using legal tools as appropriate, provide due process and coordinate notification of violations among appropriate agencies.
  - III. Employ or retain and compensate an attorney to be the legal adviser of the agency to defend all actions and proceedings brought against the agency or the officers and employees of the agency through the agency's county or district board of health or through its public health director with the approval of the state board.
- d. Financial Management, Contract and Procurement Services, and Facilities Management:** Colorado's governmental public health system will establish and maintain access to the appropriate systems and facilities necessary to deliver public health services in an efficient and effective manner. The system will establish policies and procedures, and provide financial, procurement, budgeting and auditing services in compliance with federal, state and local standards and laws.<sup>56</sup>
  - I. Ability to comply with local, state and federal standards and policies.
    - i. Provide financial management and contract and procurement services, including records management, in accordance with generally accepted accounting principles (GAAP), governmental accounting standards board (GASB), Government Finance Officers Association (GFOA) and Office of Management and Budget (OMB) or other compliance requirements.
    - ii. The county treasurer, as a part of his or her official duties as county treasurer, shall serve as treasurer of the LPHA. In the case of a district local public health agency (LPHA), the county with the largest population shall serve as treasurer<sup>57</sup>.
    - iii. Annually estimate the total cost of maintaining the local public health agency (LPHA).<sup>58</sup>
  - II. Establish and maintain budgeting, billing, contracting and financial system(s) in compliance with local, state and federal standards and policies.
    - i. Utilize effective financial management systems and ensure management of the public health fund in accordance with C.R.S. 25-1-511.<sup>59</sup>
    - ii. Develop and maintain financial management and procurement policies and procedures.
    - iii. Produce and monitor an effective governmental public health agency-specific budget.
    - iv. Ensure access to auditing services to evaluate financial management practices and transparency around collection of revenues and disposition of expenditures.
  - III. Conduct sound financial analyses to inform decisions about policies, programs and services.
    - i. Assess the sufficiency of the resources necessary to provide public health services.
    - ii. Evaluate the cost-effectiveness or cost-benefit of public health services.
  - IV. Work with partners to seek and sustain funding for additional public health priority work.

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<sup>55</sup> 6 CCR 1014-9, 3.1 F and 6 CCR 1014-7, 4.1 G

<sup>56</sup> 6 CCR 1014-7, 3.1 A5 d

<sup>57</sup> CRS 25-1-511 1a

<sup>58</sup> CRS 25-1-511 5a,b

<sup>59</sup> CRS 25-1-511 (CCR 1014-7)

- i. Accept and expend on behalf of and in the name of the state gifts, grants, donations and federal funds.<sup>60</sup>
      - ii. The treasurer of a LPHA shall credit (a) any moneys appropriated from a county general fund; and (b) any moneys received from state or federal appropriations or any other gifts, grants, donations or fees for local public health purposes.<sup>61</sup>
  - V. Ability to procure, maintain and manage safe, accessible facilities and efficient operations.
    - i. Ability to procure, maintain and manage safe, accessible facilities and efficient operations.
    - ii. Develop plans for future facility and space requirements that align with operational needs.
    - iii. Plan for, acquire and maintain fleet vehicles.
    - iv. Ensure compliance with local, state and federal laws concerning facility accessibility.
- e. **Information Technology/Informatics (IT):** Colorado’s governmental public health system will maintain access to information technology, information management systems and ensure informatics capacities to store, protect, manage, analyze, and communicate data and information to support effective, efficient, and equitable public health decision making.<sup>62</sup>
  - I. Design, develop, manage and evaluate information systems to support all public health activities.
    - i. Cultivate informatics competencies.
    - ii. Categorically (agency size, scope and region) assess informatics capacity and implementation/expansion readiness.
    - iii. Inventory data or data systems, either collected by the health department or by others, available to the health departments.
    - iv. Review and develop information management business system requirements to guide systems changes and development.
    - v. Identify and propose group purchasing agreements for secure cloud services and other development needs.
    - vi. Identify and monitor innovations in technology that could improve public health practice.
    - vii. Regularly evaluate performance of information technology (IT) systems in supporting all public health foundational capabilities and services, as well as additional programs and activities.
  - II. Establish and adhere to data management and data governance best practices. Comply with federal and state laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA), when storing, analyzing, and disseminating data.
    - i. Conduct and document vulnerability audits, security policies and/or internal controls to ensure the privacy and security of information.
    - ii. Develop and enact a policy that the department adheres to federal, state and local privacy protection regulations for handling data.
- f. **Leadership and Governance:** Colorado’s governmental public health system will serve as the face of public health, lead internal and external stakeholders in consensus development, engage in policy development and adoption.<sup>63</sup>
  - I. Engage with local health agencies to define a strategic direction for public health initiatives.
  - II. Engage in health policy development, discussion and adoption with local public health agencies (LPHAs) to define a strategic direction for public health initiatives.

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<sup>60</sup> CRS 25 1.5 101 1 ml, and others.

<sup>61</sup> CRS 25-1-511 2a,b

<sup>62</sup> 6 CCR 1014-7, 3.1 A5 e

<sup>63</sup> 6 CCR 1014-7, 3.1 A5 f

- III. Engage with appropriate governing entities about public health’s legal agencies and what new legislative concepts, laws and policies may be needed.

**6. Emergency Preparedness and Response:** Colorado’s governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.<sup>64</sup>

**a. Public Health Preparedness and Response Strategies and Plans**

- I. Develop, exercise, maintain and use public health preparedness and response strategies and plans, in accordance with established guidelines and the United States Department of Health and Human Services (HHS).
  - i. Maintain an All-Hazards Emergency Operations plan.
  - ii. Participate in All-Hazards planning, training, exercises and response activities within the local jurisdiction.
  - iii. Conduct training and exercise on the jurisdiction’s public health emergency operations plan and procedures and Emergency Support Function 8 – Public Health & Medical (ESF8) response plans for staff who serve in the agency or jurisdiction Emergency Operations Center.
  - iv. Ensure public health preparedness training addresses how the public health and Emergency Support Function 8 – Public Health & Medical (ESF8) responses are coordinated within the jurisdiction’s incident command system.
  - v. Write after action reports (AARs) documenting lessons learned from exercises. Identify corrective actions and track progress in completing those actions.
  - vi. Use the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Capabilities National Standards<sup>65</sup> as the foundation for planning efforts and the measure of readiness.
  - vii. Develop and sustain local and state-level emergency response teams to provide surge capacity in incident response and recovery.
  - viii. Plan or participate in, and document annual emergency preparedness and response exercises.
  - ix. Develop and sustain local and statewide mutual aid and partnership agreements with and among governmental public health system pharmacies, health care organizations, private sector, community organizations and other agencies as appropriate.
- II. Develop, maintain and execute a Continuity of Operations Plan (COOP) that includes access to financial resources for emergency response and recovery operations.
  - i. Ensure continuity plans include definition and identification of mission-essential functions, orders of succession and written delegations of authority for select critical positions, and protocols for temporarily suspending specific functions to sustain critical services.
  - ii. Define roles and responsibilities of public health agencies in establishing short- and long-term community recovery goals.
- III. Establish plans to reach all persons within our communities through multiple communications methods before, during and after incidents using the inclusive Federal Emergency Management Agency (FEMA) “Whole Community”<sup>66</sup> approach.

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<sup>64</sup> 6 CCR 1014-7, 3.1 A6

<sup>65</sup> [https://www.cdc.gov/cpr/readiness/00\\_docs/CDC\\_PreparednesResponseCapabilities\\_October2018\\_Final\\_508.pdf](https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf)

<sup>66</sup> [https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole\\_community\\_dec2011\\_2\\_.pdf](https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole_community_dec2011_2_.pdf)

- i. Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis.
  - ii. Train appropriate public health emergency response staff on information management systems.
  - iii. Maintain and annually exercise procedures and various tools to inform the public of threats to health and safety in a manner that aligns with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).<sup>67</sup>
  - iv. Create and maintain templates for news releases and social media messages for public health hazards.
- IV. Assure the inclusion of functional and operational considerations to enhance community inclusion for all genders, races, religions, social and health strata before, during and after incidents.
- i. Utilize the Communications, Medical Care, Independence, Self Determination and Safety Support Services, and Transportation (C-MIST) framework to assure the unique needs of all communities are addressed before, during and after incidents.
  - ii. Develop and maintain strategic partnerships with local agencies, non-profit organizations, private sector, health care organizations, state agencies and associations to support public health preparedness, mitigation, response, recovery and resilience efforts.

**b. Emergency Support Function 8**

- I. Serve as Emergency Support Function 8 – Public Health & Medical (ESF8) and/or a public health response for the county, region, jurisdiction and state.
  - i. Maintain written procedures for Emergency Support Function 8 – Public Health & Medical (ESF8) in the State or County Comprehensive Emergency Management Program (CEMP) and/or Emergency Operations Plan and/or the Public Health Response Plan.
  - ii. Develop, train and exercise a decision-making protocol to support agency leadership in making policy-level decisions during public health incidents.
  - iii. Develop and maintain strategic partnerships with local agencies, non-profit organizations, private sector, health care organizations, state agencies and associations to support public health mitigation, preparedness, response, recovery and resilience efforts.
  - iv. Define roles and responsibilities of public health agencies in establishing short- and long-term community recovery goals.

**c. Emergency Response**

- I. Issue public health orders and coordinate with partner agencies to enforce orders.
- II. Maintain ability to provide essential and core public health laboratory testing and reporting functioning as a Laboratory Response Network (LRN). For biological threats, operate as a Biological Reference Laboratory (LRN-B); for chemical threats operate as a Chemical Reference Laboratory (LRN-C) all at levels designated by the CDC.
- III. Monitor the burden on the public health and medical system utilizing epidemiology to identify the problem, agent and transmission route, collect data and implement control measures to prevent additional transmission of illness.
  - i. Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis.
  - ii. Establish and maintain a process for 24/7 access, including coverage and availability, for urgent public health issues.

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<sup>67</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

- iii. Maintain an emergency notification system and include all critical public health response and leadership positions, and essential partners as appropriate, as registered users.
- iv. Conduct routine staff notification exercises, evaluate results, address issues and make improvements.
- v. Maintain procedures for requesting assistance during disasters from the local or state Emergency Operations Center (EOC) and mutual aid partners.
- vi. Use the Incident Command System (ICS) to:
  - Determine objectives to address the health needs of those affected,
  - Develop situational assessments to determine the functionality of critical public health operations, critical health care facilities, critical infrastructure, and the number of ill, injured and deceased,
  - Identify and allocate resources to address public health needs,
  - Return to routine operations, and
  - Write after action reports (AARs) documenting lessons learned from real life activations of plans. Identify corrective actions and track progress in completing those actions.
- vii. Maintain and exercise procedures and agreements with health care, private-sector and community partners to request, receive, distribute and dispense medical countermeasures for statewide and community-wide public health incidents.

#### **d. Community Preparedness**

- I. Establish and promote basic ongoing community preparedness, readiness and resilience by educating, communicating to and encouraging the public to take necessary action before, during and after an incident.
  - i. Promote community preparedness by communicating steps that can be taken before, during or after an incident.

**7. Health Equity and the Social Determinants of Health:** Colorado’s governmental public health system will intentionally focus on improving systems and institutions that create or perpetuate socioeconomic disadvantage, social exclusion, racism, historical injustice, or other forms of oppression so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies, and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.<sup>68</sup>

#### **a. Leadership and Workforce Training and Diversity**

- I. Implement and evaluate training to support the governmental public health workforce in understanding and applying equity principles and inclusionary practices in all aspects of workforce management and workforce culture.
- II. Implement and continuously improve staff and volunteer recruitment, retention and promotion practices to ensure that the governmental public health workforce understands the values of the communities served, and has the education, training and experience to address inequitable social and environmental conditions.
- III. Develop relationships and partnerships to cultivate a public health workforce and governance that is more representative of communities served.

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<sup>68</sup> 6 CCR 1014-7, 3.1 A7

- IV. Through use of health equity leadership development strategies, strengthen governmental public health leadership to be competent in addressing health inequities.
- V. Cultivate boards of health and elected officials' understanding of equity concepts and the social and environmental determinants of health through orientations and other learning strategies.
- VI. Ensure adequate resources are available to support health equity work within the governmental public health system—for example, by devoting staff time or combining efforts and resources across jurisdictions.

**b. Health Equity Policy**

- I. Advocate for population-based, primary prevention policies that improve physical, environmental, social and economic conditions that affect the public's health.
- II. Support statutes, regulations, rules, codes, policies and procedures and revisions to those that govern public health to ensure equity in the distribution of public health benefits and interventions across all populations.
- III. Ensure that health equity principles are infused across governmental public health programs, initiatives, strategies and investments.
- IV. Use performance management and quality improvement principles to continuously improve all policies, processes and programs to advance health equity.
- V. Assess the governmental public health system's capacity to act on root causes of health inequities, including organizational structure, policies, processes, culture and historic institutional biases and barriers.

**c. Health Equity Data**

- I. Collect, analyze and report data on the social and environmental determinants of health to better understand health inequities.

**d. Health Equity Partnerships**

- I. Engage and partner with the community and stakeholders to assess social and environmental determinants of health and health inequities.
- II. Build strategic public health partnerships to address social, economic, and environmental determinants and health disparities, and recognize root issues for these disparities including, but not limited to, discrimination on the basis of race, ability, age, sexual preference, gender and gender identity.

**e. Health Equity Communications**

- I. Develop, support and inform communication efforts regarding social, economic, and environmental determinants of health disparities and inequities.
- II. Ensure that all communications and engagement activities with the public align with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).<sup>69</sup>

**B. Foundational Services**

- 1. **Communicable Disease Prevention, Investigation and Control:** Colorado's governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable

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<sup>69</sup> <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>



diseases. Programs will target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state, and local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.<sup>70</sup>

**a. Communicable Disease Prevention**

- I. Provide timely, statewide, locally relevant and accurate information to public health partners, health care system partners and the community on communicable disease risks and preventive strategies to reduce those risks.
  - i. Collect and maintain communicable diseases, other reportable conditions and immunization data according to Colorado Board of Health Rules and Regulations.<sup>71</sup>
  - ii. Develop and implement protocols for data and information sharing between public health; health care providers; pharmacists and veterinarians, when appropriate, and other local, state and federal agencies and the public to reduce disease transmission and increase immunization rates.
  - iii. Analyze, interpret and share communicable disease, and other reportable conditions and immunization data pertaining to inequities.
  - iv. Produce and share periodic/routine reports of communicable diseases, other reportable conditions and immunization rates to support prevention and control strategies.
  - v. Inform decision makers of potential and actual impacts to public health based on data, immunization for communicable disease and other reportable conditions while complying with statutes related to personal information.
  - vi. Provide the public, regulated facilities, health care facilities, health care providers and stakeholder organizations effective and timely communication about protection recommendations evidence-based practices.
  - vii. Gather community input to facilitate the development of public health policy, systems and environmental change initiatives for communicable disease, other reportable conditions and immunization rates, including those designed to promote health equity.
  - viii. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and geographic information systems (GIS) to meet user's requests.
  - ix. Maintain the ability to develop and adapt data systems as needed.
- II. Conduct routine surveillance for reportable conditions. Monitor data to prevent and detect outbreaks and maintain awareness of communicable disease trends.
  - i. Collect and report disease information according to Colorado Board of Health Rules and Regulations.<sup>72</sup>
  - ii. Develop and maintain up-to-date electronic statewide immunization information system (IIS).
  - iii. Develop and implement protocols for data and information sharing between public health; health care providers; pharmacists and veterinarians, when appropriate, and other local, state and federal agencies and the public to reduce disease transmission and increase immunization rates. Include protocols for confidentiality as appropriate.

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<sup>70</sup> 6 CCR 1014-7, 3.1 B1

<sup>71</sup> 6 CCR 1014-7 4.1 C1

<sup>72</sup> 6 CCR 1014-7 4.1 C1

- iv. Ensure that health care providers, pharmacists, school officials and the public are educated about the statewide immunization information system (IIS) and how to enter and access data, as appropriate.
- v. Analyze, interpret and share communicable disease and other reportable conditions and immunization data pertaining to inequities.
- vi. Measure the impact of communicable disease and other reportable conditions and immunization rates on the health of the public, including priority populations.
- vii. Ensure health care facilities, health care providers, veterinarians and laboratories are educated about reportable conditions requirements including the need for timely and accurate reporting and how to report.
- viii. Maintain capacity to prioritize and respond to data requests and as appropriate, prepare data files to share and make available to researchers and other stakeholders.
- ix. Ability to develop and adapt data systems, as needed.

**b. Identify Communicable Disease Prevention, Investigation and Control Assets**

- I. Identify local community, regional and statewide assets and ensure disease surveillance, investigation and control of communicable diseases, in accordance with local, state and federal mandates and guidelines.
  - i. Provide subject matter expertise to inform policy, system and environmental change and to inform program design and communications to decision/policy makers, providers, the public and stakeholders about communicable disease and other reportable conditions.
  - ii. Identify, develop, engage and maintain local strategic partnerships with health care facilities, health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others to prevent, control and mitigate risk from communicable disease and other reportable conditions.
  - iii. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to prevent, control and mitigate risk from communicable disease and other reportable conditions.
  - iv. Identify, develop, engage and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovations related to disease prevention, control and mitigation.
  - v. Work with partners to develop a prioritized control plan(s) addressing important communicable disease and other reportable conditions and immunization rates, as needed.
  - vi. Work with partners to advocate for high priority policy, system and environmental change and other initiatives regarding communicable diseases and other reportable conditions.
  - vii. Use data, evidence-informed practices and community input to facilitate the development of public health policy, systems and environmental change initiatives for communicable disease, other reportable conditions and immunization rates, including those designed to promote health equity.
- II. Ensure access to communicable disease prevention services through partnerships with community providers or direct service provision.
  - i. Identify, develop, engage and maintain local strategic partnerships with health care facilities, health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others to prevent, control and mitigate risk from communicable disease and other reportable conditions.

- ii. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to prevent, control and mitigate risk from communicable disease and other reportable conditions.
- iii. Identify, develop, engage and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovations related to disease prevention, control and mitigation.
- iv. Work with partners to develop a prioritized control plan(s) addressing important communicable disease and other reportable conditions, and immunization rates, as needed.
- v. Work with partners to advocate for high priority policy, system and environmental change and other initiatives regarding communicable diseases and other reportable conditions.
- vi. Use data, evidence-based practices and community input to facilitate the development of public health policy, systems and environmental change initiatives for communicable disease, other reportable conditions and immunization rates, including those designed to promote health equity.

**c. Communicable Disease Investigation and Control**

- I. Investigate case reports, outbreaks, unusual trends and uncommon cases of communicable diseases. Implement disease control measures to prevent communicable disease transmission.
  - i. Investigate cases of reportable disease and suspected outbreaks according to standard protocols and guidance provided by the Colorado Department of Public Health and Environment (CDPHE) Reportable Condition Investigation Guidance and Communicable Disease Manual.<sup>73</sup>
  - ii. Work closely with the Colorado Department of Public Health and Environment (CDPHE) in communicable disease investigation and control particularly if an investigation crosses county lines or technical assistance is needed.<sup>74</sup>
  - iii. Conduct timely investigation of complaints related to communicable disease or other notifiable conditions, including ensuring capacity to identify and respond to rare or previously unidentified infections (conditions for which formal protocols do not yet exist) or novel modes of transmission. Maintain capacity (including a system/process) for prioritization and respond to investigate cases and control disease outbreaks within the jurisdiction, in collaboration with partners.
  - iv. Maintain a tracking log of all case reports and investigations.
  - v. Issue public health orders.
  - vi. Coordinate with partner agencies to conduct public health enforcement activities using legal tools, as appropriate; provide due process and coordinate notification of violations among appropriate agencies.
  - vii. Provide Directly Observed Therapy (DOT) for active tuberculosis (TB) utilizing qualified local public health agencies (LPHA) personnel.
  - viii. Provide latent tuberculosis (TB) therapy as a provider of last resort.
  - ix. Provide recommendations to health care providers for treatment of active and latent tuberculosis (TB).
  - x. Take appropriate measures to prevent disease transmission using methods specific to: infected persons, contacts to infected persons, and the environment in which communicable disease

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<sup>73</sup> 6 CCR 11014-7, 4.1 C2

<sup>74</sup> 6 CCR 1014-7 4.1 C5

occurs (e.g., ensure access to human immunodeficiency virus [HIV] pre- and post-exposure prophylaxis for the purposes of communicable disease control.)<sup>75</sup>

III. Issue public health orders and coordinate with partner agencies to enforce orders.

**d. Communicable Disease Laboratory Services**

- I. Ensure availability of public health laboratory services for disease investigations and response, and for reference and confirmatory testing related to communicable diseases.
  - i. Provide 24/7 access to laboratory resources to support testing for notifiable conditions and outbreak identification, including biological and chemical agents of weapons of mass destruction.
  - ii. Maintain a current continuity of operations plan (COOP) in the event of a disruption of laboratory services.
  - iii. Promote and maintain innovative scientific and technological infrastructure to provide cutting-edge laboratory services to protect and promote the public's health (e.g., next generation sequencing, bioinformatics, and other advanced techniques).
  - iv. Maintain interdisciplinary collaboration across diverse programs (e.g. epidemiology, preventive health and environmental health) to ensure consistent knowledge and communication on innovation, testing methodologies and results interpretations.
  - v. Develop and maintain efficient electronic systems that support data collection, analysis and reporting and ability to share confidential lab data within the governmental public health system and clinical laboratories. Include protocols for confidentiality as appropriate.
  - vi. Maintain protocols and provide training for proper collection, preparation, packaging and shipment of samples of public health importance.
  - vii. Coordinate with local public health laboratories and federal partners (e.g., Centers for Disease Control and Prevention [CDC], United States Food and Drug Administration [FDA], United States Department of Agriculture [USDA] and United States Environmental Protection Agency [EPA]) in specimen testing, outbreak identification and testing protocols.
  - viii. Develop and maintain surge capacity agreements with other public health laboratories (regionally and nationally) to ensure testing capacity during emergency events or large outbreaks.

**e. Immunization**

- I. Promote and provide immunization through evidence-informed strategies and in collaboration with schools, health care providers and other community partners to increase vaccination rates.
  - i. Develop and maintain up-to-date electronic statewide immunization information system (IIS).
  - ii. Ensure that health care providers, pharmacists, school officials and the public are educated about the statewide immunization information system (IIS) and how to enter and access data, as appropriate.
  - iii. Provide subject matter expertise to inform policy, systems and environmental change, program design, and communications to decision/policy makers, providers, the public and stakeholders about vaccine preventable disease and immunizations.
  - iv. Ensure that health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others are educated about vaccine-preventable diseases and immunizations.

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<sup>75</sup> 6 CCR 1014-7, 4.1

- v. Develop, implement, and enforce laws, rules, policies and procedures related to immunizations per local, state and federal mandates and guidelines (e.g., school/work exclusion, isolation and quarantine).
- vi. Identify, develop, engage and maintain local strategic partnerships with health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others to use evidence-based strategies that are culturally and linguistically appropriate to increase immunization rates in children and adults, and in communities that are disproportionately impacted by low immunization rates.
- vii. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to use evidence-based strategies that are culturally and linguistically appropriate to increase immunization rates in children and adults and in communities that are disproportionately impacted by low immunization rates.
- viii. Identify, develop, engage, and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovation regarding immunizations.
- ix. Work with partners to develop a prioritized plan addressing important immunization issues.
- x. Work with partners to advocate for high priority policy, system and environmental change initiatives regarding immunizations.

**f. Coordination of Other Communicable Disease Services with Foundational Capabilities and Services**

- I. When other public health services are delivered regarding prevention and control of communicable disease, ensure they are well coordinated with foundational capabilities and services.
  - i. Identify and support relationships, interdependencies and coordination needs between the foundational service and related public health services.
  - ii. Leverage foundational activities and funding to support identification and implementation of related public health services and vice versa.

**2. Environmental Public Health:** Colorado’s governmental public health system will use evidence-informed practices to understand the cause and effect relationships between environmental changes and ecological and human health impacts, to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land, and food safety by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state, and local levels as well as industry stakeholders and the public.<sup>76</sup>

**a. Environmental Health Data**

- I. Use available community specific environmental and health data to ensure protection of public health, assess health impacts, reduce risk and communicate risk information to the community.
  - i. Provide subject matter expertise to inform policy, system and environmental change, and program design.
  - ii. Evaluate implementation of environmental public health regulations, inspections, investigations, enforcement and other response, and use findings to improve processes and procedures.

**b. Identify Environmental Health Assets**

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<sup>76</sup> 6 CCR 1014-7, 3.1 B2

- I. Identify local community, regional and statewide assets to perform environmental health assessments, inspections, investigations and monitoring programs in accordance with local, state and federal mandates and guidelines.

**c. Environmental Health Investigations, Inspections, Sampling, Lab Analysis and Oversight**

- I. Implement public health laws, policies and procedures to ensure the safety of food provided to the public from all parts of the local food system.
  - i. Conduct regulatory inspections of food facilities based on jurisdictional authority
  - ii. Conduct investigations of food facilities related to outbreaks, complaints, recalls, etc. based on jurisdictional authority.
  - iii. Provide or ensure access to laboratory services that are certified and supported by the FDA for milk and food testing, and that participate in the Food Emergency Response Network.
- II. Take appropriate steps to support the protection of surface water and groundwater, including recreational waters and drinking water sources; collect and use community specific water quality data to assure community health and assure appropriate local regulatory oversight of onsite wastewater treatment systems.
  - i. Provide and/or ensure access to laboratory services that are United States Environmental Protection Agency (EPA)-certified for testing water.
  - ii. Ensure that appropriate permitting, inspection and enforcement of regulated facilities and treatment plant operators is conducted based on jurisdictional authority.
  - iii. Ensure implementation of local Onsite Wastewater Treatment Systems programs in accordance with the Onsite Wastewater Act and Water Quality Control Commission Regulation 43.<sup>77</sup>
- III. Implement public health laws, policies and procedures to ensure the sanitation of institutional facilities (e.g., child care facilities, local correctional facilities and schools).
  - i. Conduct regulatory inspections of facilities based on jurisdictional authority.
  - ii. Conduct investigations of facilities related to outbreaks, complaints, recalls, etc. based on jurisdictional authority.
- IV. Collect and analyze air quality data throughout the state to better understand the sources of air pollution and develop mitigation strategies.
  - i. Collect and analyze statewide ambient air quality data.
  - ii. Provide daily air quality advisories during the summer ozone season and the winter high pollution season.
  - iii. Perform complex modeling analysis to determine impacts of air pollution sources on air quality.
  - iv. Provide forecasting and meteorology information related to air pollution.
  - v. Maintain emission inventory data to track quantity and sources of various pollutants.
  - vi. Regulate the use of controlled burns and prescribed fire through a smoke management program.
  - vii. Conduct air visibility research and analysis.
  - viii. Ensure that appropriate permitting, inspection and enforcement of regulated facilities and other regulated emissions is conducted based on jurisdictional authority.
- V. Ensure proper management of solid and hazardous waste, maximizing waste diversion and ensuring safe storage, collection, treatment and disposal of solid and hazardous waste.
  - i. Ensure that appropriate permitting, inspection and enforcement of regulated waste facilities and waste handlers is conducted based on jurisdictional authority.

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<sup>77</sup> 5 CCR 1002-43

- ii. Collaborate with community partners to advance waste diversion programs and activities.
- VI. Issue public health orders related to environmental health, and coordinate with partner agencies to enforce orders.

**d. Zoonotic Conditions**

- I. Identify and mitigate zoonotic and vector-borne (e.g., insects, rodents), air-borne, water-borne, foodborne and other public health threats related to environmental hazards and consumer-oriented facilities (e.g., body art facilities, swimming pools, and marijuana-related facilities).
  - i. Conduct surveillance for zoonotic and vector borne diseases of concern in Colorado.
  - ii. Establish and implement appropriate policies and response systems to prevent the spread of zoonotic, vector borne and other consumer-related communicable diseases and reduce environmental toxics exposures.
  - iii. Provide and/or ensure access to laboratory services that are EPA-certified for zoonotic disease specimens.

**e. Land Use Planning and Climate Change**

- I. Use community-specific data to decrease vulnerability to and mitigate risks related to climate impacts.
  - i. Conduct vulnerability assessments to identify populations most likely to be impacted by climate impacts.
  - ii. Utilize vulnerability assessments to develop and implement risk reduction strategies.
- II. Participate in land use and sustainable development decision making processes to encourage practices that promote positive public health outcomes (e.g., consideration of housing, development approaches, recreational facilities and transportation systems), and that protect and improve air and water quality, promote water conservation, effectively manage solid and hazardous waste and promote energy efficiency and clean energy resources.

**f. Coordination of Other Environmental Health Services with Foundational Capabilities and Services**

- I. When public health services are delivered regarding environmental health, ensure they are coordinated with foundational capabilities and services.

**3. Maternal, Child, Adolescent, and Family Health:** Colorado’s governmental public health system will develop, implement and evaluate state-wide, regional and local strategies related to maternal, child, adolescent and family health to increase health and wellbeing, reduce adverse health outcomes and advance health equity across the life course. Strategies may include but are not limited to identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.<sup>78</sup>

**a. Maternal, Child, Adolescent and Family Health Information**

- I. Provide timely and relevant federal, state and local evidence-informed information on maternal, child, adolescent and family health using health equity and life course frameworks.
  - i. Maintain and enhance reporting systems.
  - ii. Provide information on topics such as accessing care and community resources.

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<sup>78</sup> 6 CCR 1014-7, 3.1 B3

- iii. Share data and performance metrics relevant to maternal, child, adolescent and family programs.
- iv. Collect, analyze, interpret and share maternal, child, adolescent and family health data pertaining to inequities.
- v. Provide reports as appropriate that measure the impact of maternal, child, adolescent and family health activities.
- vi. Provide communities and stakeholders with timely communications and recommendations.

**b. Identify Maternal, Child, Adolescent and Family Health Assets**

- I. Identify local community, regional and statewide assets to improve maternal, child, adolescent, and family health in accordance with local, state and federal mandates and guidelines.

**c. Collaborative Efforts around Maternal, Child, Adolescent, and Family Health**

- I. Lead systems improvements and coordinate efforts across sectors to ensure access to services such as primary care, oral health care, specialty care, mental health prevention and treatment, social services and early intervention for development.
  - i. Coordinate and/or participate in cross-sector partnerships.
  - ii. Identify key partners and stakeholders with expertise in maternal, child, adolescent and family program areas.
  - iii. Identify strategies and action plans to overcome barriers and increase the number of children and families receiving services.
  - iv. Develop consultants to work in communities, especially with affected populations.
  - v. Provide subject matter expertise and education on legislation and policies.
  - vi. Provide subject matter expertise and education to boards of health, school boards, community agencies and other organizations.
- II. Collaborate with cross sector partners, including community members, to promote and build will for policies, practices and strategies that improve maternal, child, adolescent and family health.
  - i. Provide subject matter expertise and education to cross-sector partners and community members.
  - ii. Share data and performance metrics relevant to maternal, child, adolescent and family programs.
  - iii. Provide technical assistance on community-specific data including identification, interpretation and dissemination.
  - iv. Identify policy and/or system change to improve maternal, child, adolescent and family programs and services.
  - v. Identify strategies and action plans to overcome barriers and increase the number of children and families receiving services.
  - vi. Engage families in the development and implementation of activities to improve services.
  - vii. Implement policies and systems that support collaboration between programs.

**d. Maternal, Child, Adolescent and Family Health Improvement**

- I. Improve the health status of infants, children, adolescents, youth, women and their families, and protect critical stages of a child's physical and mental development during pregnancy and early childhood.
  - i. Deliver community level services in settings that meet community needs.



- ii. Ensure maternal, child, adolescent and family health is addressed in community health assessments (CHAs).
  - iii. Engage in state and local coalitions to increase awareness of maternal, child, adolescent and family health programs and needs.
  - iv. Build and support infrastructure to facilitate community-based resources.
  - v. Make appropriate referrals to meet needs.
  - vi. Provide staff development and training relevant to skills needed to address maternal, child, adolescent and family health needs.
  - vii. Develop consultants to work in communities, especially with affected populations.
  - viii. Provide developmental screenings when necessary.
  - ix. Ensure children and their families with special needs get resources they need filling the gap around care coordination.
  - x. Provide child care nurse consultation.
  - xi. Educate health care providers about evidence-informed screenings, patient education, and community resources.
- II. Identify and develop maternal, child, adolescent and family health prevention approaches, using life course expertise to advance equity, and advocate and seek resources for related initiatives.
- i. Use data and evidence-informed practices to identify and develop public health policies, systems, programs and initiatives to address maternal, child, adolescent and family health.
  - ii. Utilize community health assessments (CHAs) to develop strategies, policies, programs and initiatives related to maternal, child, adolescent and family health.
  - iii. Identify strategies and action plans to overcome barriers and increase the number of children and families receiving services.
  - iv. Assess community assets and evaluate needed resources and unmet needs related to maternal, child, adolescent and family health.
  - v. Provide technical assistance and coaching to promote best practices such as breastfeeding practices or early child care setting practices.
  - vi. Provide education on risk factors such as smoking and secondhand smoke.
- e. Mandated Newborn Screening (State Role Only)**
- I. Ensure mandated newborn screening to test every infant born in Colorado to detect and prevent developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health.
- Bloodspot Screening**
- i. Determine which conditions are on Colorado’s newborn bloodspot screening panel.
  - ii. Provide the collection and analysis of newborn bloodspot screening specimens.
  - iii. Communicate the results of the newborn bloodspot analysis to the provider/entity that submitted the specimen.
  - iv. Provide repeat or confirmatory testing, when needed.
  - v. Provide referrals to specialists occur when needed.
  - vi. Assure quality control and education necessary to support quality standards is provided.
- Hearing**
- vii. Collect newborn hearing screening statewide data.
  - viii. Report statewide screening rates for newborn hearing.
  - ix. Maintain an advisory committee to develop recommendations to support the implementation of newborn hearing screening throughout the state.
- Critical congenital heart disease (CCHD)**

- x. Promulgate rules for critical congenital heart disease (CCHD) screening protocol.
- xi. Collect critical congenital heart disease (CCHD) screening data from birthing facilities.
- xii. Report statewide screening rates for critical congenital heart disease (CCHD).

**f. Coordination of Other Maternal, Child, Adolescent and Family Health Services with Foundational Capabilities and Services**

- I. Coordinate and align categorically-funded maternal, child, adolescent and family health programs and services to work in synergy toward improved health outcomes.
  - i. Identify and support relationships and coordination need between public health foundational capabilities and services.
  - ii. Leverage foundational capabilities and services as appropriate to increase health and wellbeing and reduce adverse health outcomes related to maternal, child, adolescent and family health.

**4. Chronic Disease, Injury Prevention, and Behavioral Health Promotion:** Colorado’s governmental public health system focuses on common risk and protective factors that affect social, emotional and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado’s governmental public health system will use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health and substance use (including tobacco, alcohol and other substances).<sup>79</sup>

**a. Chronic Disease, Injury Prevention, and Behavioral Health Promotion Data**

- I. Provide timely, relevant and accurate information statewide and to communities on chronic disease prevention and management, injury and violence prevention and behavioral health promotion.
  - i. Collect, analyze, interpret and share chronic disease prevention and management, injury and violence prevention and behavioral health promotion data pertaining to inequities.
  - ii. Collect and maintain data (such as risk factors, demographic information, surveillance, and fatality review data) on chronic disease prevention and management to support public health functions.
  - iii. Collect and maintain data (such as risk factors, demographic information, surveillance and fatality review data) on injury and violence prevention to support public health functions.
  - iv. Collect and maintain data (such as risk factors, demographic information, surveillance, and fatality review data) on behavioral health promotion to support public health functions.
  - v. Analyze, interpret and share data regarding chronic diseases with appropriate public health workforce, decision makers, governmental entities, partners, community members, stakeholders and others.
  - vi. Analyze, interpret and share data regarding injury and violence prevention with appropriate public health workforce, decision makers, governmental entities, partners, community members, stakeholders and others.
  - vii. Analyze, interpret and share data regarding behavioral health promotion with appropriate public health workforce, decision makers, governmental entities, partners, community members, stakeholders and others.

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<sup>79</sup> 6 CCR 1014-7, 3.1 B4

- viii. Provide reports that measure the impact of chronic disease prevention and management, injury and violence prevention and behavioral health promotion activities.
- ix. As appropriate, prepare data to share and make available to stakeholders.
- x. Provide communities and stakeholders with timely communications and recommendations to prevent and manage chronic disease, prevent injuries and violence, and promote behavioral health.
- xi. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and GIS to meet user's requests.
- xii. Develop new and/or adapt existing data systems as needed.

**b. Chronic Disease, Injury Prevention and Behavioral Health Promotion Assets**

- I. Work with partners to identify community assets and develop state and local plans to prevent and manage chronic disease, prevent injury and violence, and promote behavioral health.
  - i. Identify, develop, engage and maintain local and statewide strategic partnerships to advance evidence-informed practices and initiatives related to chronic disease prevention and management, injury and violence prevention, and behavioral health promotion.
  - ii. Utilize strategic and improvement plans to inform policies, programs and strategies related to chronic disease prevention and management, injury and violence prevention and behavioral health promotion.
  - iii. Work with partners to advocate for policies, systems and initiatives to support chronic disease prevention and management, injury and violence prevention and behavioral health promotion.
- II. Work with partners to identify community assets and needs related to chronic disease prevention and management, injury and violence prevention and behavioral health promotion. Seek resources for policies, programs and strategies that support the prevention and management of chronic disease, prevention of injuries and violence and promotion of behavioral health.
  - i. Assess community assets and evaluate needed resources for appropriate chronic disease prevention and management, injury and violence prevention, and behavioral health promotion policies, systems and programs.
  - ii. Seek funding as necessary to implement evidence-informed prevention and promotion policies, systems and initiatives.

**c. Chronic Disease, Injury Prevention and Behavioral Health Promotion Policies**

- I. Develop, implement and evaluate evidence-informed strategies, policies and programs that aim to prevent, delay or detect the onset of chronic diseases and injuries, and promote behavioral health to protect and enhance the health and wellbeing of communities.
  - i. Use data and evidence-informed practices to facilitate the development of public health policies, systems and initiatives for preventing and managing chronic disease, preventing injuries and violence and promoting behavioral health.
  - ii. Utilize community health assessments (CHAs) to develop strategies, policies and programs related to chronic disease prevention and management, injury and violence prevention and behavioral health promotion.
  - iii. In conjunction with partners, community members and stakeholders develop and implement strategies and/or plans for assuring the development and implementation of appropriate policies, systems and initiatives for preventing and managing chronic diseases, preventing injuries and violence and promoting behavioral health.

iv. Provide subject matter expertise to inform policies, systems and environmental changes, interventions and program designs related to chronic disease, injuries and violence and promoting behavioral health.

II. Advocate for policies, programs and strategies that support the prevention and management of chronic disease, prevention of injuries and violence and promotion of behavioral health.

i. Provide subject matter expertise and advocate for policy, systems and environmental change, interventions and programs that support chronic disease prevention and management, injury and violence prevention and behavioral health promotion.

**d. Coordination of Other Chronic Disease, Injury Prevention, and Behavioral Health Promotion Services with Foundational Capabilities and Services**

I. When public health services are delivered regarding chronic disease and injury prevention and behavioral health promotion, ensure they are coordinated with foundational capabilities and services.

i. Identify and support relationships and coordination needed between public health foundational capabilities and services.

ii. Leverage foundational capabilities and services, as appropriate, to provide chronic disease prevention and management, injury and violence prevention and behavioral health promotion activities.

**5. Access to and Linkage with Health Care:** All Coloradans should be connected with and have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care. Colorado’s governmental public health system will coordinate governmental and community partners to link individuals to and ensure the provision of health care within their jurisdictions.<sup>80</sup>

**a. Collaborative Efforts Around Access to Clinical Care**

I. Participate actively in state, regional and local level collaborative efforts regarding primary, maternal/child, oral, behavioral, and specialty health care systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health

i. Assess health care service capacity and access to health care services.<sup>81</sup>

**b. Access to Clinical Care Data**

I. Provide data and information to health care providers, coalitions, decision-makers, legislators and other stakeholders to support health care planning.

**c. Health Facility Inspection and Licensure (State Role Only)**

I. Conduct timely inspection and review of regulated health facilities and ensure compliance with all licensing rules and minimum standards.

**d. Linkage to Clinical Care**

I. Link people to needed personal health care services and ensure the provision of health care.<sup>82</sup>

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<sup>80</sup> 6 CCR 1014-7, 3.1 B5

<sup>81</sup> 6 CCR 1014-9, 3.1 G1

<sup>82</sup> 6 CCR 1014-7, 2.1 E7

- i. Identify, implement and promote strategies that improve access to health care services.<sup>83</sup>
- ii. Coordinate efforts with governmental and community partners to link individuals to health services.<sup>84</sup>

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<sup>83</sup> 6 CCR 1014-9, 3.1 G1 and G2

<sup>84</sup> 6 CCR 1014-7, 4.1 D7

## Appendix A: Acknowledgements

The Colorado State Board of Health adopted Colorado’s CPHS framework April 17, 2019 into CCR (6 CCR 1014-7 Core Public Health Services), the official publication of Colorado’s state administrative rules. This framework goes into effect January 1, 2020. The framework, as enacted into administrative rule, describes the seven foundational capabilities and 5 services that should be available to residents in Colorado.

However, for the governmental public health system to successfully and consistently implement CPHS, more detail was needed to describe what implementation of each foundational capability and service should include. In 2019, the Colorado Public Health System Transformation Steering Committee oversaw the development of operational definitions that:

- Describe “what” CPHS provides for Colorado’s communities, but not “how” the governmental public health system should provide it,
- Are agnostic to which governmental public health provider should provide it,
- Are reduced to discreet activities (define as few actions as possible per statement) and begin with a verb identifying the action to be taken and,
- Align with existing statutes, rules, regulations and guidelines.

These operational definitions add detail by adding functions, definitions, and operational definitions that define the functions, elements, and activities that the governmental public health system must deliver for residents for CPHS to be fully implemented. They definitions are published in this document, the *Foundational Public Health Services Functional Definitions Manual*.

While the Colorado Public Health System Transformation Steering Committee oversaw the development of the definitions, the actual work of “writing” them was done by subgroups in a three-step iterative process. The subgroups were comprised of governmental public health system subject matter experts who developed the definitions for their specific foundational capability or service, or in the case of the foundational capability Organizational Competencies, function.

*The Colorado governmental public health system is deeply grateful to the following participants for their contributions to this effort:*

**Subject Matter Expert Subgroups**

**Assessment and Planning Subgroup**

**Communications Subgroup**

**Policy Development and Support Subgroup**

**Partnerships Subgroup**

**Accountability, Performance Management,  
and Quality Improvement Subgroup**

**Financial Management, Contract and  
Procurement Services, and Facilities  
Management Subgroup**

**Human Resources Subgroup**

**Information Technology and Informatics  
Subgroup**

**Leadership and Governance Subgroup**

**Legal Services and Analysis Subgroup**

**Emergency Preparedness and Support  
Subgroup**

**Health Equity and Social Determinants of  
Health Subgroup**

**Communicable Disease Prevention,  
Investigation and Control Subgroup**

**Environmental Public Health Subgroup**

**Maternal, Child, Adolescent and Family  
Health Subgroup**

**Chronic Disease, Injury Prevention and  
Behavioral Health Promotion Subgroup**

**Access to and Linkage with Health Care  
Subgroup**

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## Appendix B: Acronyms

<b>24/7 access</b>	Twenty-four/seven access
<b>AAR</b>	After Action Reports
<b>ACE</b>	Adverse Childhood Events
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CALPHO</b>	Colorado Association of Local Public Health Officials
<b>CBO</b>	Community-based Organizations
<b>CCHD</b>	Critical Congenital Heart Disease
<b>CCR</b>	Code of Colorado Regulations
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDOH</b>	Social Determinants of Health
<b>CDPHE</b>	Colorado Department of Public Health and Environment
<b>CEMP</b>	Comprehensive Emergency Management Program
<b>CHA</b>	Community Health Assessment
<b>CHIP</b>	Community Health Improvement Plan
<b>CLAS</b>	Culturally and Linguistically Appropriate Services, as defined by the United States Department of Health and Human Services, Office of Minority Health standards
<b>C-MIST</b>	Communications, Medical Care, Independence, Self Determination and Safety Support Services, and Transportation
<b>COOP</b>	Continuity of Operations Plan
<b>CPHS</b>	Core Public Health Services
<b>CRS</b>	Colorado Revised Statutes
<b>EOC</b>	Emergency Operations Center
<b>EPA</b>	United States Environmental Protection Agency
<b>ESF8</b>	Emergency Support Function 8 - Public Health & Medical
<b>FDA</b>	United States Food and Drug Administration
<b>FPHS</b>	Foundational Public Health Services
<b>FTE</b>	Full Time Equivalents
<b>FY</b>	Fiscal Year
<b>GAAP</b>	Generally Accepted Accounting Principles

<b>GASB</b>	Governmental Accounting Standards Board
<b>GFOA</b>	Government Finance Officers Association
<b>GIS</b>	Geographic Information System
<b>HHS</b>	United States Department of Health and Human Services
<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>HKCS</b>	Healthy Kids Colorado Survey
<b>ICS</b>	Incident Command System
<b>IIS</b>	Immunization Information System
<b>IOM</b>	Institute of Medicine
<b>IT</b>	Information Technology
<b>LPHA</b>	Local Public Health Agency
<b>LRN</b>	Laboratory Response Network
<b>LRN-B</b>	Biological Reference Laboratory
<b>LRN-C</b>	Chemical Reference Library
<b>MOU</b>	Memorandum of Understanding
<b>OMB</b>	United States Office of Management and Budget
<b>PHAB</b>	Public Health Accreditation Board
<b>PHIP</b>	Public Health Improvement Plan
<b>PHNCI</b>	Public Health National Center for Innovations
<b>TB</b>	Tuberculosis
<b>USDA</b>	United States Department of Agriculture

## Appendix C: Glossary

**24/7 Access:** Each governmental public health authority as well as a few specific CDPHE programs must be reachable by phone 24/7 for urgent or emergency issues. It is expected that use of the 24/7 agency or program contact numbers will reach, within 15 minutes, a knowledgeable public health professional capable of assessing an event or urgent public health consequence and initiating an appropriate response.

**Ability to:** Capacity and expertise to implement an activity, element, function and/or foundational capability or service, as needed.

**Activities:** The discreet (defining only one action per statement) public health work described by operational definitions.

**Assure**<sup>85</sup>: The dictionary definitions implies the removal of doubt and suspense from a person's mind. In the context of Colorado's CPHS definitions, this means that it is foundational for the governmental public health system to invest time and resources as needed to make sure that the service is available to the community, generally as provided by partner organizations. The service may already be provided by a partner organization or governmental public health may coordinate with partners to get them to provide the service. If no other organization is willing or able to provide the service, governmental public health may decide to become the provider of the services and seek the necessary funds for the service.

**Capacity to:** Staff or resources with the necessary expertise and associated materials and supplies to provide the activity, element, function and/or foundational capability or service.

**Core Public Health Services (CPHS):** Colorado's framework for describing the limited statewide set of core public health services that include foundational capabilities and services that (1) must be available to all people in Colorado, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- Services for which the governmental public health system is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.

**Definition:** Definitional components that organize the different activities (described by operational definitions) of CPHS to detail the work being done. In some cases where a definition is discreet (defining only one action per statement) it will not organize activities, and will instead standalone in detailing the work to be done.

**Element:** The public health work described by definitions.

**Emergency Support Function (ESF8) Public Health and Medical Services Annex:** Provides the mechanism for coordinated federal assistance to supplement local, state, and Tribal Nations' resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, and/or during a developing potential health and medical emergency.

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<sup>85</sup> PHAB definition of "Assurance": "The process of determining that "services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation, or by providing services directly." (Institute of Medicine, The Future of Public Health. Washington, DC: National Academy Press; 1988.)"

[http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf).

**Ensure:** The dictionary definition implies a virtual guarantee. In the context of Colorado’s CPHS definitions, this means that the governmental public health system provides the service to the community.

**Expertise:** The appropriate knowledge and skills necessary to provide the activity, element and/or foundational capability or program.

**Foundational Capabilities:** The crosscutting capacity and expertise needed to support public health programs.

**Foundational Services:** The subset of services in each public health program area that are defined as foundational.

**Foundational Public Health Services (FPHS):** A national framework for describing the limited statewide set of core public health services that include foundational capabilities and programs that (1) must be available to all people served by the governmental public health system, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- Services for which the governmental public health system is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.

**Function:** Definitional components that organize the different elements (described by definitions) and activities (described by operational definitions) of CPHS to detail the work being done.

**Operational Definitions:** Definitions that describe “what” CPHS provides for Colorado’s communities, but not “how” governmental public health should provide it,

- Are agnostic to which governmental public health provider should provide it,
- Are reduced to discreet activities (define as few actions as possible per statement) and begin with a verb identifying the action to be taken, and
- Align with existing guidelines and regulations.

A singular operational definition describes a single public health activity.

**Public Health Accreditation Standards:** A set of standards defined by the Public Health Accreditation Board (PHAB) to support assessment of the quality and performance of all public health agencies in the United States. Agencies that meet these standards through a vetting process with PHAB can become accredited.

**Reportable Conditions:** Selected diseases and conditions for which Colorado health care providers, health care facilities, laboratories, veterinarians, food service establishments, child day care facilities and schools are legally required to notify local public health agencies of suspected or confirmed cases. The full current list of reportable conditions is available here:

<https://www.colorado.gov/pacific/cdphe/communicable-disease-manual>.

**Surge Capacity:** The staffing and resources necessary to provide the implement the activity, element, function and/or foundational capability or program in annually-expected (one year) events that lead to demand increases.

**Colorado Governmental Public Health System:** All governmental public health agencies, which currently include the Colorado Department of Public Health and Environment (CDPHE), Colorado State Board of Health (SBOH), and 53 local public health agencies (LPHA).

## Appendix D: Sources and Resources

Centers for Disease Control and Prevention, Center for Preparedness and Response, *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*, October 2018:

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