

Colorado's Public Health System...and a bit of history

To understand how Colorado's public health system is changing, it is important to know our history and how our system has developed over time. This brief history, adapted from the 1969 publication "Health in Colorado: The First One Hundred Years," will provide some insight into our current and evolving system of public health, and the components that will be most impacted by the Public Health Act of 2008 and our Statewide Public Health Improvement Plan. (<http://www.coloradopublichealth.org/documents/HealthinColorado.pdf>)

Colorado State Board of Health

The nine-member State Board of Health was established in **1877** by act of Colorado's First General Assembly. The responsibilities of the first State Board of Health mirrored the public health issues of the time. The Board was charged with the collection and study of vital statistics as a means of determining the causes of illness and death, the control of epidemics and contagious disease, and advice on proper sources of water supplies and places of sewage disposal. The Board's first official vital statistics report showed that 24.7% of deaths were caused by consumption (tuberculosis), 7.8% by diphtheria, 5.4% by scarlet fever and pneumonia, and 5% by heart disease. Over the years, with growing concern about protecting the public health, public health laws evolved and the legislature gave additional authority to the State Board to enact and enforce public health rules and regulations.

Currently, State Board of Health members are appointed to staggered, four-year terms by the Governor. One member is appointed from each of Colorado's seven Congressional districts and two members are from the state at-large. One of the board members must be a county commissioner and no more than five members can be from the same political party.

The primary duties of the State Board of Health, established by state law, are to:

- Adopt or revise standards, rules and regulations to administer the public health laws of the state.
- Determine general policies to be followed in administering and enforcing the public health laws, standards, rules and regulations.
- Act in an advisory capacity to the executive director of the state public health department on matters pertaining to public health.
- Establish and appoint special advisory committees when necessary to advise and confer with the board concerning the public health aspects of any business, profession or industry within the state.
- Approve grants to local public health agencies and community-based organizations for a variety of public health efforts.

The Public Health Act of 2008 added the following components to the authority and duties of the State Board of Health:

- Establish core public health services that each county and district public health agency must provide or arrange for the provision of said services.
- Establish minimum quality standards for public health services.
- Establish minimum qualifications for county and district public health directors and medical officers.
- Ensure the development and implementation of a comprehensive, statewide public health improvement plan.
- Review all county and district public health agency public health plans.

In addition to the Board of Health, a variety of other state boards and commissions related to public health have been established by Colorado statute. Examples of these boards and commissions include the Air Quality Control Commission, Colorado HIV and AIDS Prevention Grant Program Advisory Committee, Minority Health Advisory Commission, State Emergency Medical Services and Trauma Advisory Council and the Water Quality Control Commission.

State Health Department

Throughout the early 1900s, new public health responsibilities, including food inspection and licensing of hospitals, were given to the Board of Health which was not distinct from the state health department at that time. In 1941, the Division of Public Health became a division of the executive branch of government under the direct supervision of the governor. In **1947**, the legislature created a Department of Public Health, taking it from the executive branch of state government and establishing two divisions -- the State Board of Health as the advisory, consultative and judiciary branch, and an executive division consisting of the state health officer and staff. This was the result of one of the seven "Sabin bills" that were passed in the 1947 legislative session as a result of Dr. Florence Sabin's campaign for public health in Colorado.

The state health department, renamed the Colorado Department of Public Health and Environment (CDPHE) in 1994, currently includes a main campus in Denver as well as regional offices in Grand Junction and Pueblo, a state laboratory in Denver and a branch laboratory in Grand Junction. Environmental concerns including water, sewage, air, food, naturally occurring radioactivity and the impacts of mining have greatly influenced the evolution of the public health system in Colorado. The combination of both public (human) and environmental health in one state agency, as exists in Colorado, is uncommon across the nation.

The Public Health Act of 2008 prompted the development of the Office of Planning and Partnerships, within CDPHE, to coordinate many aspects of the implementation of the Act. This Office exists to collaborate and partner across the public health system to maintain and further strengthen statewide infrastructure and capacity.

Local Boards of Health

In **1893**, Colorado legislators passed a bill, drafted by physicians and concerned citizens, to create and empower local boards of health. However, there is not much discussion of local boards of health in the written history of Colorado public health. The Public Health Act of 2008 further formalizes the structure and duties of local boards of health. The Act requires that each county or district board of health consist of at least five members, appointed by the board of county commissioners, to include county commissioners as well as county residents with expertise or interest in health and public health. In counties with populations of less than 100,000, a three-member board can be appointed and the board of county commissioners may designate itself, if there was not a board of health separate from the board of county commissioners prior to the 2008 Act.

The Act states that local board of health members shall be residents of the county and no business or professional group or governmental entity shall constitute a majority of the board. Local public health agencies serving multiple counties have district boards of health. District board of health members will be appointed by an appointments committee composed of

one member of each of the boards of county commissioners of the counties comprising the district. The district board of health must have at least one member from each of the counties comprising the district.

Local boards of health provide administrative, policy and financial oversight to the designated public health agency, and the duties defined within the Act (C.R.S. 25-1-508) include:

Administrative

- Select, advise and evaluate the Public Health Director of the county or district public health agency.
- Determine the services and set priorities to carry out the public health laws and rules of the State Board of Health and CDPHE's environmental commissions according to the specific needs and resources available within the community and as set out in the state and local plans.
- Review and approve the local public health plan and submit to the State Board of Health for review.

Policy

- Consider advice from the local public health agency regarding policy issues necessary to protect public health and the environment.
- Develop and promote the public policies needed to secure the conditions necessary for a healthy community.
- Determine general policies to be followed by the public health director in administering and enforcing public health laws, orders, and rules of the county or district board.
- Follow orders, rules, and standards of the State Board of Health.
- Issue orders and adopt rules not inconsistent with the public health laws of this state.

Financial

- Certify that claims or demands against the local public health agency fund shall be expended only for public health purposes.
- Annually estimate the total cost of maintaining the local public health agency for the ensuing year and submit a budget to the county commissioners.
- Provide for and assess fees to offset the actual, direct cost of environmental health services.
- Accept and, through the public health director, use, disburse, and administer all Federal and State aid or other property and services or money allotted to an agency for county or district public health functions.

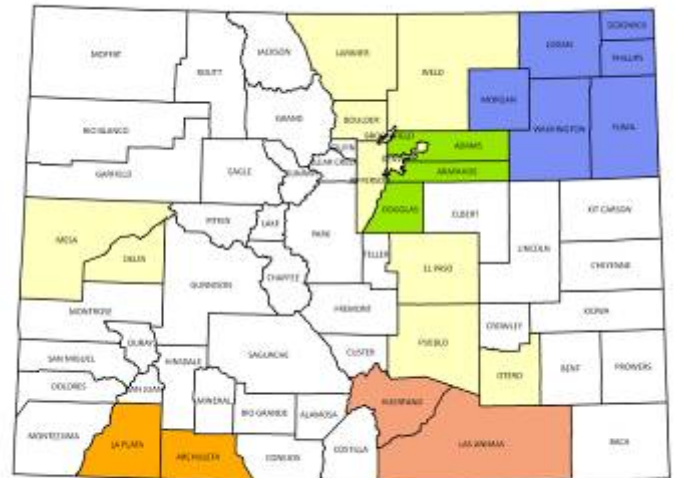
Local Public Health Departments and Agencies

Public health at the local level was strengthened by public health nursing throughout Colorado in the late 1880s through the early 1900s. A variety of entities were involved in the evolution of public health nursing including the American Red Cross, the Visiting Nurse Association and the Colorado Tuberculosis Association. In 1922, the State Board of Health included a division of public health nursing.

In 1924, local public health departments began to develop in more populated areas. By 1948, following the passage of the Sabin bills, eight single or multiple county health units were providing basic public health services to 18 counties.

Prior to passage of the Public Health Act of 2008, fifteen "Organized Health Departments," serving 24 counties and 85% of the state's population, had been formed. These agencies were responsible for the provision of a broad scope of public health services within their jurisdiction. This map indicates, with color, the location of the agencies formerly called "Organized Health Departments." The multi-county, or district, public health agencies are shown in unique color on the map.

Prior to 2008 Act



In the remaining 40 counties, only those public health services deemed necessary by the local board of health (fulfilled by the board of county commissioners and one physician), and falling within the scope of the practice of nursing were required by statute (C.R.S. 25-1-601-repealed 2008). These counties are shown in white on the map.

Prior to 2008, whether a county had an organized health department or a nursing service was based on history and did not necessarily reflect current needs or population size. This is evidenced by the fact that eight of the counties with former "Nursing Services" have populations larger than four of the counties with former "Organized Health Departments." The primary difference was the scope of public health services provided. In at least ten of the counties formerly served by "Nursing Services," there is no direct provision of environmental health services.

The organized health departments followed different statutory requirements prior to the Act and were encouraged through funding incentives to provide additional services outside of their jurisdiction to counties that did not provide the full range of public health services. While the Public Health Act of 2008 established a uniform system of agencies, the current challenge is how to operationally provide uniform services throughout the state. This new map depicts the local public health agencies formed by resolution of the respective boards of county commissioners by July 1, 2009.

After July 1, 2009



During the last few decades, with the state’s population more than doubling and the growth of tourism, the population centers in the state have also changed accordingly. The following table identifies the year the “Organized Health Departments” were established along with the current population of the counties served.

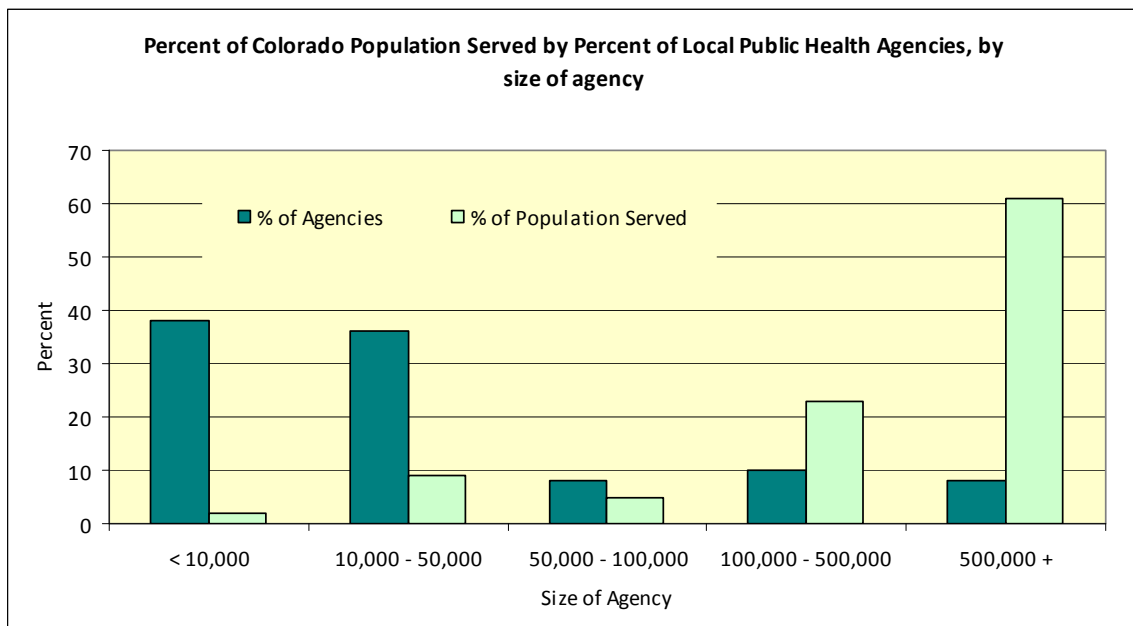
Formation of Colorado’s Health Department’s Prior to the 2008 Act	YEAR ESTABLISHED	CURRENT POPULATION SERVED
Otero (re-established in 1938)	1924	19,971
Weld	1938	267,032
El Paso	1939	649,217
Denver	1939	606,667
Huerfano/Las Animas ¹	1951	26,598
Tri County ² (Adams, Arapahoe and Douglas)	1948	1,337,670
Mesa	1948	150,504
Northeast (Logan, Morgan, Phillips, Sedgwick, Washington, Yuma)	1948	77,354
San Juan Basin ³ (La Plata and Archuleta)	1948	67,413
Pueblo	1952	164,982
Boulder	1954	298,822
Jefferson	1958	550,046
Larimer	1968	299,040
Delta	1981	34,200
Broomfield	2001	51,970

¹ Las Animas first formed a health department in 1944.

² Tri-County originally served Adams, Arapahoe and Jefferson Counties. Jefferson County formed their health department in 1958. Douglas County joined Tri-County in 1966.

³ San Juan, Delores and Montezuma counties were previously part of San Juan Basin Health Unit.

The following graph shows that 38% of all agencies serve populations of less than 10,000 people; taken together, these agencies serve less than five percent of the total population. Conversely, less than 10 percent of local public health agencies serve populations with size greater than 500,000 people, yet together these agencies serve over 60 percent of the total population. The geography and distribution of population in Colorado has added complexity to the delivery of public health services across the state throughout history and is still a concern today.

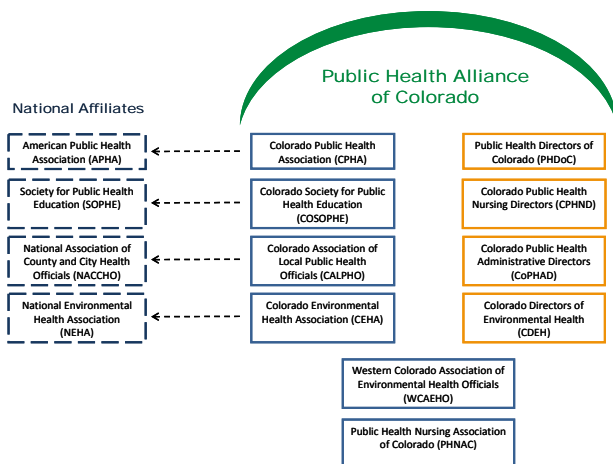


Public Health Laws

As this brief history illustrates, there has been an ongoing evolution of public health laws that impact the structure of the public health system and public health services. However, there are two significant events in history that have considerably impacted Colorado public health. The first was passage of the Sabin Health Laws of 1947 that were supported by data provided in the Buck Report of 1946. These laws reorganized the state health department and State Board of Health, authorized local public health agencies and appropriated funding for public health services. At the time, this set of laws brought the Colorado public health system up to meet the needs of the day. The second significant event in history was the passing of the Public Health Act of 2008. Not since 1947 had the legislature passed an equally comprehensive law to position the Colorado public health system to be able to effectively meet the needs of today and the future.

Public Health Organizations

The public health organizations in Colorado have had an interesting history of their own. These professional associations provide education, advocacy and professional development to strengthen the public health system and workforce. Currently, Colorado hosts several state affiliates of national associations including the Colorado Association of Local Public Health Officials (CALPHO), which is an affiliate of the National Association of County and City Health Officials; the Colorado Environmental Health Association; the Colorado Society for Public Health Education; and the Colorado Public Health Association. In addition, Colorado



has member organizations specific to the positions that individuals hold within local public health agencies (Public Health Directors of Colorado, Colorado Public Health Administrative Directors, Colorado Directors of Environmental Health, and Colorado Public Health Nursing Directors). General membership organizations also exist for public health nurses at any level (Public Health Nursing Association of Colorado) and environmental health professionals on the western slope (Western Colorado Association of Environmental Health Officials).

In 2007, these organizations came together under the umbrella of The Public Health Alliance of Colorado. The Alliance provides administrative support and works to connect the organizations in pursuit of common goals. These organizations and the professionals within them are a key part of successful implementation of the Public Health Act of 2008.

Public Health Partners

While the Act focuses on governmental public health, it is important to recognize that the public health system is much broader than local and state governmental health. For public health to work effectively, it must partner with and recognize the contributions of many other governmental entities, non-profit community based organizations and private business.

- Local Public Health & Environmental Health Agencies
- Environmental Agencies and Organizations
- Other State Agencies (Health Care Policy and Financing, Transportation, etc.)
- Health Care Providers
- Higher Education
- State Public Health & Environment Department
- Community-Based Organizations
- Philanthropic Organizations
- Colorado State Legislature
- Health Insurers
- Employers
- Voluntary Health Organizations
- Early Childhood Education
- K-12 Education