

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY FOR  
AMENDMENTS TO 6CCR 1014-5 STATE BOARD OF HEALTH RULES FOR THE  
HEALTH DISPARITIES GRANT PROGRAM**

**November 20, 2013**

**Basis and Purpose.**

The proposed amendments consist of updating and repealing obsolete language and aligning the language for reporting with the evaluation plan. The proposed changes update the name of the entity responsible for advising and assisting the grant program in making recommendations to the Board of Health regarding grants as well as the new name of the office administering the program. The changes will provide clarity and direction for more effective administration and implementation of the program. Changes to the names of the entity serving as the program's review committee and the office administering the program are requirements from HB 13-1088.

**Specific Statutory Authority.** These rules are promulgated pursuant to the following statutes: C.R.S. 25-4-2203.

**Major Factual and Policy Issues Encountered.**

No major factual or policy issues were encountered as these are technical revisions that align effort and align the rules with current statute. Stakeholders include any nonprofit or for-profit, private, public, or governmental organization representing healthcare, workplace, or community settings, community-based organizations, faith-based organizations, local health departments and other groups or entities effectively serving racial and ethnic minorities and underserved and underrepresented groups.

**Alternative Rules Considered and Why Rejected.**

No alternative rules were considered as we are simply updating and aligning the rules with the new statute.

## 1.1 Definitions

- ~~(1) "Advisory Commission" means the Minority Health Advisory Commission appointed by the Executive Director of the Colorado Department of Public Health and Environment that advises and assists the grant program in making recommendations to the Board regarding grants.~~
- ~~(2) "Board" means the State Board of Health.~~
- ~~(3) "Department" means the Colorado Department of Public Health and Environment.~~
- ~~(4) "Grant program" means the Health Disparities Grant Program created in Section 25-4-2203, C.R.S. to provide financial support for statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases in underrepresented populations.~~
- ~~(5) "Health disparities" means an unequal burden of cancer, cardiovascular disease or chronic pulmonary disease impacting specific populations, including but not limited to racial and ethnic populations, minority populations, rural populations, urban populations, low-income populations or any other underserved population, as set forth in Section 25-20.5-301(1), C.R.S.~~
- ~~(2) "HEALTH DISPARITIES GRANT PROGRAM PRIORITIES" MEANS AREAS OF EMPHASIS FOR GRANTEES AS DETERMINED FOR THE GRANT CYCLE.~~

## 1.2 GRANT Program Goals and Services

- ~~(1) Program Goals . The grant program is created for the purpose of funding statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary disease in underrepresented populations. The department shall administer the program with the goal of developing a comprehensive approach that will bring together stakeholders at the community and state levels who are interested in impacting cancer, cardiovascular disease and/or chronic pulmonary disease in underrepresented populations.~~
- ~~(2) Program Services. The department shall fund grants. Grant applications shall address at least one of the following program criteria:~~
  - ~~(a) Translating evidence-based strategies regarding the prevention and early detection of cancer, cardiovascular disease, and chronic pulmonary disease into practical application in healthcare, workplace and community settings.~~
  - ~~(b) Providing appropriate diagnosis and treatment services for anyone who has abnormalities discovered in screening and early detection programs funded through this initiative.~~
  - ~~(c) Implementing education programs for the public and healthcare providers regarding the prevention, early detection and treatment of cancer, cardiovascular disease and chronic pulmonary disease; and~~
  - ~~(d) Providing evidence-based strategies to overcome health disparities in the prevention and early detection of cancer, cardiovascular disease and chronic pulmonary disease.~~

## 1. Procedures for Grant Application

### (1) Grant Application Contents.

- (a) At a minimum, all applications shall be submitted to the department in accordance with these rules and shall contain the following information:
  - (i) A description of the specific needs of the community or population to be served.
  - (ii) A description of:

A) how the application meets at least one of the FOLLOWING program criteria specified in 25-20.5-302(1), C.R.S., which is also set forth in section 1.2 (2) of these regulations; and

1. TRANSLATING EVIDENCE-BASED STRATEGIES REGARDING THE PREVENTION AND EARLY DETECTION OF CANCER, CARDIOVASCULAR DISEASE, AND CHRONIC PULMONARY DISEASE INTO PRACTICAL APPLICATION IN HEALTHCARE, WORKPLACE AND COMMUNITY SETTINGS.

2. PROVIDING APPROPRIATE DIAGNOSIS AND TREATMENT SERVICES FOR ANYONE WHO HAS ABNORMALITIES DISCOVERED IN SCREENING AND EARLY DETECTION PROGRAMS FUNDED THROUGH THIS INITIATIVE.

3. IMPLEMENTING EDUCATION PROGRAMS FOR THE PUBLIC AND HEALTHCARE PROVIDERS REGARDING THE PREVENTION, EARLY DETECTION AND TREATMENT OF CANCER, CARDIOVASCULAR DISEASE AND CHRONIC PULMONARY DISEASE; AND

4. PROVIDING EVIDENCE-BASED STRATEGIES TO OVERCOME HEALTH DISPARITIES IN THE PREVENTION AND EARLY DETECTION OF CANCER, CARDIOVASCULAR DISEASE AND CHRONIC PULMONARY DISEASE, AND;-

B) how the ~~above identified~~ application addresses the prevention, early detection, and treatment of cancer, cardiovascular disease, or chronic pulmonary diseases, in underrepresented populations-, AND;

C) THE HEALTH DISPARITIES GRANT PROGRAM PRIORITIES IDENTIFIED FOR THE GRANT CYCLE.

(iii) A detailed scope of work describing goals, objectives, implementation steps and timelines.

(iv) A description of the roles and responsibilities of all staff funded through the application.

(v) A detailed operating budget and budget narrative.

(vi) A DETAILED SUSTAINABILITY PLAN INCLUDING ANY OTHER FUNDING TO SUPPORT THE PROJECT.

(VIII) A WRITTEN ~~detailed~~ evaluation plan.

(2) Timelines for Grant Application.

(a) Grant applications may be solicited on dates determined by the department.

1. Criteria for Selecting Entities

~~(1) The department shall solicit applications and, in consultation with the Advisory Commission, shall make recommendations for grant awards to the Board.~~

~~(1)(2) At a minimum, the department and Advisory Commission shall use the~~ THE following criteria SHALL BE USED for selecting potential grantees:

(a) The applicant submits a completed application in accordance with the requirements in Section 1.3;

(b) The applicant does not use grant monies to supplant funding for existing programs;

(c) The applicant has the capacity to adequately administer and implement the GRANT;

~~(d) The applicant demonstrates compliance with the requirements of Section 1.2;~~

~~(e) The applicant demonstrates that its geographic service area and/or the population served is consistent with the goal of establishing programs statewide that address the needs of Colorado's populations with health disparities as well as the needs of both urban and rural residents of the state; and.~~

~~(f) The applicant demonstrates that the proposed program assists in the implementation of a comprehensive, statewide program that addresses the prevention, early detection, and treatment of cancer, cardiovascular disease, or chronic pulmonary diseases in underrepresented populations.~~

~~(3) (2) The department and Advisory Commission shall APPOINT A REVIEW COMMITTEE TO review and evaluate the applications received. The Advisory Commission shall AND make recommendations to the COMMISSION REGARDING THE ENTITIES THAT MAY RECEIVE GRANTS, THE AMOUNTS OF THE GRANTS, AND THE DURATION OF THE GRANT, WHICH CANNOT EXCEED THREE YEARS. THE COMMISSION department and the department shall make FINALIZE THE recommendations FOR FUNDING AND PROVIDE THEM to the STATE Board. regarding those applicants that may receive grants and the amounts and duration of said grants. The Board shall ensure that awards are CONSISTENT WITH THE PURPOSE OF THE GRANT PROGRAM.~~

~~(4) The moneys shall not be used for the purposes of lobbying as defined in Section 24-6-301 (3.5) (a), C.R.S. or to support or oppose any ballot issue or ballot question.~~

~~(5) The Board shall ensure that awards are given to applicants that address cancer, cardiovascular disease including diabetes or other precursors, and pulmonary disease. In addition, projects shall include community-based strategies, demonstrate cultural competence in their design, and address one or more of the following areas:~~

~~(a) Implementation of strategies to overcome health disparities in prevention and early detection. Provision of evidence-based or best practice interventions when feasible.~~

~~(b) Implementation of educational programs for the public.~~

~~(c) Training for health care providers and the workplace.~~

~~(d) Interventions implemented or coordinated through community-based organizations.~~

~~(e) Needs assessment and referral for treatment.~~

~~1.5 Awarding of Program Grants. The Board shall award grants to the selected entities, specifying the amount and the duration of the grant.~~

~~(1) Criteria for the Grant Amount. At a minimum, the Board shall consider the following factors, as appropriate:~~

~~(a) The recommendation or rating of the application by the department;~~

~~(b) The needs of populations with health disparities; and~~

~~(c) The availability of funds.~~

~~(2) Criteria for Duration of Program Grants. The Board shall specify the duration of the grant; however, no grant shall be awarded for a period that exceeds three years.~~

126 4-6 1.4 Responsibilities of Grantees

127 (1) Program Evaluation and progress reports. Grantees shall be responsible for ongoing program  
128 evaluation and reporting consisting of the following:

129 (a) Written evaluation plan at the inception of the program;

130 (b) Quarterly progress reports

131 (c) ANNUAL EVALUATION UPDATES; and

132 ~~(e)~~(d) Final evaluation report at the end of the grant cycle.

133 (2) All evaluation plans/reports and progress reports shall be submitted to the Office of Health EQUITY.  
134 Reports may be submitted electronically ~~or in paper format at the grantees' discretion.~~ Electronic  
135 reports shall be provided in any word processing software program compatible with Microsoft  
136 Word OR HIGHER FORMAT, ~~and may be sent via electronic mail to cdphe.edohd@state.co.us.~~  
137 ~~Reports submitted in paper format shall be submitted to the Office of Health Disparities, Colorado~~  
138 ~~Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver,~~  
139 ~~Colorado 80246-1530.~~

140 (3) The Written Evaluation Plan shall be developed AND SUBMITTED WITH THE APPLICATION and  
141 implemented by AT the inception of the program. At a minimum, the Written Evaluation Plan  
142 shall describe:

143 (a) How the grantee will measure the ~~effects~~ OUTCOMES of the GRANT against the goals AND  
144 OBJECTIVES it set out to accomplish;

145 (b) A determination of how the results achieved by the ~~program~~ PROJECT will contribute to the  
146 achievement of the HEALTH DISPARITIES GRANT program goals AND OBJECTIVES  
147 as stated in THE APPLICATION ~~Section 1.2;~~

148 (c) Agreement to participate, AT THE REQUEST OF THE DEPARTMENT, in state-level  
149 evaluation or surveillance studies regarding the impact of the overall program ~~at the~~  
150 ~~request of the department;~~

151 (d) The number of people and target population the grantee anticipates will be served and the  
152 services provided;

153 (e) A description of the measures or indicators that will be used to evaluate the project, ALONG  
154 WITH THE DATA METHODOLOGY AND DATA VARIABLES;

155 (f) A description of how the results of the evaluation will be used, disseminated and  
156 communicated;

157 (g) The interventions or approach selected and the desired outcomes;

158 (h) Why this approach was chosen;

159 (i) specific disease category(ies) focus for the project; and

160 (j) How the grantee will address cultural competence.

161 (4) During the grant cycle, grantees shall submit Quarterly Reports no later than two weeks following the  
162 end of each 3-month quarterly cycle, as based on when the grant started within the state fiscal  
163 year (the State Fiscal year runs July 1 through June 30). At a minimum, each Quarterly Report  
164 shall include:

165 (a) Outlines of OBJECTIVES, IMPLEMENTATION STEPS, ACTIVITIES, activity  
166 ACHIEVEMENTS, OCCURRING during the quarter. ~~It is essential to include specific~~

167 USING THE MEASURES, INDICATORS AND data IDENTIFIED IN THE WRITTEN  
168 EVALUATION ~~the impact of the project, because achieving the program goals and~~  
169 ~~objectives is linked to reporting and evaluation.~~

170 (b) An explanation if a ~~program~~ PROJECT goal, objective or activity was not met. The grantee  
171 should describe what hindered the accomplishment of the ~~program~~ PROJECT goal or  
172 objective and what was done to overcome the barriers. The narrative should also  
173 describe activities undertaken as an alternative or substituted for the original activity.

174 (c) Revisions to approved work plans. Requests for revision of program goals and objectives  
175 must be submitted in writing to the OFFICE OF HEALTH EQUITY. Grantees will receive  
176 a written response regarding the approval of the change. If the requested change is  
177 substantial, it may be necessary to revise the budget. ~~All reports submitted after the~~  
178 ~~approval must include the revised program goals and objectives and/or budget.~~

179 (d) A copy of any material developed during the project, such as brochures or manuals, must be  
180 included with the progress reports. All such materials should include proper credit for  
181 the type and source of funding.

182 (5) A Final Evaluation Report shall be submitted within 30 days of the end of the grant cycle. At a  
183 minimum, each Final Evaluation Report shall include:

184 (a) A determination of how the results achieved by the ~~program~~ PROJECT contributed to the  
185 achievement of the ~~program~~ PROJECT goals and objectives;

186 (b) Whether the grantee participated in state-level evaluation or surveillance studies regarding  
187 the impact of the overall ~~grants program~~ HEALTH DISPARITIES GRANT PROGRAM at  
188 the request of the department, and if so, a description of each evaluation or study;

189 (c) The number of people and target population the grantee served and the services provided;

190 (d) A summary of OUTCOMES ACHIEVED AND the lessons the grantee learned from the  
191 implementation of the grant services;

192 (e) Measures or indicators used ALONG WITH THE DATA METHODOLOGY AND DATA  
193 VARIABLES;

194 (f) Methods/strategies used to determine effectiveness and impact on health disparities;

195 (g) How results will be used, disseminated and communicated;

196 (h) Whether plans for sustainability after the grant period ends have been implemented, and if  
197 so, what those plans are; and

198 (i) How grantees impacted the target population.

199 (J) EXPLANATION OF HOW CULTURAL COMPETENCE WAS ADDRESSED.

200 (6) Grantees who fail to submit any of the required reports may be terminated from the grant program for  
201 non-performance. In the event that grantees fail to submit a Final Evaluation Report after the  
202 conclusion of their grant, future applications of the grantee may be denied based on non-  
203 performance.

204 (7) THE MONEYS SHALL NOT BE USED FOR THE PURPOSES OF LOBBYING AS DEFINED IN  
205 SECTION 24-6-301 (3.5) (A), C.R.S. OR TO SUPPORT OR OPPOSE ANY BALLOT ISSUE OR  
206 BALLOT QUESTION.