

## **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

### **State Board of Health**

#### **CORE PUBLIC HEALTH SERVICES**

##### **6 CCR 1014-7**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on April 17, 2019; Effective date January 1, 2020**

#### **Section 1 - Authority for Rules**

- 1.1 This regulation is adopted pursuant to the authority in Section 25-1-503 et seq., C.R.S.

#### **Section 2 - Definitions**

- 2.1 All definitions that appear in Section 25-1-502, C.R.S., shall apply to these rules.
- A. "Agency" means a county or district public health agency established pursuant to Section 25-1-506, C.R.S., or a municipal public health agency established pursuant to Section 25-1-507, C.R.S.
  - B. "Department" means the Colorado Department of Public Health and Environment.
  - C. "Local Board of Health" means a county or district board of health established pursuant to Section 25-1-508, C.R.S., or a municipal board of health established pursuant to Section 25-1-507, C.R.S.
  - D. "Public health" means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health needs and emergencies in the community and is accomplished through the provision of essential public health services and activities.
  - E. "Governmental public health system" includes the Colorado Department of Public Health and Environment and all agencies as defined in Rule 2.1(A).

#### **Section 3 - Core Public Health Services**

- 3.1 Core public health services are comprised of foundational capabilities and foundational public health services.
- A. Foundational capabilities in Colorado shall include, but need not be limited to the following:

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.
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.
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.
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.
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.
  - 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.
  - 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.

- 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.
    - 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.
    - 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.
  - 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.
  - 7. Health Equity/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.
- B. Foundational public health services in Colorado shall include, but need not be limited to the following:
  - 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.

2. Environmental 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.
  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.
  4. Chronic Disease and 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).
  5. Access to/Linkage with Clinical 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.
- C. Nothing in this section should be interpreted to limit a local agency or local board of health's ability to obtain additional resources to expand local public health services beyond the core services identified in this rule.

#### **Section 4 - Exemption from the Provision of Core Public Health Services:**

- 4.1 Pursuant to Section 25-1-506(3)(b)(iii), C.R.S., an agency has the duty to provide or arrange for the provision of quality, core public health services deemed essential by the State Board and the comprehensive statewide public health improvement plan. The agency shall be deemed to have met this requirement if the agency can demonstrate to the local board of health that:
  - A. Other providers offer core public health services that are sufficient to meet the local need as determined by a local public health plan.

- 4.2 Pursuant to Section 25-1-506(3)(c), C.R.S., when a local board of health does not receive sufficient appropriations to fulfill all of the duties delineated in Section 25-1-506(3)(b), C.R.S., the local board of health shall set priorities for fulfilling the duties and shall include the list of priorities in the local public health plan submitted pursuant to Section 25-1-505, C.R.S. The local board of health may choose to limit the scope of the core public health services identified in Section 3 when:
- A. There is limited need for the core public health services in the community, or
  - B. Other providers offer core public health services that are sufficient to meet the local need.

#### **Section 5 - Agency or Local Board of Health Unable or Unwilling to Act**

- 5.1 Pursuant to Section 25-1-510(3), C.R.S., the department may reallocate monies from an agency that is not able to provide core public health services to another entity to deliver public health services in that agency's jurisdiction:
- A. If a core service is not being provided within the jurisdiction, the department will first work with the agency and the local board of health to address how the agency has prioritized the core public health services, and to ensure the statutory and regulatory requirements are understood. The department will also work with the agency, the local board of health, and as applicable, agencies in neighboring counties, local health providers, appropriate stakeholders, and other organizations to determine how best to provide or ensure core public health services and/or foundational capabilities within that agency's jurisdiction.

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#### **Editor's Notes**

#### **History**

Entire rule eff. 11/30/2011.

Entire rule eff. 01/01/2020.