COLORADO
Department of Public Health & Environment

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

To: Members of the State Board of Health

From: Anne-Marie Braga, Director of Local Public Health Partnerships, Office of Planning, Partnerships and Improvement

Through: Karin McGowan, Community Relations Division Director and Deputy Executive Director (KLM)

Date: April 17, 2019

Subject: Rulemaking Hearing concerning 6 CCR 1014-7, Core Public Health Services

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Greeting members of the State Board of Health! Thank you for the opportunity to request a rulemaking hearing to occur on April 17, 2019 concerning 6 CCR 1014-7, Core Public Health Services. Please find the following documents for consideration and review:

- Statement of Basis and Purpose and Specific Statutory Authority
- Regulatory Analysis
- Stakeholder Engagement
- Proposed Amendments to 6 CCR 1014-7, Core Public Health Services

In support of Colorado's Public Health Transformation effort (see Statement of Basis and Purpose) and in response to local public health agency feedback, the Office of Planning, Partnerships and Improvement is proposing to update Colorado's Core Public Health Services to align with the national Foundational Public Health Services (FPHS) model. This model (developed by national public health partners such as the CDC, the American Public Health Association, the Public Health Accreditation Board and the Robert Wood Johnson Foundation) has been embraced by local public health agencies through a formal vote from the Colorado Association of Local Public Health Officials (CALPHO) and is a key step in transforming public health in Colorado. According to a study that compared states across the nation to the FPHS model, Colorado's core public health services are approximately 90% aligned with the model. Therefore, this rule change request includes only a few proposed changes, such as distinguishing "foundational capabilities" from "foundational public health services" and adding a focus on health equity and social determinants of health.

This rule change request fully aligns Colorado's core public health services with the FPHS model and is a necessary step before conducting a full cost assessment of state and local public health services. This cost assessment is funded by The Colorado Health Foundation and will be completed between April –July 2019.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1014-7, Core Public Health Services

Basis and Purpose.

As you are aware, the department, in partnership with local public health agencies, is working to transform Colorado's public health system. It has been 10 years since the 2008 Public Health Act passed and local public health agencies are doing more with less. Not only has the population increased by 14%, but funding for local public health has minimally increased leaving a gap in ensuring that everyone - no matter who they are or where they live - is able to reach their full health potential.

Therefore, in an effort to increase the efficiency and effectiveness of Colorado's governmental public health system, the Colorado Association of Local Public Health Officials (CALPHO) in partnership with the department, is replicating a process that was successful in at least two other states (Washington and Oregon – which are both locally controlled like Colorado). The steps to the process include:

1. Project planning and structure
2. Agreeing on the right size and scope of services
3. Conducting a cost assessment
4. Determining the most efficient and effective system
5. Creating a reporting structure for performance management and accountability
6. Increasing funding

This rule change request will help fulfill Step 2, "agree on the right size and scope of services." Once 6 CCR 1014-7, "Core Public Health Services" is updated, CALPHO and the department will work to update 6 CCR 1014-9, Minimum Quality Standards for Public Health Services" to align with this rule change, ensuring relevance and clarity for state and local public health staff.

Currently, the Core Public Health Services are named in Section 4 of this rule as:

- Assessment, Planning, and Communication
- Vital Records and Statistics
- Communicable Disease Prevention, Investigation and Control
- Prevention and Population Health Promotion
- Emergency Preparedness and Response
- Environmental Health
- Administration and Governance

This rule change would not exclude any of these, but rather specify and add to them. The following are noteworthy changes that are proposed in partnership with both local public health agency directors/staff and CDPHE program staff.

1. In Section 2, *Core Public Health Services* will replace *Core Public Health* and *Essential public health services* definitions, streamlining this section. *Core Public Health Services* will be defined in alignment with the Foundational Public Health Services Model as "those substantive areas of expertise or program-specific activities in all state and local health departments also essential to protect the community's health."

2. Core public health services will have two components: *foundational capabilities* and *foundational public health services.* Foundational capabilities are defined in alignment with the Foundational Public Health Services Model as "cross-cutting skills that need to be present in state and local health departments everywhere for the health system to work anywhere. They are the essential skills and capacities needed to support the foundational areas, and other programs and activities, key to protecting the community's health and achieving equitable health outcomes." The foundational public health services are then discrete public and environmental health services that can be executed because the foundational capabilities are in place. Each local government is required to provide or arrange for the delivery of the foundational capabilities and foundational public health services; however, the foundational core pubic health services can be tailored to the needs of the community and can extend beyond being foundational.

3. The rule maintains that the government's ability to implement the core public health services is contingent upon the local government agency receiving funding. This is a combination of per capita funding through the Office of Planning, Partnerships and Improvement, as well as contracted services and grant activities.

4. Colorado's previous core services of *Assessment, Planning, and Communication*; *Emergency Preparedness and Response*; and *Administration and Governance* will now be referred to as *foundational capabilities.*

5. Colorado's previous core service of *Prevention and Population Health Promotion* will be divided up into two foundational public health services – *Maternal, Child, Adolescent and Family Health* and *Chronic Disease and Injury Prevention and Behavioral Health Promotion*.

6. *Vital Records and Statistics* will be included as part of the *Assessment* foundational capability to align with the national Foundational Public Health Services model.

7. *Environmental Health* and *Communicable Disease Prevention, Investigation and Control* will remain identified as foundational public health services.

8. *Health Equity/Social Determinants of Health* will be added as a foundational capability.

The challenge with the current framework is that while all of the work fits into a core public health services category, the categories are broad and thus, the community is unable to compare local practices and expenditures. The proposed changes ensure consistent use of terms and more accurate assessment across the state. This enables the public health community to identify efforts and assess costs. The proposed rule supports the Colorado Association of Local Public Health Officials' (CALPHO) Public Health Transformation effort by improving the department and local government's ability to identify the costs to fully deliver

core public health services, and identify gaps in or barriers to the effective delivery of public health services. While every agency provides or assures some form of core public health services, most agencies are not able to meet community need due to a lack of funding. After the costs and efforts are understood, the proposed rule, which aligns with current national and accreditation frameworks, can support state and local agencies as they pursue federal and foundation-based funding opportunities.

Specific Statutory Authority.

The statute that authorize rulemaking is Section 25-1-503(1)(b), C.R.S.

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____. Rules are ___ authorized ___ required.

___X___ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

_____ Yes ___ URL

___X___ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

_____ Yes

___X___ No

Does the proposed rule language create (or increase) a state mandate on local government?

_X__ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1014-7, Core Public Health Services

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Local Public Health Agencies	53 agencies	CLG, B
State Public Health Agency staff	9 divisions	C, B
Public Health Partners (universities, foundations, health care partners, community based organizations)	1,000+ across the state	S, B
All Coloradans	5.6 million people	B

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

C = individuals/entities that implement or apply the rule.
CLG = local governments that must implement the rule in order to remain in compliance with the law.
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

There is no fiscal impact due to the text changes in this rule change request. The proposed language is clarifying. Clarifying the expectation gives local public health agencies an opportunity to shift their resources and better enables the state and local public health agencies to identify and target funding gaps.

<u>Economic outcomes</u>

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

Stakeholder	Economic Cost/Benefit
CLG	This rule change does not have an economic impact on local public health agencies. The rule does not expand or increase the level of service performed by local government. Agencies may align or account for their work differently and pursue new opportunities (e.g. grants) to support the services and capabilities.
S	N/A
B	N/A

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Stakeholder	Non-Economic Outcomes	
	Favorable	Nonfavorable
CLG	• This rule change is sought and supported by local public health; these discussions have increased trust and collaboration among urban, rural and frontier communities • Increases clarity • Increases attention to some core public health services (e.g. Maternal, Child, Adolescent and Family Health) • Increases alignment with national Public Health Accreditation Board (PHAB) standards and the Foundational Public Health Services (FPHS) model • Increases consistency and quality in the delivery of public health services across the state • Increases incentive for partnering with nearby counties or establishing formalized partnerships	• Increased transparency will daylight gaps in funding and the current service array. This will either give rise to opportunities to address gaps, or it will invite conversations to set expectations in a manner that is achievable for local public health.
S	• More specifically calls out essential public health functions (e.g. behavioral health promotion) which may help partners align more with local public health efforts	• None
B	• The rule change improves a local	• None

	government's ability to identify community need and may help local governments secure resources to meet the community need. • Underrepresented populations may benefit since "health equity/social determinants of health" is being named as a foundational capability in this rule	

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   A. Anticipated CDPHE personal services, operating costs or other expenditures:

   Updating this rule does not increase the cost to state or local agencies.

   Anticipated CDPHE Revenues: N/A

   B. Anticipated personal services, operating costs or other expenditures by another state agency:

   Anticipated Revenues for another state agency: N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   Along with the costs and benefits discussed above, the proposed revisions:

   _X__ Comply with a statutory mandate to promulgate rules.
   _X__ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
   _X__ Maintain alignment with other states or national standards.
   _ X__ Implement a Regulatory Efficiency Review (rule review) result
   _X__ Improve public and environmental health practice.
   _X__ Implement stakeholder feedback.
   _X__ Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities Goal 2, Increase Efficiency, Effectiveness and Elegance Goal 3, Improve Employee Engagement Goal 4, Promote health equity and environmental justice Goal 5, Prepare and respond to emerging issues, and Comply with statutory mandates and funding obligations

   Strategies to support these goals:
   _X__ Substance Abuse (Goal 1)
   _X__ Mental Health (Goal 1, 2, 3 and 4)
   _X__ Obesity (Goal 1)

_X__ Immunization (Goal 1)
_X__ Air Quality (Goal 1)
_X__ Water Quality (Goal 1)
_X__ Data collection and dissemination (Goal 1, 2, 3, 4, 5)
_X__ Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
_X__ Employee Engagement (Goal 1, 2, 3)
_X__ Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
_X__ Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)

_X__ Advance CDPHE Division-level strategic priorities.

- Since this rule encompasses all of public health's capabilities and services, it addresses all division priorities to some degree.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

N/A

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking were developed in conjunctions with stakeholders. The benefits, risks and costs of these proposed revisions were compared to the costs and benefits of other options. The proposed revisions provide the most benefit for the least amount of cost, are the minimum necessary or are the most feasible manner to achieve compliance with statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

One alternative to this rule change request was to keep the rule the same. However, this was rejected by stakeholders and partners due to the desire to align with the Foundational Public Health Services Model and complete a cost assessment of Colorado's public health system.

Another idea was whether or not we should combine this rule with 6 CCR 1014-9, *Minimum Quality Standards for Public Health Services*. This idea was rejected due to the timeframe for the cost assessment (Spring/Summer 2019) and the desire to gain meaningful stakeholder feedback on the minimum quality standards for each foundational public health service and foundational capability. If the proposed rules are adopted by the board, the Department anticipates proposing revisions to the minimum quality standards in late 2019.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The following sources were used in the development of this request for rule review:

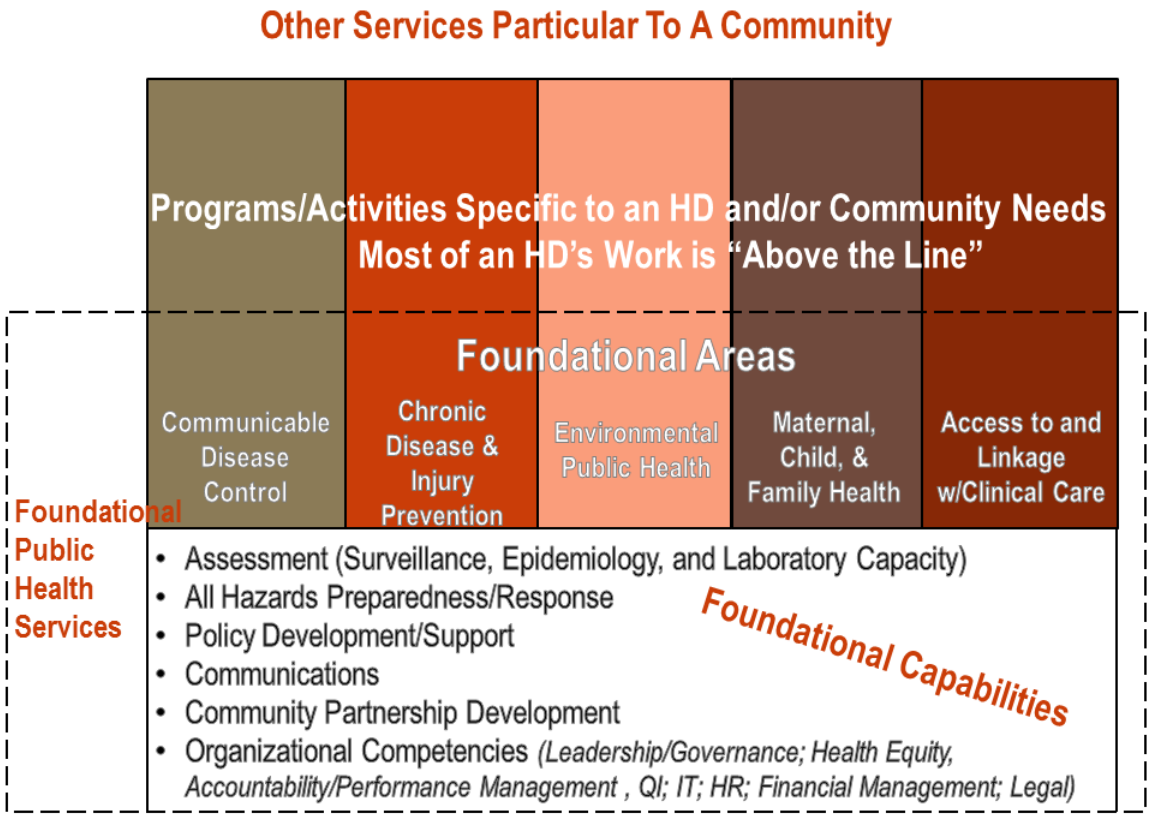
- The basis for this change is the National Foundational Public Health Services model: http://www.resolv.org/site-foundational-ph-services/

- Kansas' report, *State-By-State Comparison of Foundational Public Health Services,* by Jason Orr, M.P.H. Sarah M. Hartsig, M.S. January 2017: http://www.kalhd.org/wp-content/uploads/2017/02/FPHS-State-by-State-Comparison.pdf

In addition, following a formal vote by CALPHO to adopt the Foundational Public Health Services model (see below), 24+ local public health agencies participated in the *Public Health in the Rockies' Public Health Transformation Forum* to weigh in and vote on the proposed modifications to customize the model for Colorado (which is reflected in the requested rule change).

Background on the Foundational Public Health Services Model

In April of 2013, at the encouragement of a number of public health leaders, the Public Health Leadership Forum (PHLF), funded by the Robert Wood Johnson Foundation (RWJF), and organized, managed, and facilitated by RESOLVE, convened a group of stakeholders to further explore a recommendation from For the Public's Health: Investing in a Healthier Future (IOM 2012), to further define a minimum package of public health services including foundational capabilities (FCs) and an array of basic programs no health department can be without, now known as foundational areas (FAs). Over the course of several meetings, the working group built on efforts in Washington, Ohio, and other states to draft an initial V-1 Foundational Capabilities and Areas with Addendum. The document is intended to be used as a discussion piece within the public health community to continue the development of, support for, and coalescence around the case for *foundational public health services essential to communities everywhere for the health system to work anywhere*. Clarity and consistency of an overall conceptual framework, including definitions and methodologies for estimating costs is critically important to support a case for sustained funding for Foundational Public Health Services.



Foundational Capabilities (FCs): Cross-cutting skills needed in state/local health departments everywhere for health system to work anywhere; essential skills/capacities to support all activities

Foundational Areas (FAs): Substantive areas of expertise or program-specific activities in all state/local health departments necessary to protect the community's health

Programs/Activities Specific to a Health Department or a Community's Needs: Additional, critical significance to a specific community's health, supported by FAs/FCs; most of a health department's work

Foundational PH Services (FPHS): Comprised of the FCs and FAs; a suite of skills, programs/activities that must be available in state/local health departments system-wide

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1014-7, Core Public Health Services

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:
The following individuals and/or entities were invited to provide input and included in the development of these proposed rules.

Organization	Representative Name and Title (if known)
Local Public Health	
Alamosa County Public Health Department	Della Vieira, Director*
Baca County Public Health Agency	Jessami Caddick, Director
Bent County Public Health Agency	Omer Tamir, Director
Boulder County Public Health	Jeff Zayach, Director*
Broomfield Public Health and Environment	Jason Vahling, Director*
Chaffee County Public Health Department	Andrea Carlstrom, Director*
Cheyenne County Public Health Agency	Kelli Adamson, LPHA Director
Clear Creek County Public and Environmental Health	Cindy Dicken, Director*
Conejos County Public Health and Nursing Service	Samantha Escobedo, Director
Costilla County Public Health Agency	Vivian Gallegos, Director
Custer County Public Health Agency	Elisa Livengood, Director*
Delta County Health Department	Karen O'Brien, Director*
Denver Department of Public Health and Environment	Robert McDonald, Director
Dolores County Public Health Agency	Mary Randolph, Director
Eagle County Public Health Agency	Chris Lindley, Director
El Paso County Public Health	Susan Wheelan, Interim Director*
Elbert County Department of Health and Human Services	Jerri Spear, Director
Elbert County Department of Health and Human Services	Rachel Larsen, Director*
Fremont County Department of Public Health and Environment	Emma Davis, Director
Garfield County Public Health	Yvonne Long, Director*
Grand County Public Health	Brene Belew-LaDue, Director*
Gunnison County Department of Health and Human Services	Joni Reynolds, Director
Jefferson County Public Health	Mark Johnson, Director*
Kiowa County Public Health Agency	Meagan Hillman, Director*
Kit Carson County Department of Public Health and Environment	Dawn James, Director*
Lake County Public Health Department	Colleen Nielsen, Director
Larimer County Health Department	Tom Gonzales, Director*
Las Animas-Huerfano Counties District Health Department	Kim Gonzales, Director*
Lincoln County Department of Public Health	Jobeth Mills, Director*
Mesa County Public Health	Jeff Kuhr, Director
Moffat County Public Health Agency	Kari Ladrow, Director*
Montezuma County Public Health Agency	Bobbi Lock, Director*
Montrose County Department of Health and Human Services	Steve Tullos, Director*
Northeast Colorado Health Department	Trish McClain, Director*
Otero-Crowley Health Department	Richard Ritter, Director*
Ouray County Public Health Agency	Elisabeth Lawaczeck, Director
Park County Public Health Agency	Lynn Ramey, Director*
Pitkin County Public Health Agency	Karen Koenemann, Director*

Prowers County Public Health and Environment	Meagan Hillman, Director*
Pueblo Department of Public Health and Environment	Sylvia Proud, Director
Rio Blanco County Department of Public Health and Environment	Julie Drake, Director
Rio Grande County Public Health Agency	Emily Brown, Director*
Routt County Public Health Agency	Kari Ladrow, Director*
Saguache County Public Health Agency	David Daboll, Director
San Juan Basin Public Health	Liane Jollon, Director*
San Juan County Public Health Service	Becky Joyce, Director
San Miguel County Department of Health and Environment	June Nepsky, Director
Silver Thread Public Health District	Tara Hardy, Director*
Summit County Public Health	Amy Wineland, Director
Teller County Public Health Department	Jacqueline Revello, Director
Tri-County Health Department	John Douglas, Director
Weld County Department of Public Health & Environment	Mark Wallace, Director*
Colorado Directors of Environmental Health	Local EH Directors*
Various other state and local public health and environment staff via focus groups	Environmental Health Directors, Public Health Nurse Leaders, Public Health Administrative Directors and other department staff
Other Local Public Health leaders	Chrystal Brant, Clear Creek County Public Health Nurse; Bryan Daughtery, Pitkin County Environmental Health Specialist, and; Scott Cowman, Routt County Environmental Health Director*
Colorado Department of Public Health and Environment	
Division of Disease Control and Environmental Epidemiology	Rachel Herlihy, Branch Chief
Division of Environmental Health and Sustainability	Jeff Lawrence, Division Director
Prevention Services Division	Lindsey Myers, Branch Chief; Gabriel Kaplan, Branch Chief; Erin Ulric, Interim Division Director; and Rachel Hutson, Branch Chief
Office of Legal and Regulatory Compliance	Ann Hause, Office Director
Office of Health Equity	Web Brown, Director; Sarah Hernandez, Director of Policy and Vaishnavi Hariprasad, Community Engagement Coordinator
Office of Planning, Partnerships and Improvement	Heather Weir, Office Director; Keith Siemsen, Environmental Health Liaison
Additional Stakeholders	
Colorado Health Institute/Regional Health Connectors	Sara Schmitt, Rebecca Rapport and Ashlie Brown
Colorado School of Public Health	Cerise Hunt and Chris Jones
Denver Public Health	Judy Shlay, Deputy Director
Trailhead Institute	Sara Miller and Sarah Lampe

*While all local public health directors were invited to participate and share their opinion on the content of this rule change, these individuals were actively involved in developing the amendments to the services and capabilities.

The following stakeholder meetings were held to inform and prepare for this rule change:

- Public Health in the Rockies (August 2018): During this all day meeting, CALPHO members (25+ Local Public Health Directors) voted to align Colorado's Core Public Health Services to the national Foundational Public Health Services model with the following customizations:
    - Colorado's Core Public Health Service of *Vital Statistics* will be considered a foundational capability
    - Colorado's Core Public Health Service of *Prevention and Population Health Promotion* will be split up into two services – *Maternal, Child and Family Health* and *Chronic Disease and Injury Prevention – Behavioral Health Promotion*
    - *Health Equity and Social Determinants of Health* will become its own capability rather than being lumped in with *Organizational Competencies* as it is in the Foundational Public Health Services model.

  Other public health staff and partners were present for the conversation to provide feedback as well.
- Public Health Transformation Meetings hosted by CALPHO (September 2018-Present on a monthly basis): Both state and local public health staff participated during these meetings to provide input and guidance on updating Colorado's Core Public Health Services, along with other Public Health Transformation topics.
- CDPHE Staff Outreach Meetings (November 2018-Present): Department staff conducted presentations and outreach with all branches of CDPHE to raise awareness about Public Health Transformation, including the step of updating this board of health rule. They were all invited to participate in the focus groups (described next).
- Services and Capabilities Focus Groups (December 2018-January 2019): Sixteen work groups – one for each service and capability listed below - with over 100 unduplicated state and local staff were conducted by CALPHO and CDPHE staff to help define Colorado's proposed core public health services and foundational capabilities. In addition, CALPHO contracted with Tom Butts, former Deputy Director for Tri-County Public Health, to work with the Colorado Directors of Environmental Health in defining the "Environmental Health" service.
    - Foundational Capabilities:
        - Assessment and Planning
        - Communications
        - Policy Development and Support
        - Partnerships
        - Organizational competencies
            - Accountability, Performance Management and Quality Improvement
            - Human Resources
            - Legal Services and Analysis
            - Financial Management, Contract and Procurement Services and Facilities Management
            - Information Technology/Informatics (IT)
            - Leadership and Governance
        - Emergency Preparedness and Response
        - Health Equity/Social Determinants of Health
    - Foundational Public Health Services

- Communicable Disease Prevention, Investigation and Control
- Environmental Health
- Maternal, Child, Adolescent and Family Health
- Chronic Disease and Injury Prevention and Behavioral Health Promotion
- Access to/Linkage with Clinical Health Care

- Discussion since the Request for Rulemaking Presentation on February 20, 2019 (February 2019-January 2019): Stakeholders continued to review and discuss the proposed rule.
  - A definition of "governmental public health system" was added as this term was used in the body of the rule. Phrasing in the rule was clarified to recognize public health's services to *prevent* suicide, injury and violence.
  - Stakeholders discussed the appropriateness of including the word "oppression" in the health equity provision at Line 263. Leaders in health equity such as the Robert Wood Johnson Foundation and the Minnesota Department of Health in partnership with Public Health National Center for Innovations, recognize the need to acknowledge oppression as a discrete component in the health equity analysis. Oppression is regularly discussed by the Center for Disease Control and Prevention in relation to mental health, chronic disease, sexual health and other public and environmental health concerns. Stakeholders discussed whether the term was divisive or critical to include to ensure this aspect of health equity is acknowledged and actively included in Colorado's health equity effort. The majority of stakeholder feedback recommended the term be included.
  - Finally, as communicated during the request for rulemaking presentation, stakeholders discussed whether "ensure" or "assure" was the appropriate word choice. Consensus was achieved to use the term "ensure."

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

____ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

__X__ Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

While the content of this rule change request received overwhelming support from both state and local public health staff, the following concerns were voiced and addressed.

Issue Raised	Response/Action
Concerns about unfunded mandates for local public health agencies	This rule change does not substantially change the work of local public health agencies and still states that these services are contingent upon funding.

	It does highlight three areas that were contained within current core public health services that will now be expressly identified: • Health equity and social determinants of health • Chronic disease and injury prevention and behavioral health promotion • Maternal, child, adolescent and family health
Concern about getting so specific that it puts a local public health agency in a challenging position to be able to complete the work	The proposed rule change language is consistent with the current rule requirements. On review, stakeholders determined it remained broad enough that it fits for all public health agencies.
Concerns that not having as much detail leaves more open to interpretation to decision makers (e.g. Boards of County Commissioners) that might not be supportive of all services for various reasons.	The level of detail provided in this rule change will be further discussed during the stakeholder review process to ensure to strike the right balance.
Should the word "assure" or "ensure" be used? "Assure" aligns with the 3 functions of public health, but "ensure" is the correct meaning of the word.	Stakeholders discussed whether "ensure" or "assure" was the appropriate word choice. Consensus was achieved to use the term "ensure."

No major factual or policy issues were encountered.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

This proposed rule change will improve the experience and outcomes for previously disenfranchised, unserved or underserved, or marginalized population as it makes *Health Equity and Social Determinants of Health* a foundational capability. It also describes the role of the governmental public health system with this very important topic.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

X	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
X	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	X	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
X	Improves access to food and healthy food options.	X	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	X	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
X	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	X	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
X	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	X	Ensures a competent public and environmental health workforce or health care workforce.
	Other:_____ _____		Other:_____ _____

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

State Board of Health

CORE PUBLIC HEALTH SERVICES

6 CCR 1014-7

Section 1 – ~~Purpose and~~ Authority for Rules

1.1 ~~These rules recognize that an effective public health system needs clearly defined core public health services. These core public health services are long-term programs, representing the minimum level of public health services that local public health agencies would provide in a modern public health system. Core public health services are intended to improve the health of individuals as well as the health of our communities.~~

~~1.2 These rules further recognize that local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment in maintaining a strong public health system.~~

~~1.3~~ This regulation is adopted pursuant to the authority in section 25-1-503 et seq., C.R.S. ~~and is intended to be consistent with the requirements of the State Administrative Procedures Act, section 24-4-101 et seq. (the "APA"), 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 C.R.S. § 25-1-506, or a municipal public health agency established pursuant to C.R.S. §25-1-507.

~~B. "Local Board of Health" means a county or district board of health established pursuant to C.R.S. § 25-1-508, or a municipal board of health established pursuant to C.R.S. §25-1-507.~~

~~C. "Core public health" shall be defined by the state board and shall include the assessment of health status and health risks, the development of policies to protect and promote health, and the assurance of provision of the essential public health services.shall be defined by the state board and shall include, but need not be limited to~~

B. "Department" means the Colorado Department of Public Health and Environment.

C. "Local Board of Health" means a county of 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).

~~E. "Essential public health services". The essential public health services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These services are not additional requirements on local public health agencies. The 10 essential public health services are:~~

~~1. Monitor health status to identify and solve community health problems.~~

~~2. Investigate and diagnose health problems and health hazards in the community.~~

~~3. Inform, educate, and empower individuals about health issues.~~

~~4. Mobilize public and private collaboration and action to identify and solve health problems.~~

~~5. Develop policies, plans, and programs that support individual and community health efforts.~~

~~6. Enforce laws and regulations that protect health and promote safety.~~

~~7. Link people to needed personal health services and assure the provision of health care.~~

~~8. Encourage a competent public health workforce.~~

~~9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.~~

~~10. Contribute to research into insightful and innovative solutions to health problems.~~

~~2.2 In addition, the definitions listed below shall apply to these rules.~~

~~A. "Assure" means to address current and emerging community health needs through governmental leadership and action with public health system partners. Take reasonable and necessary action through a community defined selection of education, services, regulations, and enforcement.~~

~~B. "Sustainable Development" refers to forms of progress or development that meets the needs of current generations without compromising the ability of future generations to meet their needs.~~

Section 3 - ~~General Statement of Duties:~~Core Public Health Services

~~3.1 Pursuant to Colorado Revised Statutes, part 5 of article 1 of title 25, in addition to all other powers and duties, an agency has the following duties:~~

~~A. To provide or arrange for the provision of quality core public health services as defined by the state board or deemed essential by the comprehensive statewide public health improvement plan (section 25-1-506 (3)(b)(iii), C.R.S.).~~

~~1. The agency shall be deemed to have met this requirement if the agency can demonstrate to the local board of health that other providers offer core public health services that are sufficient to meet the local need as determined by a local public health plan (Section 25-1-506 (3)(b)(iii), C.R.S.).~~

~~B. Exemptions from the Provision of Core Services are further detailed in Section 5, below.~~

~~Section 4 – The Provision of Core Public Health Services:~~

~~4.1 Public health core services in Colorado shall include, but need not be limited to the following:~~

~~A. Assessment, Planning, and Communication: All agencies are required to use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public's health, and use this knowledge to determine what strategies are needed to engage partners and improve health. Furthermore, agencies are required to:~~

~~1. Participate in integrated state, local, and national surveillance system(s) that quantify public health and environmental problems and threats.~~

~~2. Complete a local public health plan based on a comprehensive assessment of the community's health and environmental status at a minimum of every five years.~~

~~3. Use regional and county data, provided by CDPHE, on conditions of public health importance, including: chronic and communicable disease; environmental hazards; health disparities; determinants of health; and injury.~~

~~4. Communicate to the public and key stakeholders the results of the community health assessment and local public health plan, as well as other public health information that is important to the health of residents and visitors.~~

~~B. Vital Records and Statistics: All agencies are required to record and report vital events (e.g. births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics policies. Public health directors shall act as the local registrar of vital statistics or contract out the responsibility of registrar in the area over which the agency has jurisdiction.~~

~~C. Communicable Disease Prevention, Investigation, and Control: All agencies are required to track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person. Furthermore, agencies are required to:~~

~~1. Collect and report disease information according to Colorado Board of Health Rules and Regulations.~~

~~2. Investigate cases of reportable diseases and suspected outbreaks according to standard protocols and guidance provided by CDPHE.~~

~~3. Assure immunizations using established standards, and, in collaboration with CDPHE, monitor community immunization levels.~~

~~4. Take appropriate measures to prevent disease transmission using methods specific to: infected persons (isolation, treatment, contact tracing/notification); contacts to infected persons (quarantine, prophylaxis); and the environment in which the communicable disease occurs (facility closure, disinfection).~~

~~5. Work closely with CDPHE in communicable disease investigation and control, particularly if the investigation crosses county lines or technical assistance is needed.~~

~~D. Prevention and Population Health Promotion: All agencies are required to develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases,~~

injuries, disabilities and other poor health outcomes across the life-span. Furthermore, agencies are required to:

1. Work to improve the health status of infants, children, youth, women, and their families.

2. Work to protect critical stages of a child's physical and mental development during pregnancy, infancy and early childhood.

3. Promote physical (including oral) health, mental and behavioral health, and environmental health with emphasis on increasing health equity among priority populations (e.g., children, elderly, racial or ethnic populations).

4. Address identified risk factors or behaviors (e.g., tobacco use, physical activity, nutrition, teen pregnancy, sexually-transmitted infections) based on community health assessment priorities.

5. Inform, educate, and engage the public and policymakers to build community consensus and capability to promote/support evidenced-based strategies that enable healthy behaviors and environments for individuals, families, organizations, and communities.

6. Assure strategies are delivered in a culturally and linguistically appropriate manner.

7. Coordinate efforts with governmental and community partners to link individuals to services such as primary care, maternal and child health care, oral health care, specialty care, and mental health care.

8. Develop community-specific solutions to address prevention priorities.

9. Promote and participate in planning for sustainable environments that support healthy living.

E. Emergency Preparedness and Response: All agencies are required to prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners. Furthermore, agencies are required to:

1. Participate in All-Hazards planning, training, exercises, and response activities within the local jurisdiction.

2. Serve as or support the "Emergency Support Function 8 -Public Health" lead for the county, region, or jurisdiction.

3. Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis.

4. Coordinate with county Emergency Managers and other first responders.

5. Promote community preparedness by communicating steps that can be taken before, during, or after a disaster.

F. Environmental Health: Recognizing that significant responsibility for environmental quality management and oversight lies with state and federal agencies, all agencies are required to participate in the protection and improvement of air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public. Furthermore, agencies are required to:

~~1. Identify and mitigate vector-borne (e.g. insects, rodents), air-borne, water-borne, food-borne, and other public health threats related to environmental hazards.~~

~~2. Take appropriate steps to support the protection of surface water and groundwater, including recreational waters and drinking water sources, and assure appropriate local regulatory oversight of onsite waste-water systems.~~

~~3. Implement public health laws, policies and procedures to assure the safety of food provided to the public at retail food establishments.~~

~~4. Implement public health laws, policies and procedures to assure the sanitation of institutional facilities (e.g. child care facilities, local correctional facilities and schools).~~

~~5. Take appropriate steps to assure the proper storage, collection, treatment, and disposal of garbage, refuse, and solid and hazardous waste.~~

~~6. Promote programs to minimize the amount of solid and hazardous waste and maximize the amount of recycling and reuse.~~

~~7. Participate in land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities and transport), and that protect and improve air quality, water quality and solid waste management.~~

~~8. Where appropriate and practicable, enter into contracts or other acceptable agreements with the state's environmental programs in order to perform local assessments, inspections, investigations, and monitoring programs.~~

~~G. Administration and Governance: All agencies are required to establish and maintain programs, personnel, facilities, information technology, and other resources necessary to deliver core public health services throughout the agency's jurisdiction. This may be done directly by the agency, or in collaboration with other governmental agencies, and community and regional partners. Furthermore, agencies are required to:~~

~~1. Maintain competent, appropriate staffing and other resources to ensure capacity for delivery of core public health services.~~

~~2. Meet minimum quality standards in the delivery of core public health services throughout the jurisdiction.~~

~~3. Implement public health laws, policies, and procedures regarding agency operations in compliance with state statutes, rules, and regulations.~~

~~4. assess the provision of core public health services provided in the jurisdiction.~~

~~5. Establish procedures for working across jurisdictional boundaries and/or for requesting assistance in the delivery of core public health services.~~

~~6. Utilize effective financial management systems and ensure management of the public health fund in accordance with C.R.S. 25-1-511.~~

~~4.2 Delivery of the core services shall be performed in accordance with the 10 Essential Public Health Services as defined by section 25-1-502, C.R.S.~~**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 any emergencies with health and medical impacts.

7. Health Equity/Social Determinants of Health: Colorado's governmental public health system in Colorado 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 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~~5 - Exemption from the Provision of Core Public Health Services:

~~5~~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.

~~When sufficient appropriations are absent, the local board shall set priorities for fulfilling the duties described in section 25-1-506(3), C.R.S., and include the list of priorities in its local public health plan submitted pursuant to section 25-1-505, C.R.S.~~

~~4~~5.2 ~~-~~Pursuant to Section 25-1-106(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 25-1-106(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~~provided that~~:

A. There is limited need for the core public health services in the community, or

B. Other providers ~~provide~~ offer core public health services that are~~this service~~ sufficient to meet the local need.

Section ~~5~~6 – ~~The Failure to Provide Core Public Health Services~~Agency or Local Board of Health Unable or Unwilling to Act

~~65~~.1 Pursuant to S~~s~~ection 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~~CDPHE may~~:

A. If a core service is not being provided within the jurisdiction, ~~CDPHE~~ the department will first work with the ~~local public health~~ agency and the local board of health to address how the agency has prioritized the~~se~~ core public health services, and to ensure the ~~any~~ statutory and regulatory requirements are understood. ~~to provide them.~~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.

~~B. Staff and programs within CDPHE will work with a local public health agency that is unable to provide core services, that agency's board of health, agencies in neighboring counties, local health providers, appropriate stakeholders, and other organizations to determine how best to provide or assure core services within that agency's jurisdiction.~~

~~C. If necessary, reallocate state funds to or from an agency that is not able to provide core public health services to another entity to deliver services in that agency's jurisdiction.~~