COLORADO
Department of Public Health & Environment

To: Members of the State Board of Health

From: Jami Hiyakumoto, Health Disparities and Community Grant Program Manager

Through: Dr. Sheila Davis, MD, Office of Health Equity Director SD

Date: December 15, 2021

Subject: Rulemaking Hearing concerning 6 CCR 1014-5, Office of Health Equity Rules for the Health Disparities and Community Grant Program

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Senate Bill 21-181 created a new grant program with the Office of Health Equity (OHE) and the Health Equity Commission (HEC). Primarily, it created a new community element to the existing Health Disparities Grant Program, renaming it the Health Disparities and Community Grant Program. Along with the expanded scope of providing funding to help community organizations positively affect social determinants of health and reduce the risk of future disease and exacerbating health disparities in underrepresented populations, additional funds were provided beyond the existing tobacco tax cash fund to the disparities and community grant program. For fiscal year 2021-22, an additional $4,700,000 was appropriated by the Colorado General Assembly. These funds must be spent by June 30, 2022 or they revert back to the General Fund, unless a special one-year roll forward of the money and spending authority is granted. Prior to any Request for Applications being issued and grantees being selected, the Board needs to adopt rules for the new community grant process. The OHE brought the adopted emergency rules to the HEC for feedback in November, and the HEC supported the rules as written with no changes offered.

Since the Board of Health's adoption of the emergency rules on October 21, 2021, the OHE published RFA #35913 on October 27, 2021 and hosted an informational webinar on the RFA on November 1, 2021. Thirty-nine applications were received by the December 1, 2021 deadline. A funding conference is scheduled for January 26, 2022 for the HEC to consider funding recommendations to be brought before the Board. Further, members of the HEC were provided an opportunity to comment on the emergency rules.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1014-5 Office of Health Equity Rules for the Heath Disparities and Community Grant Program

Basis and Purpose.
On October 21, 2021, the Office of Health Equity (OHE), within the Department of Public Health and Environment (the Department), proposed, and the Board of Health adopted, emergency rules to maximize the ability for community organizations to receive and spend $4.7 million in grant money appropriated by Senate Bill 21-181. Senate Bill 21-181, expanded the existing Health Disparities Grant Program (HDGP) fund to include more opportunities for local community grant funding through a competitive Request for Applications (RFA), renamed the fund the Health Disparities and Community Grant Fund (HDCGP). The scope of the original tobacco tax cash fund was to provide a cohesive approach to cancer, cardiovascular disease, and chronic pulmonary disease prevention, early detection, and treatment. Senate Bill 21-181 provides additional funds for local organizations and communities to pursue policy and system changes to positively affect social determinants of health and reduce the risk of future disease and exacerbating health disparities in underrepresented populations. The emergency rules were adopted by the Board on October 21, 2022. OHE is now requesting these rules be made permanent, with no changes from the adopted emergency rules.

The rules outline the following:

- The procedures and timelines by which an entity may apply for program grants;
- Grant application contents, including:
  - For money allocated to the health disparities grant program fund pursuant to section 24-22-117(2)(d)(III), how the program meets at least one of the program criteria specified in section 25-20.5-302(1), which may include population- based prevention work focused on influencing social determinants of health to advance health equity for underrepresented populations; and
  - For additional money appropriated by the General Assembly to the health disparities program fund created in section 24-22-117(2)(f) that is not allocated from the prevention, early detection, and treatment fund pursuant to section 24-22-117(2)(d)(III), the criteria must be for a community organization applicant to receive grant money to reduce health disparities in underrepresented communities through policy and system changes regarding the social determinants of health. The criteria may include specifications on how community organizations plan to achieve health equity through strategic planning, building the capacity of staff and volunteers, technical training and assistance within the

community organization, and the evaluation of the community organization's impact on the community.

- Criteria for selecting the entities that shall receive grants and determining the amount and duration of the grants;
- Reporting requirements for entities that receive grants;
- Criteria for determining the effectiveness of the programs that receive grants.

The proposed rules differentiate between the requirements of the previous health disparities grant funds and those of new community organization grant funds, while streamlining the rules by removing language that is more appropriate for the grant application. Additionally, the requirements of the final evaluation report at the end of the grant cycle is being removed as these expectations are part of the final grant award.

Through RFA #35913, issued on October 27, 2021, funding is available statewide to: (1) positively affect SDOH to reduce the risk of future disease and exacerbating health disparities in underrepresented populations and (2) reduce health disparities in underrepresented communities through policy and systems changes regarding the SDOH. Funds are for community and grassroots organizations, including local government agencies, Tribes and Native American-serving entities, to develop local plans and capacity toward achieving health equity. Funds are explicitly intended for projects that create and/or launch a foundation for making changes to public, systems-level, and/or organizational practices, rules, laws and regulations that influence the health of underrepresented communities. Thirty-nine applications were received by the December 1, 2021 deadline and the HEC will be holding a funding conference on January 26, 2022 to determine recommendations for the Board's consideration.

Specific Statutory Authority.
Statutes that require or authorize rulemaking:
Section 25-4-2203, C.R.S

Other relevant statutes:
Section 24-22-117(2)(d)(III), C.R.S
Section 24-22-117(f)

Is this rulemaking due to a change in state statute?

X Yes, the bill number is SB21-181. Rules are ___ authorized X required.

_____ 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.

___ Yes.

This rule includes a new state mandate or increases the level of service required to comply with an existing state mandate, and local government will not be reimbursed for the costs associated with the new mandate or increase in service. The state mandate is categorized as:
___ Necessitated by federal law, state law, or a court order
___ Caused by the State's participation in an optional federal program
___ Imposed by the sole discretion of a Department
___ Other:
(i.e. requested by local governments and consensus was achieved)

Has an elected official or other representatives of local governments disagreed with this categorization of the mandate? ___Yes X No
If "yes," please explain why there is disagreement in the categorization.

REGULATORY ANALYSIS
6 CCR 1014-5 Office of Health Equity Rules
for the Heath Disparities and Community Grant Program

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
For the HDCGP, affected population means marginalized and underrepresented communities, including, but not limited to, low-income earners, people of color, immigrants and refugees, disenfranchised youth, LGBTQ individuals, people from rural communities, older adults, tribal nations, etc. The description of the 2020-21 grantees includes each of their intended population, as adopted by the Board of Health at the March 18, 2019 meeting.	The affected persons include various sub-groups of people and the approximate size varies depending on the targeted or prioritized sub-group for each HDGP funded project. The 2020-21 HDGP evaluation report indicated that 5,723 persons were served by the program grantees.	C/S/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.

Adopting these rules as permanent would ensure that continuation of complying with renaming OHE's grant program from the Health Disparities Grant Program to the Health Disparities and Community Grant Program and provides the Department more flexibility and funding for local organizations and to further address health disparities among underrepresented populations across the state communities through a competitive RFA. The description of the 2020-21 HDGP grantees includes each of their intended persons to be affected, as adopted by the Board of Health at the March 18, 2019 meeting. While it is not yet known how many persons will be served with the additional Senate Bill 21-181 funding, the 2020-21 HDGP evaluation report indicated that 5,723 persons were served by the program grantees.

Senate Bill 21-181 provides the Department increased flexibility and funding for more local organizations and communities to further address health disparities among underrepresented populations across the state. The Department received additional administrative funds and FTE to manage the expanded scope of the grant program and the substantial funding increase provided under Senate Bill 21-181 (see Type of Expenditure table on page 5 below).

Commonly, customers, stakeholders, beneficiaries agree that the Department must offer increased opportunities for more local organizations and communities to apply and successfully compete for HDCGP funds to address the many and complex health disparities among underrepresented populations statewide. Yet, it is also common for groups to interpret and address health disparities differently; there may even be disagreement.

Senate Bill 21-181 substantially increased funding opportunities and resources for local organizations and communities. The HDCGP encourages varying approaches and innovation to addressing health disparities, and awards funding to selected grantees based on a sound Theory of Change and detailed implementation work plans. Community engagement and leadership are required of every HDGCP project to ensure people are working together to address health disparities, including collective identification and problem-solving of challenges, issues, and differences associated with the complexities of impacting health disparities.

Senate Bill 21-181 changed the HDGP with the Office of Health Equity and the Health Equity Commission. Primarily, it created a new community element to the existing Health Disparities Grant Program, renaming it the Health Disparities and Community Grant Program. Along with the expanded scope of providing funding to help community organizations positively affect social determinants of health and reduce the risk of future disease and exacerbating health disparities in underrepresented populations, additional funds were provided beyond the existing tobacco tax cash fund to the disparities and community grant program. Specifically, funding is for organizations to plan to achieve health equity through strategic planning, building the capacity of staff and volunteers, technical training and assistance within the organization, and the evaluation of the organization's impact. For fiscal year 2021-22, an additional $4,700,000 was appropriated by the Colorado General Assembly.

Economic outcomes

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.

Senate Bill 21-181 added funds beyond the existing tobacco tax cash fund to the HDGP. Specifically, funding is for organizations to plan to achieve health equity through strategic planning, building the capacity of staff and volunteers, technical training and assistance within local organizations and communities, and the evaluation of the organization's impact. The Department received additional administrative funds and FTE to manage the expanded scope of the grant program and the substantial increased funding provided under Senate Bill 21-181 (see Type of Expenditure table on page 5 below). For fiscal year 2021-22, an additional $4,700,000 was appropriated by the Colorado General Assembly.

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.

The increased level of funding under Senate Bill 21-181 expands support to more local organizations and communities under the previous Health Disparities Grant Program to further impact health disparities and address health equity among underrepresented populations across the state. The description of the 2020-21 HDGP grantees includes each of their intended persons to be affected, as adopted by the Board of Health at the March 18, 2019 meeting. While it is not yet known how many persons will be served with the additional Senate Bill 21-1881 funding, the 2020-21 HDGP evaluation report indicated that 5,723 persons were served by the program grantees.

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:

Type of Expenditure	Year 1	Year 2
Personal Services (2.5 FTE)	$150,843	$160,473
Operating Expenses	$3,375	$3,375
Capital Outlay Costs	$18,600	
Health Disparities Grants	$4,700,000	$4,700,000
Centrally Appropriated Costs	$47,264	$48,865
Total	$4,920,082	$4,912,713

Anticipated CDPHE Revenues:
NA

The General Assembly allocated funds, as noted above, to cover the increase in staff needed to administer the fund as well as the funds necessary for the grant expansion.

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

Senate Bill 21-181 also expands the number of Health Equity Commissioners to include representatives from the Department of Corrections, the Department of Higher Education, the Department of Labor and Employment, the Department of Local Affairs, the Department of Transportation, the Department of Public Safety, and the Department of Education. These agencies indicated that staff time on grant review and Health Equity Commission meetings can be accomplished within existing appropriations.

Anticipated Revenues for another state agency:

NA

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.
___ Maintain alignment with other states or national standards.
___ Implement a Regulatory Efficiency Review (rule review) result
___ Improve public and environmental health practice.
___ Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023. ___ Contributes to the blueprint for pollution reduction ___ Reduces carbon dioxide from transportation ___ Reduces methane emissions from oil and gas industry ___ Reduces carbon dioxide emissions from electricity sector
2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023. ___ Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry. ___ Supports local agencies and COGCC in oil and gas regulations. ___ Reduces VOC and NOx emissions from non-oil and gas contributors
3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023. ___ Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes. ___ Increases physical activity by promoting local and state policies to improve active transportation and access to recreation. ___ Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.
4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023. ___ Ensures access to breastfeeding-friendly environments.

5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. ___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. ___ Performs targeted programming to increase immunization rates. ___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).
6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023. ___ Creates a roadmap to address suicide in Colorado. ___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate. ___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries. ___ Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.
7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020. ___ Conducts a gap assessment. ___ Updates existing plans to address identified gaps. ___ Develops and conducts various exercises to close gaps.
8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023. ___ Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident. ___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. ___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.
9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by

June 30, 2023. ___ Implements the CDPHE Digital Transformation Plan. ___ Optimizes processes prior to digitizing them. ___ Improves data dissemination and interoperability methods and timeliness.
10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023. ___ Reduces emissions from employee commuting ___ Reduces emissions from CDPHE operations
11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023. ___ Used a budget equity assessment

___ Advance CDPHE Division-level strategic priorities.

- Identify division strategic plan item or strategic priority

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:

Failure to act will result in the expiration of the emergency rules and could complication the Department being able release funds to grantees in a timely manner for funds to be spent prior to the fiscal year end on June 30, 2021, unless a special one-year roll forward of the money and spending authority is granted.

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 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.

The Office of Health Equity reviewed the existing rules to determine the necessary amendments to extend the framework to the community grant funds. During this

review, OHE also determined that the rules could be streamlined to remove duplicate language that also appears in the grant application and grant agreements.

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 changes are necessary to conform to SB 21-181 and no other data was evaluated at this point.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1014-5 Office of Health Equity Rules
for the Heath Disparities and Community Grant Program

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:

Since the emergency rules were adopted by the Board of Health on October 21, 2021, the OHE engaged the HEC in reviewing the adopted rules. The emergency adopted rules were sent to the HEC members on November 8th, requesting that any comments/concerns/suggested changes be received by November 22nd. The members of the HEC did not identify any changes to the emergency rules.

Organization	Representative Name
Health Equity Commission	Julissa Soto
	Shawn Davis
	Nadine Bridges
	Hilda Nucete
	Ross Valdez
	Shawn Turk
	Kenny Maestas
	Rene Gonzalez
	Jennifer Mortimeyer
	Kara Silbernagel
	Yolanda Webb
	Lauren Thompson
	Jill Hunsaker Ryan
	Tracy Marshall
	Rick Garcia
	Shoshana Lew
	Stan Hilkey
	Sarah Blumenthal
	Angie Paccione
	Rep. Yadira Caraveo
	Senator Rhonda Fields

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.

__XX__ 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.

The OHE is proceeding with the adoption of the emergency rules as permanent as no major factual or policy issues were encountered. Further, the OHE intends to continue to provide additional opportunities for stakeholders to comment on the rules following the issuance of the first grants.

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

Senate Bill 21-181 added funds beyond the existing tobacco tax cash fund to the HDGP and provides the Department increased flexibility and funding for more local organizations and communities to further address health disparities among underrepresented populations across the state. Specifically, funding is for organizations to plan to achieve health equity through strategic planning, building the capacity of staff and volunteers, technical training and assistance within local organizations and communities, and the evaluation of the organization's impact.

The Department is planning to release a new Request for Applications, including an applicable version of the following application components:
Social Determinant of Health: Identify the social determinant of health this project will address. Social determinants include social and economic factors such as education, employment, social support, community safety, housing, transportation, food insecurity, and environmental conditions.
Affected Population: The proposed project must address the health disparity needs of a specific underrepresented community defined as African American/Black; Asian; Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native; Hispanic or Latin(o)(a)(x); older adults; lesbian, gay, bisexual, transgender, queer or questioning; gender nonconforming; people with disabilities; people with low socioeconomic status; and people who live in rural and/or geographically isolated communities.
Geographic Area: The proposed project must define a specific geographic community, area or region. For example, one county, several defined counties, a portion of the county, a region of the state, a region of a particular city (i.e., a neighborhood), etc.
Authentic Community Engagement: The proposed project must show evidence of how the affected population/community is directly involved in leading, identifying, and addressing the selected social determinants of health.
Allowed Activity(ies): The proposed project must specify which of the allowed activities below will be feasibly completed to prepare the applicant to work on community-led policy and systems-level changes.

- Strategic planning, such as creating a community-led policy or systems change development plan.
- Build staff and volunteer capacity, such as community leadership training.
- Provide technical assistance within the community organizations, such as hiring a subcontractor to support implementation of a strategic plan.

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.		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.		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.		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.		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.		Ensures a competent public and environmental health workforce or health care workforce.
	Other:_____ _____ _		Other:_____ _____ _

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Colorado State Board of Health

OFFICE OF HEALTH EQUITY RULES FOR THE HEALTH DISPARITIES AND COMMUNITY GRANT PROGRAM

6 CCR 1014-5

Adopted by the Board of Health on _____, effective _____

1.1 Definitions

(1) "Commission" means the Health Equity Commission that, pursuant to Section 25-4-2206, C.R.S., advises the department on alignment, education, and capacity building for state and local health programs and community-based organizations for the promotion of health equity and eliminating health disparities.

(2) "Grant Program" means the Health Disparities and Community 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 and to positively affect social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations.

(3) "Grant Program priorities" means areas of emphasis for grantees as determined for the grant cycle.

(4) “Office of Health Equity” means the office administering the Grant Program.

(5) “State Board” means the Colorado State Board of Health.

1.2 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:

1. For money allocated to the Grant Program pursuant to section 24-22-117(2)(d)(III), related to the prevention, early detection, and treatment of the cancer, cardiovascular, and pulmonary diseases, at least one of the following:

(a) Translating evidence-based strategies regarding the prevention and early detection of cancer, cardiovascular disease, and chronic pulmonary disease into practical application in healthcare, public health, 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.

(d) Providing evidence-based strategies to overcome health disparities in the prevention and early detection of cancer, cardiovascular disease and chronic pulmonary disease.

(e) Providing population-based prevention work focused on influencing social determinants of health to advance health equity for underrepresented populations.

2. For any other money allocated to the Grant Program:

(a) Providing population-based prevention work focused on influencing social determinants of health to advance health equity for underrepresented populations and

(b) Applicants for organizational planning grants to receive grant money to reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health shall demonstrate at least one of the following:

(i) Specifications of strategic planning to achieve health equity;

(ii) Building the capacity of staff and volunteers;

(iii) Technical training and assistance within the community organization;

(iv) How the impact on the community by the applicant~~by applicant~~ will be evaluated.

(B) For grants meeting the criteria of Section (1)(a)(A)(1) related to the prevention, early detection, and treatment of the cancer, cardiovascular, and pulmonary diseases, how the application addresses the prevention, early detection, and treatment of cancer, cardiovascular disease, or chronic pulmonary diseases, in underrepresented populations.

(C) How the application meets the Grant Program priorities identified for the grant cycle.

(iii) A written evaluation plan.

(2) Procedures and timelines for Grant Application.

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

1.3 Criteria for Selecting Entities

(1) The following criteria shall be used for selecting potential grantees:

(a) The applicant submits a completed application in accordance with the requirements in Section 1.2 and as indicated in the formal state solicitation;

(b) For Grant Program applications meeting the criteria of Section (1)(a)(A)(1) of prevention, early detection, and treatment of cancer, cardiovascular, and pulmonary disease, 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) For any other money allocated to the Grant Program: the applicant must work towards reducing health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health.

(2) The Commission shall appoint a review committee to review the applications received 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 five (5) years. The Commission shall finalize the recommendations for funding and provide them to the State Board. The State Board shall ensure that awards are consistent with the purpose of the Grant Program.

1.4 Responsibilities of Grantees

(1) Participate in the program evaluation and submit progress reports, including, but not limited to, the following:

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

(b) Progress reports as specified in the state contract;

(c) Evaluation updates and final evaluation report as specified in the state contract.

(2) Grantees who fail to comply with Grant Program requirements may be terminated from the Grant Program for non-performance and potentially denied future funding opportunities.

(3) The monieeys 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.

1.5 **Grant Program Effectiveness**

(1) The Office of Health Equity and the State Board shall determine the criteria for evaluating the effectiveness of the programs that receive grants.