

**COLORADO**Department of Public  
Health & Environment

To: Members of the State Board of Health

From: Office of Health Equity (OHE) Health Disparities and Community Grant Program (HDGCP)

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Date: January 17, 2023

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

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The Office of Health Equity is requesting to be placed on the March Board of Health agenda for a rulemaking hearing to make technical language changes to Colorado State Board of Health Rule 6 CCR 1014-5, Office of Health Equity Rules for the Health Disparities and Community Grant Program. We are seeking this change to clarify both:

- a. The process to procure a training and technical assistance provider to support all [Senate Bill 21-181](#) and Amendment 35 grantees, and
- b. That the program evaluation under section 1.5(1) Grant Program Effectiveness is submitted by grantees once per grant cycle and not once per year.

The Colorado General Assembly created the Health Disparities Grant Program in 2005, which the Office of Health Equity (Office or OHE) administers. This grant program is designed to fund “statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases in underrepresented populations....” Section 25-4-2203(1), C.R.S. The General Assembly supplemented this grant program in 2021 with community grant funding to “reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health....” Section 25-4-2203(2)(b)(II), C.R.S. The Office brought rule changes to include the new grant program and align the rule language with statute to this Board in December 2021. Unfortunately, that rule package contained a minor error that we now seek to correct. Per state statute, technical training and assistance as well as evaluation services regarding impact of the grant program on the community are required to be provided to grantees. The proposed language changes are technical, in order to align with the language in the statute and to help prevent misinterpretation for operations.

The Office of Health Equity (OHE) conducted a multi-pronged approach for stakeholder engagement for this proposed rule change. The main method of collecting the information was through the linked [survey](#), which was available in both English and Spanish. The survey was widely distributed to various parties through direct emails, the OHE monthly newsletter, developing and sharing a flier, and publishing the survey link on the HDGCP website. We

requested suggestions, concerns, and/or questions about the proposed changes, and any other related feedback.

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

**Basis and Purpose.**

The Colorado General Assembly created the Health Disparities Grant Program in 2005, which the Office of Health Equity (Office or OHE) administers. This grant program is designed to fund “statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases in underrepresented populations....” Section 25-4-2203(1), C.R.S. The General Assembly supplemented this grant program in 2021 with community grant funding to “reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health....” Section 25-4-2203(2)(b)(II), C.R.S. While the Board approved revised rule language in December 2021 to align the rules with the revised statute, we noted that two provisions in the rule lacked clarity such that the rule should be revised. Per state statute, technical training and assistance as well as evaluation services regarding the impact of the grant program on the community are required to be provided to grantees. The proposed language changes are technical, in order to align with the language in the statute and to help prevent misinterpretation for operations.

The Office conducted a multi-pronged approach for engagement for this proposed rule change. The main method of collecting the information was through the linked [survey](#), which was available in both English and Spanish. The survey was shared widely with various parties, including current grantees, state offices and grants programs, and our professional networks through direct emails, the OHE monthly newsletter, developing and sharing a flier, and publishing the survey link on the HDCGP website. We requested suggestions, concerns, and/or questions about the proposed changes, and any other related feedback. The survey ran from June 1 through July 31, 2023 and took roughly 5 minutes to complete. Individuals completing the survey remained anonymous, but we gathered demographic information about them, such as their organization, location, and area of work.

In the survey, the current Board of Health (BOH) Rules at [6 CCR 1014-5](#) were included for reference. Each proposed change was individually addressed, and included an explanation of why the change was suggested and a request for approval/disapproval, with an option to provide feedback if the change was not approved. All survey responses except 1 were in favor of the rule changes, and the explanation for the unfavorable response indicated that the individual completing the survey did not understand that the rules are for the HDCGP. The survey closed at the end of July with 34 responses.

The Health Equity Commission (HEC) created in section 25-4-2206, C.R.S. is tasked with providing advice to the Office regarding its work, and specifically has the role of reviewing and making recommendations for grant funding for the HDCGP. Office staff shared preliminary and updated survey results with the HEC during their June and July 2023 meetings, and requested further input from the HEC members. At their July 2023 meeting, the HEC approved moving forward with the proposed rule changes to the Board of Health.

The Office now formally requests that the Board of Health schedule a public rulemaking hearing for these proposed rule changes.

Per state statute, technical training and assistance as well as evaluation regarding program impacts on the community are required to be provided to grantees. The proposed language changes are technical, in order to align with the language in the statute and to help prevent misinterpretation for operations. The Office proposes to correct the language concerning grants for technical training and assistance to clarify that all community organizations that apply for such funding may be authorized to receive it, not simply one community organization. Further, we propose to add a statement that it is possible for the Office to fund a single technical assistance provider to then provide assistance to all HDCGP grantees. Finally, we propose to clarify the grantee reporting cadence as once per grant cycle rather than once per year.

### Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Section 25-4-2203, C.R.S.

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#### Is this rulemaking due to a change in state statute?

\_\_\_\_\_ Yes, the bill number is \_\_\_\_\_. Rules are \_\_\_ authorized X 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 1014-5 Office of Health Equity Rules for the Health 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/S/B
Applicants	The number of applicants varies but is anticipate to be between 50-100 in the upcoming cycle.	C/S
Grantees	SB21-181 currently funds 25 grantees and is anticipate to fund 18 in the upcoming cycle.	C/S/B
Health Equity Commission (HEC)	25-40 members/representatives.	S
Communities served by grantees	Roughly 38 communities through various grantees	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.**

- 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.**

Funding for technical assistance provides grantees with additional resources to fulfill their goals and projects. It allows grantees to better outreach to their communities and for more efficiency in their processes. These resources are currently provided to grantees, but we are requesting that clarifications be made on the frequency of evaluations and to correct minor typographical errors so there is no confusion regarding whether all grantees may receive technical assistance. Adopting these changes would ensure that the Health Disparities and Community Grant Program remains compliant with the statute as described.

**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.**

The rule change should not have economic impacts on any of the aforementioned groups. The proposed changes are to create better alignment between statute and the Health Disparities and Community Grant Program. The proposed changes are for clarity and are minor corrections

**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.**

Adopting these changes to the rule language would not impact the workload to grantees nor have substantial changes to processes that occur and are related to training and technical assistance. These rule changes correct typos and clarify the frequency of evaluation. Evaluations would not change and there is no anticipated non-economic impact. The benefit is primarily for clarity as well as alignment and compliance between processes and statute. Two changes are for typographical corrections and the final change is to clarify evaluation frequency.

- 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:**

The rule changes are anticipated to be net-neutral in costs. Costs will remain the same as approved in 2021.

**Anticipated CDPHE Revenues: NA**

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

NA

**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.**

These rule changes are being proposed so that we can provide clarity regarding evaluation frequency and further clarify that training and technical assistance may be provided to multiple grantees. These revisions eliminate potential conflicts between the statute and the rules.

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

- Comply with a statutory mandate to promulgate rules.**
- 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):**

- Improve outcomes in public health and environmental protection for all people of Colorado.**
- Accomplish bold and Wildly Important Goals (WIGs) with an annual focus on a few key issues.**
- Realize a human-first, progress-forward culture.**
- Continuously pursue excellence in the operational support of our programs.**
- Strengthen Colorado's governmental public health system and promote effective public health practice.**
- Advance CDPHE Division-level strategic priorities.

**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: NA**

- 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.**

See response #4 and 5.

- 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 rule changes are necessary to be compliant with the state statute. If these changes are not made, there is a risk of conflict with the statute that may inhibit the Department's ability to provide technical assistance to all grantees.



**STAKEHOLDER ENGAGEMENT**  
for Amendments to 6 CCR 1014-5 Office of Health Equity Rules for the Health 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:

Organization	Representative Name and Title (if known)
Office of Health Equity listserv (roughly 900 people)	
Health Equity Commission listserv (roughly 45 people)	
Current Health Disparities and Community Grant Program grantee network (roughly 150 people)	

The Office of Health Equity (OHE) conducted a multi-prong approach for engagement for this proposed rule change. The main method of collecting the information was through a survey which was shared widely with various parties in English and Spanish, including current grantees, state offices and grants programs, and our professional networks. The means of sharing included sending out emails, the OHE monthly newsletter, developing and sharing a flier, and publishing the survey on the Health Disparities and Community Grant Program (HDCGP) website. We requested suggestions, concerns, and/or questions about these proposed changes, and any other related feedback. The survey took roughly 5 minutes to complete, was anonymous, and gathered demographic information about the individual completing it, such as their organization, location, and area of work. It ran from June 1 - July 31, 2023.

In the survey, the current Board of Health HDCGP Rules at 6 CCR 1014-5, which were most recently amended on December 15, 2021 and took effect on February 14, 2022, were included for reference. Each change was provided with an explanation of why the change was suggested. Each proposed change was formed as its own question for approval/disapproval, with an option to provide feedback if the change was not approved. At the Health Equity Commission (HEC) meeting in June 2023, preliminary results were shared and input was requested. An additional update and request for input to the HEC was made in July 2023. In August 2023, we began preparing the materials to present to the Board of Health. We are now formally requesting that the Board of Health set a rulemaking hearing for these proposed rule changes.

**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 10<sup>th</sup> 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.

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.**

Of the 34 responses, all except 1 were in favor of the rule changes, and the explanation for the negative response indicated that the individual completing the survey did not understand the rules are for the HDCGP. Because the survey is anonymous, we could not reach out for clarification.

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

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

Select all that apply.

	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.
	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.
	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	<b>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.</b>	X	<b>Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.</b>
	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.
	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: _____ _____

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Colorado State Board of Health**

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

5 **6 CCR 1014-5**

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

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8 **Adopted by the Board of Health on \_\_\_\_\_, effective \_\_\_\_\_**

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10 **1.2 Procedures for Grant Application**

11 (1) Grant Application Contents.

12 (a) At a minimum, all applications shall be submitted to the department in accordance with  
13 these rules and shall contain the following information:

14 (i) A description of the specific needs of the community or population to be served.

15 (ii) A description of:

16 (A) How the application meets at least one of the following program criteria:

17 1. For money allocated to the Grant Program pursuant to section  
18 24-22-117(2)(d)(III), related to the prevention, early detection,  
19 and treatment of the cancer, cardiovascular, and pulmonary  
20 diseases, at least one of the following:  
21

22 (a) Translating evidence-based strategies regarding the  
23 prevention and early detection of cancer, cardiovascular  
24 disease, and chronic pulmonary disease into practical  
25 application healthcare, public health, workplace and  
26 community settings.

27 (b) Providing appropriate diagnosis and treatment services  
28 for anyone who has abnormalities discovered in  
29 screening and early detection programs funded through  
30 this initiative.

31 (c) Implementing education programs for the public and  
32 healthcare providers regarding the prevention, early  
33 detection and treatment of cancer, cardiovascular  
34 disease and chronic pulmonary disease.

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

- 39 (e) Providing population-based prevention work focused on  
40 influencing social determinants of health to advance  
41 health equity for underrepresented populations.
- 42 2. For any other money allocated to the Grant Program:
- 43 (a) Providing population-based prevention work focused on  
44 influencing social determinants of health to advance  
45 health equity for underrepresented populations and
- 46 (b) Applicants for organizational planning grants to receive  
47 grant money to reduce health disparities in  
48 underrepresented communities through policy and  
49 systems changes regarding the social determinants of  
50 health shall demonstrate at least one of the following:
- 51 (i) Specifications of strategic planning to achieve  
52 health equity;
- 53 (ii) Building the capacity of staff and volunteers;
- 54 (iii) Technical training and assistance within the  
55 community organizations, [which may include a](#)  
56 [single applicant working with multiple community](#)  
57 [organizations](#);
- 58 (iv) How the impact on the community by the  
59 applicant will be evaluated.
- 60 (B) For grants meeting the criteria of Section (1)(a)(A)(1) related to the  
61 prevention, early detection, and treatment of the cancer, cardiovascular,  
62 and pulmonary diseases, how the application addresses the prevention,  
63 early detection, and treatment of cancer, cardiovascular disease, or  
64 chronic pulmonary diseases, in underrepresented populations.
- 65 (C) How the application meets the Grant Program priorities identified for the  
66 grant cycle.
- 67 (iii) A written evaluation plan.
- 68 (2) Procedures and timelines for Grant Application.
- 69 (a) Grant applications may be solicited on dates determined by the department.

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## 71 1.5 Grant Program Effectiveness

- 72 (1) The Office of Health Equity and the State Board shall determine the criteria for evaluating the  
73 effectiveness of the programs that receive grants, [and each grantee shall submit a final report](#)  
74 [utilizing the evaluation criteria at the end of each grant cycle](#).  
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