

Colorado Summary

Background

Colorado's Negotiated Agreement is grounded in the philosophy that an individual is a whole person and not subject to a single disease or risk factor, and that the individual maintains a unique relationship with the environments in which they work, play and live.

Colorado's efforts to integrate their chronic disease programs and the administrative structure to plan, support and deliver these programs began in 2006. This first phase of integration was to create two "Centers" within the Prevention Services Division; one focused primarily on the maternal, child and adolescent life courses and the other on chronic disease prevention and reduction, primarily among adults. At this time, all epidemiology and evaluation staff were centralized into a new Branch that serves the entire Division. Cross-Division project teams were also established to coordinate all work related to training and workforce development, social determinants of health and improving business systems and processes.

The second phase focused on achieving more strategic alignment of the work of the chronic disease and health promotion programs. Within established programs and partnerships, there were gaps in services and barriers to greater effectiveness and efficiency. Following an assessment of these gaps and barriers, the Center for Health Living and Chronic Disease Prevention refined its approach to chronic disease prevention and health promotion by identifying and prioritizing "cross cutting" initiatives such as health communications while retaining the best and most critical work of categorical programs. This is what formed the foundation of Colorado's Integrated Work Plan. Distinct leadership and management teams have been established to assure implementation and alignment of resources.

Directions and Goals: The Integrated Work Plan includes cross-cutting strategies, with responsibility shared among most or all programs in the Center, and program-specific strategies, with primary responsibility resting with one categorical program. It is organized by imperatives, that is, the types of strategies that *must* be implemented in order to effectively address chronic disease and risk factors in Colorado. These are:

- **Policy and environmental change** – as an evidence-based strategy to achieve lasting environmental and social norm change. Work in this area may involve the development policies to support the built environment or to ensure the sustainability of program resources supported by a chronic-wide policy agenda.
- **Health communications** – as an integrated and coordinated strategy to promote healthy behaviors and support initiatives designed to change social norms.
- **Public health linkages to healthcare systems** – to engage health care providers and health care systems to deliver consistent messages, promote prevention and lifestyle programs and to facilitate self-management to mitigate disease impact.
- **Data and surveillance** – to effectively track indicators of the health of Coloradans, to identify populations with health related disparities and to evaluate the efficacy of programs delivered at the state and local level.
- **Partnerships** – to maximize the reach of state programs, to promote the consistent application of evidence-base interventions, and to advocate for sustainable resources for comprehensive programs.