Promoting the establishment and enforcement of public and organizational policies to support chronic disease prevention and management

Model financial incentive policies for clinical practices supporting chronic disease prevention and management

Healthcare system policy changes that incentivize practices in support of chronic disease prevention and management

No increase in obesity among adults
Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Defined Center policy agenda, with partner engagement and identified community mobilization model

New state and local policies, and compliance with existing policies

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Strategic plan for all Amendment 35 funding and streamlined Amendment 35 processes

Amendment 35 funding aligned with chronic disease priorities

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Model for local chronic disease prevention and management programming, developed with partners

Adoption of a system of chronic disease programming in all local public health agencies

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Staff training and protocols to address cultural differences and language, interpretation and translation services in Prevention Services Division

Culturally proficient services provided through Prevention Services Division

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Health and active environments language included in community comprehensive plans

Community environments that support active living

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Resources and training on breastfeeding promotion in healthcare settings and worksites

Healthcare and worksite policies that support breastfeeding

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators

Media and technical assistance addressing youth tobacco access policies, tobacco-free policies, and youth empowerment

- Reduced proportion of students who get their cigarettes from stores
- Implementation of 100% tobacco-free policies for schools
- Increased tobacco-free policies and behavior in homes and vehicles

Increased healthy weight among children and youth
Reduced prevalence of smoking among adults and high school students
Increased prevalence of recommended levels of physical activity
Increased participation in recommended screening and early detection practices for adults
Increased participation in Stanford Chronic Disease Self-Management Program
Elimination of health disparities based on race, ethnicity, and low income for the above indicators
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
CENTER FOR HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION + BRFSS INTEGRATED WORKPLAN

PROGRAM LOGIC MODEL: HEALTH COMMUNICATIONS

USING THESE INPUTS → WE WILL ENGAGE IN THESE ACTIVITIES → TO PRODUCE THESE OUTPUTS → WHICH WILL YIELD THESE OUTCOMES → WITH THIS ULTIMATE IMPACT

**Staff**
- Implementing a coordinated health communications plan that includes strategic marketing campaigns for healthcare providers and consumers addressing chronic disease, risk factors, and recommended screenings
- Media and marketing campaigns addressing multiple diseases or risk factors
- Information on decision-making around chronic diseases and risk factors provided to consumers through targeted methods
- Key information on assisting patients with chronic disease prevention and management provided to health and oral health professionals through targeted methods

**CDC funding**

**Amendment 35 funding**

**Other funding**

**State and local partners**

**Evidence-based and best practices**

**Colorado Department of Public Health and Environment infrastructure**

**Enhanced assistance for patients on chronic disease prevention and management from health and oral health professionals**

**Increased healthcare provider participation in Screen the Screener programs for colorectal cancer**

**Increased consumer awareness of chronic disease risk factors, recommended screenings, and availability of screening and early detection services**

**Increased number of adolescents engaging with Own Your C campaign**

**Increased identification and selection of healthy foods in restaurants and food establishments**

**No increase in obesity among adults**

**Increased healthy weight among children and youth**

**Reduced prevalence of smoking among adults and high school students**

**Increased prevalence of recommended levels of physical activity**

**Increased participation in recommended screening and early detection practices for adults**

**Increased participation in Stanford Chronic Disease Self-Management Program**

**Elimination of health disparities based on race, ethnicity, and low income for the above indicators**
### Program Logic Model: Public Health Linkages with Healthcare Systems

**Using These Inputs**
- Staff
- CDC funding
- Amendment 35 funding
- Other funding
- State and local partners
- Evidence-based and best practices
- Colorado Department of Public Health and Environment infrastructure

**In These Activities**
- Promoting effective linkages between public health and the healthcare system to address chronic disease prevention and management

**To Produce These Outputs**
- Targeted distribution and promotion of clinical practice guidelines
- Expanded partnerships for Healthier Living Colorado and Tomando (Stanford Chronic Disease Self-Management Program)
- Quitline protocols on advice and referral to resources for callers with chronic disease
- Increased availability of diabetes self-management resources across Colorado
- Healthy weight counseling available through services provided at local health agencies
- Communities recognized as meeting criteria for Heart and Stroke Healthy Communities
- Services and programs supporting dental sealants
- Services and programs supporting water fluoridation
- Telephone-based, on-line, school-based and community-based smoking cessation services

**Which Will Yield These Outcomes**
- Widespread use of clinical practice guidelines for chronic disease prevention and management
- Expanded reach for Healthier Living Colorado and Tomando, including through integration into healthcare plans and healthcare systems
- Increased awareness of and calls to the Quitline and increased quit attempts by adult smokers
- Increased proportion of persons with diabetes who engage in recommended self-care practices
- Weight loss and/or participation in healthy lifestyle interventions for obese and overweight women of childbearing age
- Community systems to prevent/address heart disease and stroke and improve awareness and control of risk factors
- Increased proportion of students receiving at least one permanent molar sealant
- Compliance with Engineering Administration for Water Fluoridation recommendations

**With This Ultimate Impact**
- No increase in obesity among adults
- Increased healthy weight among children and youth
- Reduced prevalence of smoking among adults and high school students
- Increased prevalence of recommended levels of physical activity
- Increased participation in recommended screening and early detection practices for adults
- Increased participation in Stanford Chronic Disease Self-Management Program
- Elimination of health disparities based on race, ethnicity, and low income for the above indicators

- Increased smoking cessation attempts by youth
- Increased health and oral health professional advice to quit smoking
Program Logic Model: Data and Surveillance

**Using These Inputs**
- Staff
- CDC funding
- Amendment 35 funding
- Other funding
- State and local partners
- Evidence-based and best practices
- Colorado Department of Public Health and Environment infrastructure

**We Will Engage in These Activities**
- Enhancing and fully utilizing Colorado's surveillance system for chronic disease and risk factors
- Long-range plan for BRFSS data collection
- Long-range plan for BRFSS data analysis
- Tracking system for data from a range of sources
- Increased availability of data to identify and monitor health disparities
- Collaboration among state, local and other agencies around data
- High BRFSS data quality

**To Produce These Outputs**
- Use of surveillance data to identify changes in health status and behaviors in high risk groups
- Use of surveillance data to monitor progress on health objectives for chronic diseases and other health issues
- Use of BRFSS data by media and external partners
- Use of BRFSS data in major reports and planning documents
- High BRFSS data quality

**Which Will Yield These Outcomes**
- An enhanced surveillance system for Colorado that is fully utilized to accurately describe chronic diseases and related factors for all Coloradans and to improve program planning, implementation and evaluation
Colorado Department of Public Health and Environment
Center for Health Promotion and Chronic Disease Prevention + BRFSS Integrated Workplan

PROGRAM LOGIC MODEL: PARTNERSHIPS

USING THESE INPUTS

- Staff
- CDC funding
- Amendment 35 funding
- Other funding
- State and local partners
- Evidence-based and best practices
- Colorado Department of Public Health and Environment infrastructure

WE WILL ENGAGE IN THESE ACTIVITIES

- Identifying and participating in strategic partnerships at the national, state and local levels to promote chronic disease prevention and management
- Clear roles and structures for partnerships
- Center staff trained on the social determinants of health framework
- Center staff trained on the link between adverse childhood events and chronic disease
- CDPHE participation in CDC integration demonstration project
- Best practices for nutrition and physical activity promoted in early childhood settings
- Communities participating in TV Turnoff Week
- Best practices for worksite wellness promoted with Colorado employers

TO PRODUCE THESE OUTPUTS

- Strategic network of partnerships
- State and community-level interventions based on the social determinants of health framework
- Interventions that approach chronic disease prevention from a perspective of adverse childhood events
- Effective model of integrated chronic disease work in place
- Increased fruit and vegetable consumption among children
- Decreased TV, DVD and video watching among children
- Increased number of employers using best practices for chronic disease prevention and management at the worksite

WHICH WILL YIELD THESE OUTCOMES

- Decreased TV, DVD and video watching among children
- Increased fruit and vegetable consumption among children
- Effective model of integrated chronic disease work in place
- Participating in TV Turnoff Week
- Best practices for worksite wellness promoted with Colorado employers

WITH THIS ULTIMATE IMPACT

- No increase in obesity among adults
- Increased healthy weight among children and youth
- Reduced prevalence of smoking among adults and high school students
- Increased prevalence of recommended levels of physical activity
- Increased participation in recommended screening and early detection practices for adults
- Increased participation in Stanford Chronic Disease Self-Management Program
- Elimination of health disparities based on race, ethnicity, and low income for the above indicators
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
CENTER FOR HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION + BRFSS INTEGRATED WORKPLAN

PROGRAM LOGIC MODEL: INFRASTRUCTURE

USING THESE INPUTS

- Staff
- CDC funding
- Amendment 35 funding
- Other funding
- State and local partners
- Evidence-based and best practices
- Colorado Department of Public Health and Environment infrastructure

WE WILL ENGAGE IN THESE ACTIVITIES

- Creating improvements in Center infrastructure
- Coordinated planning process
- Center staffing aligned with the integrated workplan
- Streamlined Center business practices
- Evaluation of chronic disease and risk factor program activities
- Diversified funding, with resources aligned to support Center goals
- Clear and effective communication protocols and practices
- Policies, processes and practices that support workforce development

TO PRODUCE THESE OUTPUTS

- Center infrastructure that maximizes effectiveness of chronic disease prevention and management efforts
- Shared staff across Center programs
- Shared staff are knowledgeable about all Center chronic disease and risk factor programs
- Shared goals are supported by standardized and efficient business practices across the Center
- Center staff are knowledgeable or proficient in evaluation strategies
- Evaluation results are used to improve program efficiency and effectiveness
- 80% of Amendment 35 grants support Center chronic disease priorities
- Funding obtained from non-CDC sources
- Center staff are informed of activities, events and decisions in the Center and the Department
- Work environment reinforces shared expectations and values
- Managers and directors possess competencies for their positions
- Fewer obstacles to recruiting and retaining a diverse, skilled workforce
- Skilled Center workforce at adequate staffing levels
- Center work environment that values respect, shared knowledge, efficiency and effectiveness in reaching goals
- Accountability to coworkers, stakeholders and the public
- Center staff who are empowered leaders with high job satisfaction
- Alignment of current and new public and private, federal, state and local funds to accomplish health outcomes

WHICH WILL YIELD THESE OUTCOMES

- State plan for chronic disease prevention and management
- 90% of strategies in the state plan and Center integrated workplan are evidence-based
- Center staff are knowledgeable or proficient in evaluation strategies
- Evaluation results are used to improve program efficiency and effectiveness
- 80% of Amendment 35 grants support Center chronic disease priorities
- Funding obtained from non-CDC sources
- Center staff are informed of activities, events and decisions in the Center and the Department
- Work environment reinforces shared expectations and values
- Managers and directors possess competencies for their positions
- Fewer obstacles to recruiting and retaining a diverse, skilled workforce

WITH THIS ULTIMATE IMPACT

- Center infrastructure that maximizes effectiveness of chronic disease prevention and management efforts
- Skilled Center workforce at adequate staffing levels
- Center work environment that values respect, shared knowledge, efficiency and effectiveness in reaching goals
- Accountability to coworkers, stakeholders and the public
- Center staff who are empowered leaders with high job satisfaction
- Alignment of current and new public and private, federal, state and local funds to accomplish health outcomes