



Colorado Department
of Public Health
and Environment

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Office of Health Disparities

6 CCR 1014-5

**STATE BOARD OF HEALTH
RULES FOR THE HEALTH DISPARITIES GRANT PROGRAM**

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1.1 Definitions

- (1) “Advisory Commission” means the Minority Health Advisory Commission appointed by the Executive Director of the Colorado Department of Public Health and Environment that advises and assists the grant program in making recommendations to the Board regarding grants.
- (2) “Board” means the State Board of Health.
- (3) “Department” means the Colorado Department of Public Health and Environment.
- (4) “Grant program” means the Health Disparities 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.
- (5) “Health disparities” means an unequal burden of cancer, cardiovascular disease or chronic pulmonary disease impacting specific populations, including but not limited to racial and ethnic populations, minority populations, rural populations, urban populations, low-income populations or any other underserved population, as set forth in Section 25-20.5-301(1), C.R.S.

1.2 Program Goals and Services

- (1) **Program Goals.** The grant program is created for the purpose of funding statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary disease in underrepresented populations. The department shall administer the program with the goal of developing a comprehensive approach that will bring together stakeholders at the community and state levels who are interested in impacting cancer, cardiovascular disease and/or chronic pulmonary disease in underrepresented populations.
- (2) **Program Services.** The department shall fund grants. Grant applications shall address at least one of the following program criteria:
 - (a) Translating evidence-based strategies regarding the prevention and early detection of cancer, cardiovascular disease, and chronic pulmonary disease into practical application in healthcare, 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; and
- (d) Providing evidence-based strategies to overcome health disparities in the prevention and early detection of cancer, cardiovascular disease and chronic pulmonary disease.

1.3 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 program criteria specified in 25-20.5-302(1), C.R.S., which is also set forth in section 1.2 (2) of these regulations; and
 - B) how the above identified application addresses the prevention, early detection, and treatment of cancer, cardiovascular disease, or chronic pulmonary diseases, in underrepresented populations.
 - (iii) A detailed scope of work describing goals, objectives, implementation steps and timelines.
 - (iv) A description of the roles and responsibilities of all staff funded through the application.
 - (v) A detailed operating budget and budget narrative.
 - (vi) A detailed evaluation plan.

(2) Timelines for Grant Application.

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

1.4 Criteria for Selecting Entities

- (1) The department shall solicit applications and, in consultation with the Advisory Commission, shall make recommendations for grant awards to the Board.
- (2) At a minimum, the department and Advisory Commission shall use the following criteria for selecting potential grantees:

- (a) The applicant submits a completed application in accordance with the requirements in Section 1.3;
 - (b) 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 program;
 - (d) The applicant demonstrates compliance with the requirements of Section 1.2;
 - (e) The applicant demonstrates that its geographic service area and/or the population served is consistent with the goal of establishing programs statewide that address the needs of Colorado's populations with health disparities as well as the needs of both urban and rural residents of the state; and
 - (f) The applicant demonstrates that the proposed program assists in the implementation of a comprehensive, statewide program that addresses the prevention, early detection, and treatment of cancer, cardiovascular disease, or chronic pulmonary diseases in underrepresented populations.
- (3) The department and Advisory Commission shall review and evaluate the applications received. The Advisory Commission shall make recommendations to the department and the department shall make recommendations to the Board regarding those applicants that may receive grants and the amounts and duration of said grants.
- (4) The moneys 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.
- (5) The Board shall ensure that awards are given to applicants that address cancer, cardiovascular disease including diabetes or other precursors, and pulmonary disease. In addition, projects shall include community-based strategies, demonstrate cultural competence in their design, and address one or more of the following areas:
- (a) Implementation of strategies to overcome health disparities in prevention and early detection. Provision of evidence-based or best practice interventions when feasible.
 - (b) Implementation of educational programs for the public.
 - (c) Training for health care providers and the workplace.
 - (d) Interventions implemented or coordinated through community-based organizations.
 - (e) Needs assessment and referral for treatment.

1.5 Awarding of Program Grants. The Board shall award grants to the selected entities, specifying the amount and the duration of the grant.

- (1) **Criteria for the Grant Amount.** At a minimum, the Board shall consider the following factors, as appropriate:
 - (a) The recommendation or rating of the application by the department;

- (b) The needs of populations with health disparities; and
 - (c) The availability of funds.
- (2) **Criteria for Duration of Program Grants.** The Board shall specify the duration of the grant; however, no grant shall be awarded for a period that exceeds three years.

1.6 Responsibilities of Grantees

- (1) **Program Evaluation and progress reports.** Grantees shall be responsible for ongoing program evaluation and reporting consisting of the following:
- (a) Written evaluation plan at the inception of the program;
 - (b) Quarterly progress reports; and
 - (c) Final evaluation report at the end of the grant cycle.
- (2) All evaluation plans/reports and progress reports shall be submitted to the Office of Health Disparities. Reports may be submitted electronically or in paper format at the grantees' discretion. Electronic reports shall be provided in any word processing software program compatible with Microsoft Word 2000, and may be sent via electronic mail to cdphe.edohd@state.co.us. Reports submitted in paper format shall be submitted to the Office of Health Disparities, Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530.
- (3) The Written Evaluation Plan shall be developed and implemented by the inception of the program. At a minimum, the Written Evaluation Plan shall describe:
- (a) How the grantee will measure the effects of the program against the goals it set out to accomplish;
 - (b) A determination of how the results achieved by the program will contribute to the achievement of the program goals as stated in Section 1.2;
 - (c) Agreement to participate in state-level evaluation or surveillance studies regarding the impact of the overall grants program at the request of the department;
 - (d) The number of people and target population the grantee anticipates will be served and the services provided;
 - (e) A description of the measures or indicators that will be used to evaluate the project;
 - (f) A description of how the results of the evaluation will be used, disseminated and communicated;
 - (g) The interventions or approach selected and the desired outcomes;
 - (h) Why this approach was chosen;
 - (i) These specific disease category(ies) focus for the project; and
 - (j) How the grantee will address cultural competence.
- (4) During the grant cycle, grantees shall submit Quarterly Reports no later than two weeks following the end of each 3-month quarterly cycle, as based on when the grant started within the state fiscal year (the State Fiscal year runs July 1 through June 30). At a minimum, each Quarterly Report shall include:

- (a) Outlines of activity achievements during the quarter. It is essential to include specific data and the impact of the project, because achieving the program goals and objectives is linked to reporting and evaluation.
 - (b) An explanation if a program goal, objective or activity was not met. The grantee should describe what hindered the accomplishment of the program goal or objective and what was done to overcome the barriers. The narrative should also describe activities undertaken as an alternative or substituted for the original activity.
 - (c) Revisions to approved work plans. Requests for revision of program goals and objectives must be submitted in writing to the Health Disparities Grant Program. Grantees will receive a written response regarding the approval of the change. If the requested change is substantial, it may be necessary to revise the budget. All reports submitted after the approval must include the revised program goals and objectives and/or budget.
 - (d) A copy of any material developed during the project, such as brochures or manuals, must be included with the progress reports. All such materials should include proper credit for the type and source of funding.
- (5) A Final Evaluation Report shall be submitted within 30 days of the end of the grant cycle. At a minimum, each Final Evaluation Report shall include:
- (a) A determination of how the results achieved by the program contributed to the achievement of the program goals and objectives;
 - (b) Whether the grantee participated in state-level evaluation or surveillance studies regarding the impact of the overall grants program at the request of the department, and if so, a description of each evaluation or study;
 - (c) The number of people and target population the grantee served and the services provided;
 - (d) A summary of the lessons the grantee learned from the implementation of the grant services;
 - (e) Measures or indicators used;
 - (f) Methods/strategies used to determine effectiveness and impact on health disparities;
 - (g) How results will be used, disseminated and communicated;
 - (h) Whether plans for sustainability after the grant period ends have been implemented, and if so, what those plans are; and
 - (i) How grantees impacted the target population.
- (6) Grantees who fail to submit any of the required reports may be terminated from the grant program for non-performance. In the event that grantees fail to submit a Final Evaluation Report after the conclusion of their grant, future applications of the grantee may be denied based on non-performance.