

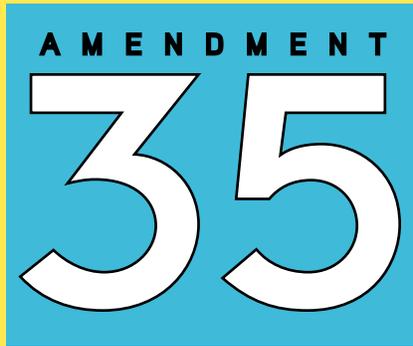
MAKING A DIFFERENCE IN COLORADO'S HEALTH

A report from the Colorado Department of Public Health and Environment
on programs funded through Amendment 35

A M E N D M E N T
35



Colorado Department
of Public Health
and Environment



A letter from
BARBARA O'BRIEN
Lieutenant Governor
State of Colorado

On Nov. 2, 2004, Colorado voters overwhelmingly approved Amendment 35, which increased the excise tax on cigarettes and other tobacco products in order to fund much needed health programs across the state. As one of the co-chairs of the Amendment 35 coalition who led this effort to pass the amendment, I'm proud to report that we are making great strides in improving the lives of Coloradans through the proceeds generated from the tax increase.

By increasing the excise tax on cigarettes to a total of 84 cents per pack and excise tax on other tobacco products like cigars and chewing tobacco by 20 percent, Colorado has secured approximately \$189 million in new revenue through June 30, 2007.

This new revenue has increased funding for critical health care programs, including public health insurance; community health centers; cancer research; and tobacco education, prevention and cessation. Specifically, the revenue has been legislatively allocated by the Colorado State Constitution as follows:

- 46 percent for public health insurance expansion (Child Health Plan Plus and Medicaid)
- 19 percent for comprehensive primary care through clinics across the state that serve the uninsured and medically indigent
- 16 percent for prevention, early detection and treatment of cancer, cardiovascular and pulmonary diseases
- 16 percent for tobacco education, prevention and cessation programs
- 3 percent for the general fund, old age pension fund and municipal and county governments

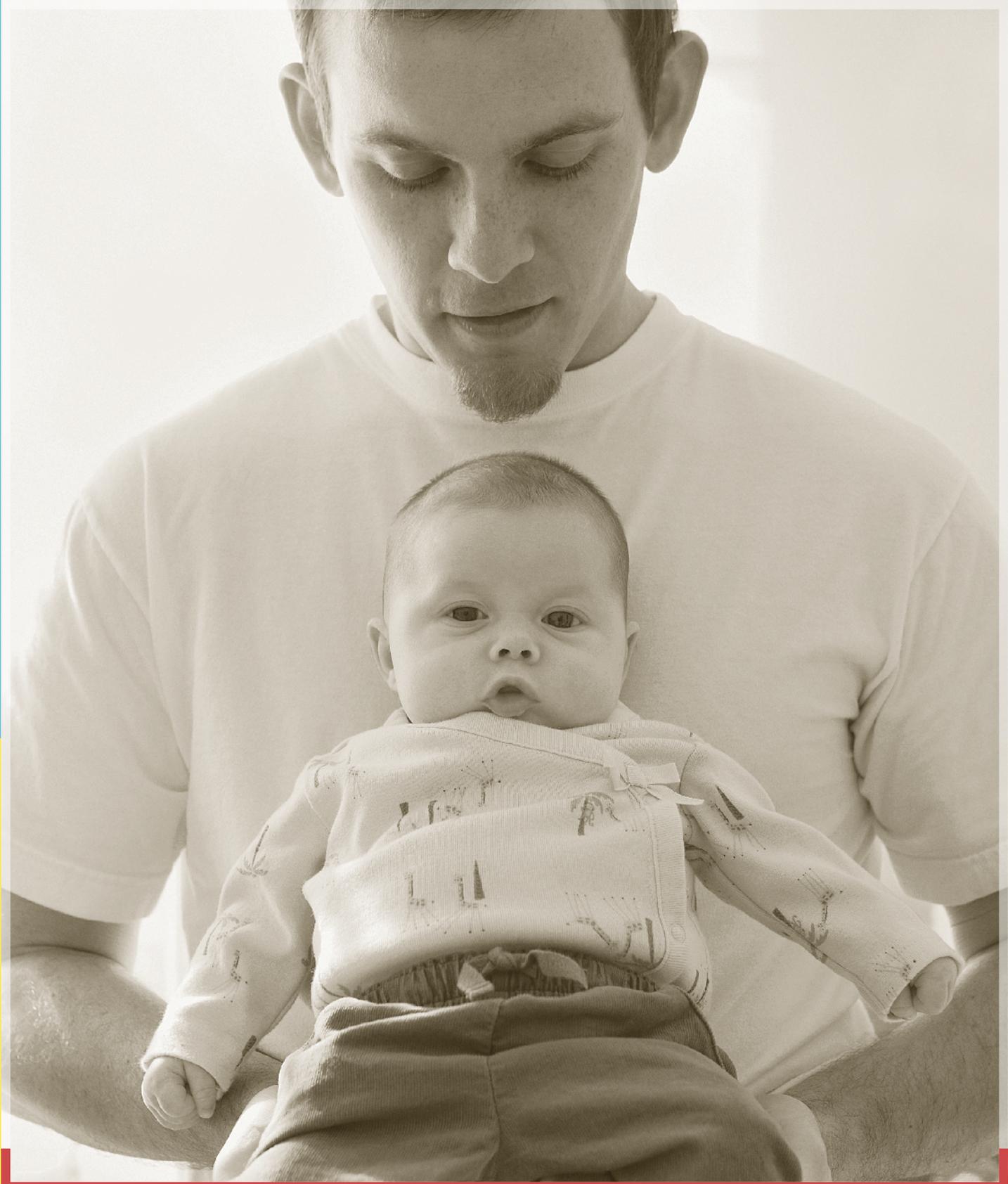
Colorado Department of Public Health and Environment (CDPHE) programs received 32 percent of the Amendment 35 revenue for prevention, early detection and treatment of cancer, cardiovascular and pulmonary diseases and tobacco education, prevention and cessation programs.

As Colorado's new lieutenant governor and an advocate for health, I'm proud of CDPHE's accomplishments with the help of Amendment 35 funding. This investment holds great promise to improve health outcomes for all Colorado residents and reduce costs for Colorado's health care system.

Sincerely,



Barbara O'Brien
Lieutenant Governor



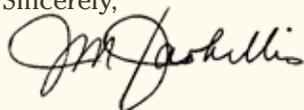
As director of the Prevention Services Division of the Colorado Department of Public Health and Environment (CDPHE), I am proud to report that proceeds from the 2004 voter-approved Amendment 35 tobacco tax have funded vital preventive health programs throughout Colorado. These preventive health programs, which follow Centers for Disease Control and Prevention guidelines, tackle major preventable health issues through education, outreach, early detection and treatment. These programs include

- Cancer, Cardiovascular Disease and Pulmonary Disease Grant Program;
- Health Disparities Grant Program;
- Tobacco Education, Prevention and Cessation Grant Program; and
- Women’s Wellness Connection.

CDPHE remains committed to the judicious oversight of Amendment 35 funding. Our coordinated and comprehensive approach has led to significant progress in chronic disease prevention and treatment over the last two years. These successes, which are detailed in this report, are making a lasting difference for thousands of Coloradans. Investments in these programs pay huge dividends by reducing the onset of chronic disease over time – providing quality of life for Colorado residents and reducing our health care costs.

Amendment 35 proceeds will continue to support preventive health programs that provide the greatest, long-term benefits for our state.

Sincerely,



Jillian Jacobellis, Ph.D., M.S.
Director of the Prevention Services Division
Colorado Department of Public Health and Environment

A BRIEF OVERVIEW OF AMENDMENT 35

In 2004, Colorado voters approved Amendment 35 – a tax increase on both cigarettes and other tobacco products. The revenue was designated for health care services and tobacco education to improve the health of all Coloradans.

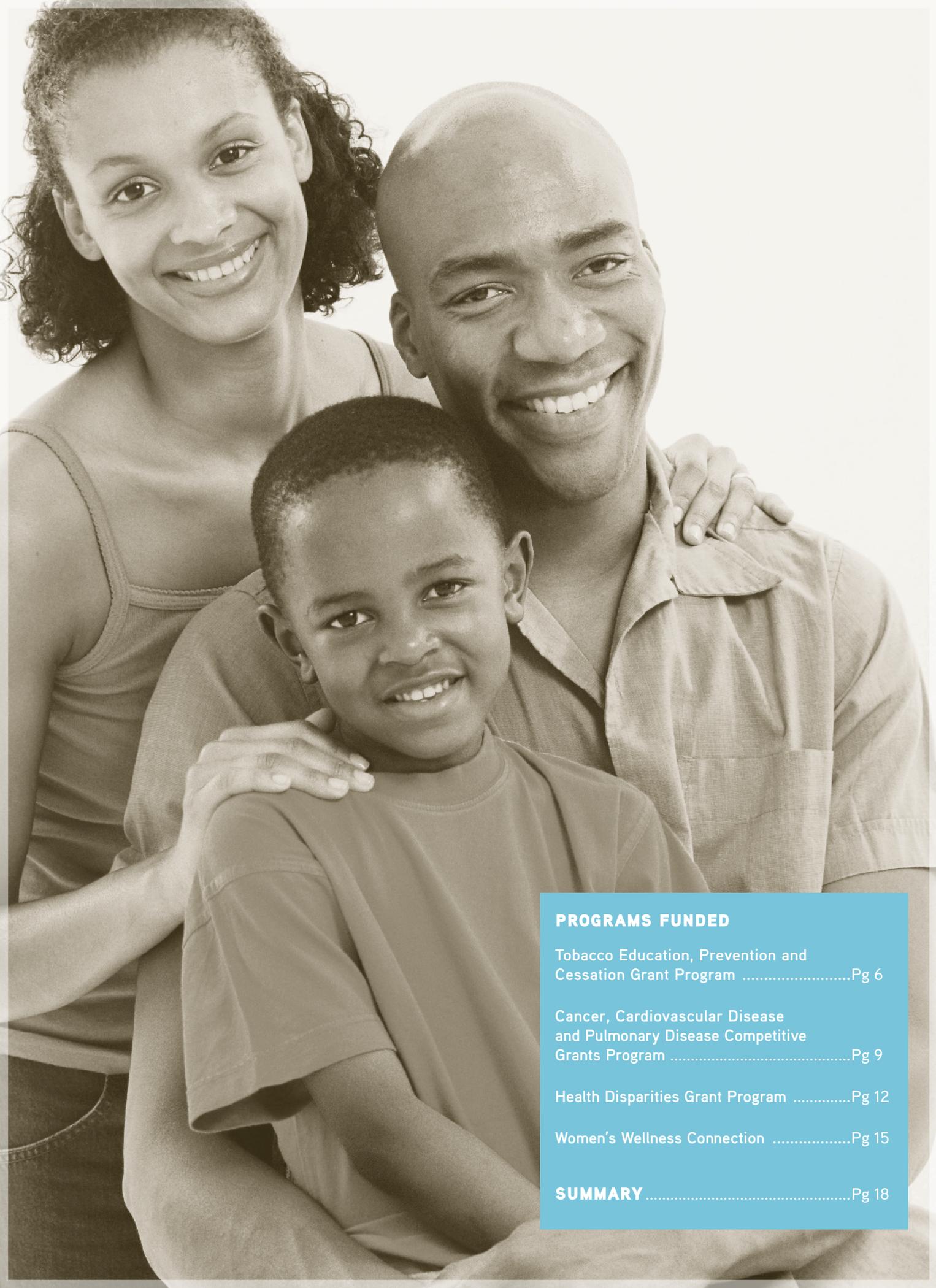
The tax began on Jan. 1, 2005 and included a 64-cent increase on a pack of cigarettes to a total of 84 cents and a 20 percent increase on other tobacco products. This tobacco tax increase temporarily brought Colorado in line with the national average for tobacco taxes. By 2007, however, the average tax on a pack of cigarettes nationally was \$1.05, dropping Colorado into the lower range of states once again.¹

Each year, 32 percent of revenue from Amendment 35 is legislatively allocated to four highly effective programs within the Colorado Department of Public Health and Environment:

- Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) Competitive Grants Program
- Health Disparities Grant Program (from CCPD funds)
- Tobacco Education, Prevention and Cessation Grant Program
- Women’s Wellness Connection (from CCPD funds)

More than 95 percent of Amendment 35 funds designated to the department’s programs are awarded to nonprofits, government agencies and businesses across Colorado through grant programs.

This report presents successful outcomes by these programs from January 2005 through June 2007.



PROGRAMS FUNDED

Tobacco Education, Prevention and Cessation Grant ProgramPg 6

Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants ProgramPg 9

Health Disparities Grant ProgramPg 12

Women’s Wellness ConnectionPg 15

SUMMARYPg 18



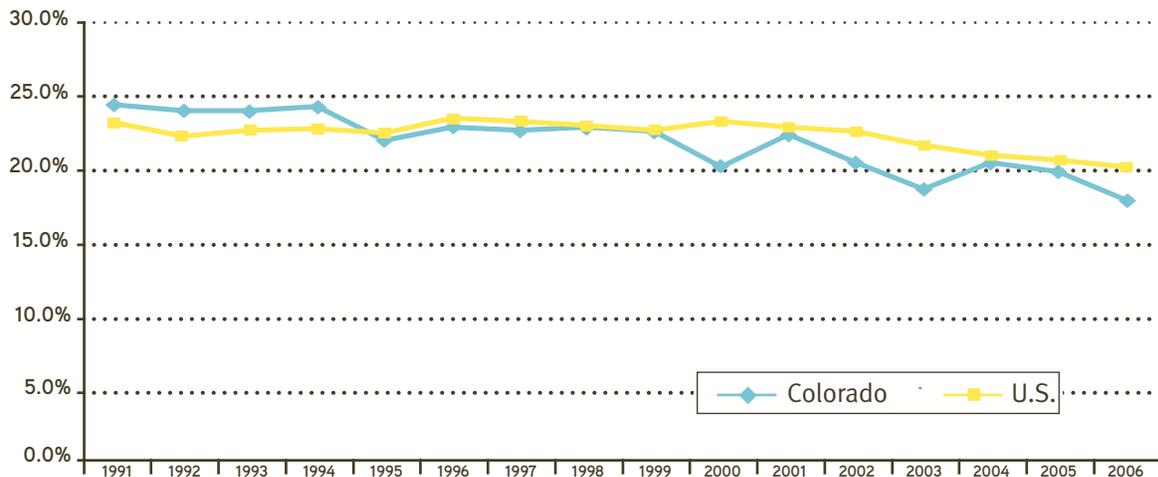
TOBACCO EDUCATION, PREVENTION AND CESSATION GRANT PROGRAM

In Colorado, tobacco use is the leading cause of all preventable death, killing an estimated 4,300 people each year, which is more than all fires, car accidents, suicides, homicides, cocaine or heroin overdoses and alcohol or AIDS-related deaths combined.² In addition to the loss of life, tobacco-related illnesses are responsible for more than \$1.3 billion in annual health care costs in Colorado.³

The Tobacco Control Program in Colorado was founded in 1991 with a grant from the National Cancer Institute, through the American Stop Smoking Intervention Study. This funding continued through 1998. In 1999, Centers for Disease Control and Prevention (CDC) began funding Colorado’s Tobacco Control Program – what is now known as the State Tobacco Education & Prevention Partnership (STEPP) that administers the grant program. Today, the CDC continues to provide a grant to STEPP, which is used in conjunction with the current tobacco tax funding.

The tobacco tax legislation established in 2005 requires that the majority of funds awarded to grantees are for evidence-based programs and programs that prevent and reduce tobacco use among youth and young adults. At least 15 percent of funds are used to help eliminate health disparities among minority populations and high-risk populations that have higher-than-average tobacco burdens. A 16-member independent Tobacco Education, Prevention and Cessation Grant Program Review Committee was formed and charged with providing oversight and direction to the grant awards – ensuring compliance with the state legislation. This Review Committee makes funding recommendations to the Colorado Board of Health – the final authority to approve grant awards.

CURRENT CIGARETTE SMOKING AMONG ADULTS, AGED 18 YEARS AND OLDER, COLORADO AND THE U.S.



Data Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.

As mandated by the legislation, STEPP administers an extensive grant program that funds nonprofits and government agencies to

1. help people who use tobacco to quit;
2. prevent youth from starting to use tobacco;
3. assist in the reduction of and protection from secondhand smoke; and
4. reduce tobacco use among groups who are disproportionately affected and/or at high risk.

Over the past two years, the Colorado Board of Health has awarded

- \$25,955,158 in 2005-2006 to more than 150 nonprofit organizations, local public health agencies and county nursing services; and
- \$34,554,284 in 2006-2007 to more than 150 nonprofit organizations, local health agencies and county nursing services.

Using analyses and recommendations from the Centers for Disease Control and Prevention's *Best Practices* and the *Guide to Community Preventive Services*, STEPP and the Review Committee have created a statewide comprehensive tobacco control program that delivers multi component intervention efforts.

According to the 2006 Behavioral Risk Factor Surveillance System Survey Data, the Colorado adult smoking rate dropped from 22.3 percent in 2001 to 17.9 percent in 2006 – surpassing the national average of 20.1 percent. Among Colorado high school students, cigarette smoking declined from 18.2 percent in 2001 to 14.6 percent in 2006 – exceeding the Office of Disease Prevention and Health Promotion's Healthy People 2010 goal of 16 percent. This progress is significant, because studies indicate that nearly 90 percent of all adult Colorado smokers began smoking before they were 18 years old.⁴

Over a two-year period, the Colorado QuitLine, a statewide telephone-based coaching service, helped more than 70,000 smokers make a quit attempt – reaching 6.8 percent of smokers in Colorado. This service also began offering a free supply of the patch, a CDC-approved nicotine replacement therapy, which increased successful quit rates from 28 percent to 36 percent.

The Colorado Clean Indoor Air Act was signed into law and took effect on July 1, 2006. The new law prohibits smoking in nearly all indoor areas. STEPP and statewide partners joined together to ensure the successful implementation and enforcement of the law by developing and launching a comprehensive statewide educational campaign, SmokeFree Colorado, using Amendment 35 tobacco tax funds.



TOBACCO EDUCATION, PREVENTION AND CESSATION GRANT PROGRAM

SUCCESS STORY

Ben* is a 24-year-old father who has been smoke free for one year. He wanted to quit because he was going to become a parent and didn't want to affect his newborn child.

Ben heard about Colorado QuitLine on TV. With the help of the coaches and the aid of the patch (nicotine replacement therapy), Ben was able to put the cigarettes down. Even though he wasn't successful immediately and attempted to quit twice, he was determined to quit. Ben said there were times when the process of quitting seemed overwhelming. He says, "Every once in a while I still have a craving, but I think about my daughter and how I don't want her to be around smoke. I also think about how much money I've saved and how I was able to take up boxing and compete at a high level. I have a physically demanding job, and I used to find myself wanting to take naps after work. Quitting smoking was worth it because I would've never been able to accomplish what I can now if I never quit smoking."

*Ben's name was changed to keep his identity confidential.

CANCER, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE COMPETITIVE GRANTS PROGRAM



Chronic diseases are the leading causes of death and disability both nationally and in Colorado – yet they are the most preventable of all health problems. Since 2005, 80 percent of all deaths in Colorado were the result of chronic diseases. This equals nearly 18,000 people a year.⁵ Since chronic diseases persist over an extended period of time, individuals are vulnerable to a lifetime of progressive disability, which requires ongoing medical monitoring and more frequent hospitalizations. Not only is the individual affected, but the burden on the health care system and economy is significant as well – due to rising health care costs and loss of productivity.

The Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) Competitive Grants Program has built a cohesive, comprehensive approach to reducing chronic disease in Colorado by focusing on prevention, screening, early detection and treatment for cancer, cardiovascular disease and chronic pulmonary disease. As mandated by the new legislation, a 16-member independent Review Committee was established and charged with overseeing the CCPD Competitive Grants Program. During the first year of the program, the CCPD Competitive Grants Program Review Committee developed a strategic statewide plan, identifying key areas for program funding in accordance to legislation.

In the second year of funding, CCPD began implementing its strategic plan that resulted in the following accomplishments:

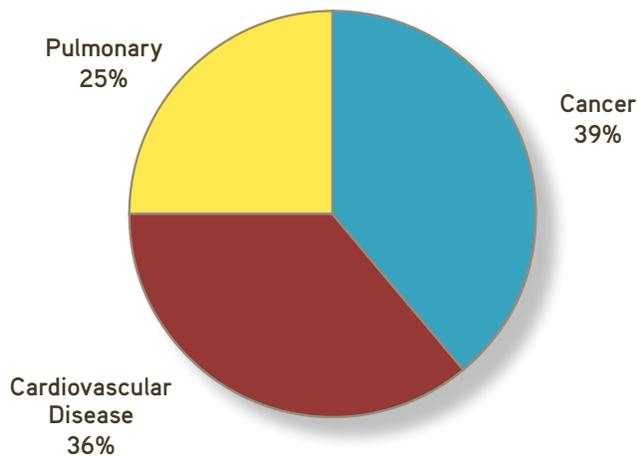
- awarded \$26 million to 57 projects affecting 60 Colorado counties
- completed four funding cycles in two years that included the following areas:
 - › nonprofit organizations (39%)
 - › public health agencies (26%)
 - › health care systems (15%)
 - › universities (11%)
 - › community health centers (11%)
- achieved all legislative requirements including funding a 10 percent minimum for the following categories:
 - › cardiovascular disease (41%)
 - › cancer (31%)
 - › rural counties (30%)
 - › pulmonary (28%)

Through the Amendment 35 funding, CCPD was able to provide services for early detection and treatment of chronic disease and build prevention awareness through training and education. Some key program accomplishments include the following:

- instituted an Internet-based telemedicine system to provide life-saving medical expertise to stroke patients in rural areas of Colorado
- provided more than 9,200 cardiovascular risk assessments through the Colorado Prevention Center
- performed over 2,400 colorectal screenings statewide. Forty-eight percent of patients had potentially cancerous polyps removed during a colonoscopy. Nineteen cancers were diagnosed.
- conducted four regional training and networking forums for public health professionals

The Cancer, Cardiovascular Disease and Pulmonary Disease Program recently released the Chronic Disease Indicator Report 2007, which describes the current chronic disease trends in Colorado in more depth.

CCPD PROGRAM DISEASE AREA FUNDING
 (INCLUDES HEALTH DISPARITIES GRANT PROGRAM AND
 WOMEN'S WELLNESS CONNECTION FUNDING)
 TOTAL FUNDED THROUGH JUNE 2007



DISEASE AREA	TOTAL	TOTAL PERCENT
Cancer	\$10,101,890	39%
Cardiovascular Disease	\$9,394,097	36%
Pulmonary	\$6,597,586	25%
TOTALS	\$26,093,574	100%



CANCER, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE COMPETITIVE GRANTS PROGRAM

SUCCESS STORY

Each year, more than 7,000 people in Colorado suffer a new or recurrent stroke. Stroke is the primary cause of long-term disability and the third leading cause of death in the United States.

The Colorado Digital Online Consultant (CO-DOC), which is coordinated by the Colorado Neurological Institute, provides life-saving assistance to stroke patients across Colorado. This Internet-based telemedicine system allows physicians in rural hospitals to receive consultation from neurologists at Swedish Hospital in Denver, Colorado, a nationally certified stroke center, resulting in timely and efficient treatment that reduces stroke-related deaths and long-term disabilities.

The first use of the CO-DOC System originated from Springfield, Colo. Wilma* an active 85-year-old woman who ran a farm on a daily basis, suffered from extreme dizziness and had to be hospitalized. While in the hospital, the medical staff noticed that Wilma was losing response on the left side of her body. The medical team rushed Wilma to the emergency room where the telemedicine camera was activated. Dr. Chris Finale, a neurologist from Swedish Hospital, immediately logged onto the camera and performed an examination that confirmed the diagnosis of an acute ischemic stroke. Wilma was administered intravenous t-PA, a clot busting medication used for acute stroke patients, and flown to Swedish Hospital. Upon arrival, doctors performed an interventional neuroradiologic procedure to manually remove the clot from the artery in her brain. Wilma recovered from surgery and returned to her hometown where she underwent rehabilitation.

The CO-DOC System has established telemedicine cameras for six grant site hospitals, as well as two additional host hospitals around the state of Colorado that are located in either rural or frontier communities. Due to the funds from the Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program, there have been 58 telemedicine consults since the start of this project in May 2006 through June 2007.

*Wilma's name was changed to keep her identity confidential.



HEALTH DISPARITIES GRANT PROGRAM

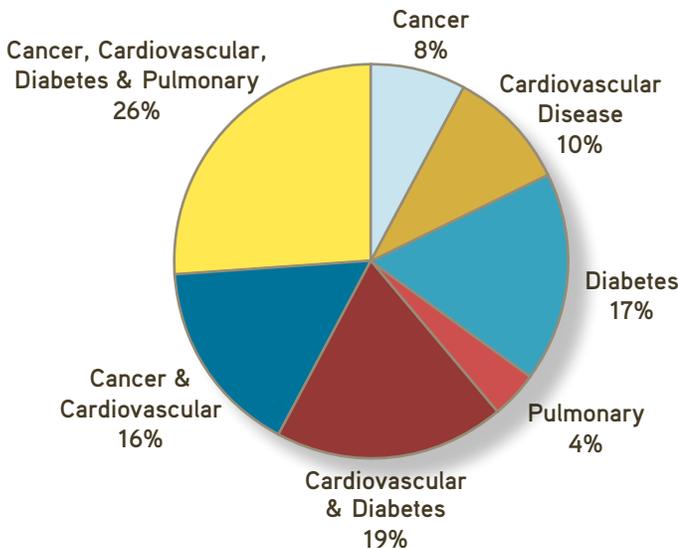
Over the past 50 years, Colorado and other states in the nation have benefited greatly from advances in medicine, environmental protection, disease control and health promotion strategies. Improved technologies within the medical, public health and environmental fields have resulted in an increased life expectancy and better quality of life. However, racial and ethnic groups have not benefited equally from these advances, as communities of color are disproportionately affected by disease, disability and death. The differences in health status, access to care and quality of care among groups are known as health disparities.

The Office of Health Disparities at the Colorado Department of Public Health and Environment administers the Health Disparities Grant Program (HDGP), which is distributed from the Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program. The HDGP was created to provide financial support and technical assistance to nonprofit organizations and local public health agencies that address prevention, early detection and treatment of cancer, cardiovascular disease and pulmonary disease in minority populations. The Minority Health Advisory Commission works with the Office of Health Disparities to identify and address specific needs in the minority communities. The Advisory Commission makes funding recommendations to the Colorado Board of Health, the final authority to approve grants. The HDGP is coordinated with other programs within the state health department including the Cancer, Cardiovascular Disease and Pulmonary Disease Program, Women’s Wellness Connection, and the State Tobacco Education & Prevention Partnership.

The Office of Health Disparities conducted two funding cycles from February 2006 to June 2007. During this period, 34 community-based programs have been awarded \$6,784,658 for projects that address specific health needs within communities of color: African-Americans, Native Americans, Asian-Americans and Hispanics/Latinos.

Examples of HDGP-funded projects include

**HDGP DISEASE AREA FUNDING
TOTAL FUNDED THROUGH JUNE 2007**



**FUNDING FOR THE PERIOD
FEB. 1, 2006 – JUNE 30, 2007**

DISEASE AREA	TOTAL	TOTAL PERCENT
Cancer	\$534,990.00	8%
Cardiovascular Disease	\$672,987.00	10%
Diabetes	\$1,144,396.00	17%
Pulmonary	\$239,624.00	4%
Cardiovascular and Diabetes	\$1,290,651.00	19%
Cancer and Cardiovascular	\$1,102,116.00	16%
Cancer, Cardiovascular, Diabetes & Pulmonary	\$1,799,894.00	26%
TOTALS	\$6,784,658.00	100%

- Salud Family Health Centers: Patient Health Advocates – Reducing effects of diabetes and increase prevalence of cardiovascular screening and healthy behaviors
- Denver Health and Hospital Authority: Reducing Health Disparities through Community Outreach and Patient Navigation – Address racial and ethnic health disparities in minority populations for cancer, cardiovascular disease and diabetes and associated risk factors
- University of Colorado at Denver and Health Sciences Center: Office of Diversity Undergraduate Pre-Health Program, Cancer, Cardiovascular and Pulmonary Diseases – Providing mentorship and education to minority students and foster development of a health care educational system
- Southern Ute Tribe Health Services Division: Healthy Weight Program for Women of the Southern Ute Indian Reservation, Diabetes – Educating obese women or those who are at risk of obesity to reduce their body weight through an integrated plan of social, fitness, mental health, screening and assessment services
- Asian Pacific Development Center: Community-Based Participation for the Reduction of Asian Cervical Cancer – Increasing screening rates and reduce cervical cancer among Asian and Alaskan Pacific Islanders
- Rural Solutions – Improving access to cardiovascular care for the Latino population in Northeast Colorado



HEALTH DISPARITIES GRANT PROGRAM

SUCCESS STORY

More than 220,000 people in Colorado have been diagnosed with diabetes, and it's estimated that over 92,000 Coloradans are likely to have diabetes but are not aware. Additionally, comparisons to state averages have shown that communities of color are disproportionately affected by diabetes.

Elena*, a Hispanic woman with diabetes, was referred to the Patient Health Advocate (PHA) at Salud Family Health Center in Fort Collins, Colo. Elena was specifically referred for diabetes education and guidance – including information on food planning, proper glucose meter use and exercise recommendations. During her initial visit with the PHA, she mentioned that she had stopped taking her insulin injections. The PHA followed up with Elena's medical provider about her decision to stop insulin injection treatment. The medical provider replaced the insulin treatment with oral medication, an alternative that worked better for Elena. The provider worked with the PHA to coordinate patient education and other activities. After several follow-up appointments with the PHA, Elena reported that her overall health had improved and said, "I walk with my husband and dog every morning and dance once a week." Elena consulted with the PHA about her weekly food plan and learned how to incorporate fish, vegetables and small portions of carbohydrates. The plan also included how to make healthy choices when eating out with her family. Over the course of follow-up visits with the PHA, Elena's glucose levels have shown significant improvement.

This is one example of how the Health Disparities Grant Program is making a difference in communities of color with funding for chronic disease education, prevention and treatment.

*Elena's name was changed to keep her identity confidential.

WOMEN'S WELLNESS CONNECTION (WWC)



Studies show that breast and cervical cancers are preventable and curable if detected early. Yet women who have no source, or no regular source of health care, underutilize mammography and Pap tests.⁶ Lower screening rates for this high-risk group of women result in later detection rates of cancer. Deaths from breast and cervical cancers occur disproportionately among these women and could be reduced and prevented if cancer screening occurred regularly.

Women's Wellness Connection (WWC), formerly known as the Colorado Women's Cancer Control Initiative, is dedicated to providing free breast and cervical cancer screening to Colorado women, ages 40 to 64, who have no insurance to pay for such services. Originally established in 1991 with a grant from the National Cancer Prevention and Control Program, WWC has screened an average of 10,300 women each year over the last five years. In the first year of Amendment 35 funds, the program received additional revenue to serve more than 3,300 additional eligible women. The goal of WWC is to reduce breast and cervical cancer mortality through the promotion of routine screening and timely state-of-the-art diagnostic evaluation.

In Colorado, there are 51,098 women ages 40-64 who are potentially eligible for cervical cancer screening and breast cancer screening (clinical breast exams) in Colorado – according to eligible population statistics for women whose income is less than 250 percent of the federal poverty level.⁷ In addition, there are 25,914 women ages 50-64 who are potentially eligible for breast cancer screening in the form of a mammogram. By screening these women and detecting cancers earlier, WWC is saving lives and decreasing a significant economic burden on the health care system.

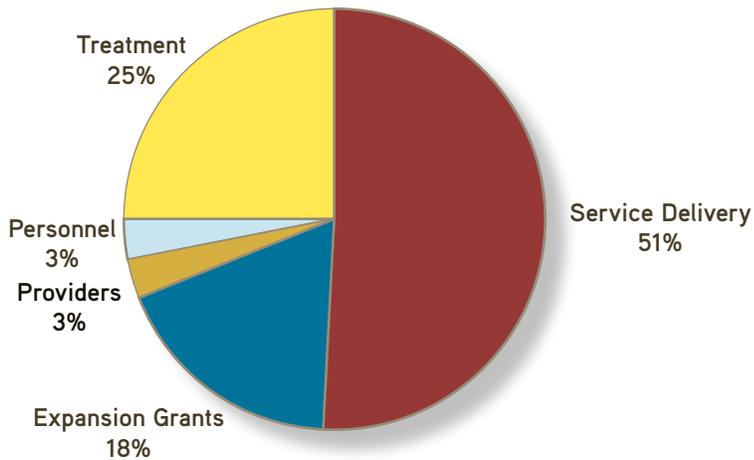
Achievements by WWC over the past two years include the following:

- More than 13,600 women were screened for breast and cervical cancer in 2005-2006.
- Twenty-five percent of all women who have never or rarely been screened for cervical cancer have been screened – exceeding federal program goals.
- More than 120 sites throughout Colorado received funding to conduct these screenings – including three new rural providers.

Women's Wellness Connection funding is distributed from the Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program. The Breast and Cervical Cancer Screening Program Advisory Board was established to recommend guidelines for services of the program and ensure that funding maximizes program services. In the first and second years of Amendment 35 funding, WWC administered \$4,880,976 – with the largest proportion of funds allocated for direct screening services (service delivery). Expansion grants during those years were given to current providers to increase local staffing for the program, purchase necessary medical equipment and conduct outreach in their communities in order to screen more women. Medical providers were established in communities to find and refer potentially eligible women to the program – with a focus on women who rarely or never are screened for cervical cancer. In addition, a portion of Amendment 35 funding is legislatively allocated to Medicaid annually for treatment of eligible women who have been diagnosed with cancer.

The impact of Amendment 35 funding on the program has been overwhelmingly positive. By the end of the second year, the number of women screened who are rarely and never screened for cervical cancer increased by 39 percent to a rate of 25.3 percent. This set a precedent for the WWC program, which exceeds the federal program's 20 percent goal.

WWC AMENDMENT 35 FUNDING DISTRIBUTION





WOMEN'S WELLNESS CONNECTION

SUCCESS STORY

Susan*, a 47-year-old woman living in Denver, decided to skip having her annual mammogram because everything had been fine the year before, and she was currently unemployed and without insurance.

A few weeks later, however, she saw a television broadcast promoting free breast and cervical cancer screenings provided by a local Women's Wellness Connection provider. Something began to nag at her to call, so she scheduled a mammogram with a provider. That day, an abnormality was detected and she was diagnosed with breast cancer. Because Susan's cancer was detected at an early stage, her chances of recovery were greater. After undergoing a lumpectomy and radiation treatment, Susan is in full recovery today.

Susan is now working full time and credits her recovery to the free screening and treatment services offered by the Women's Wellness Connection program.

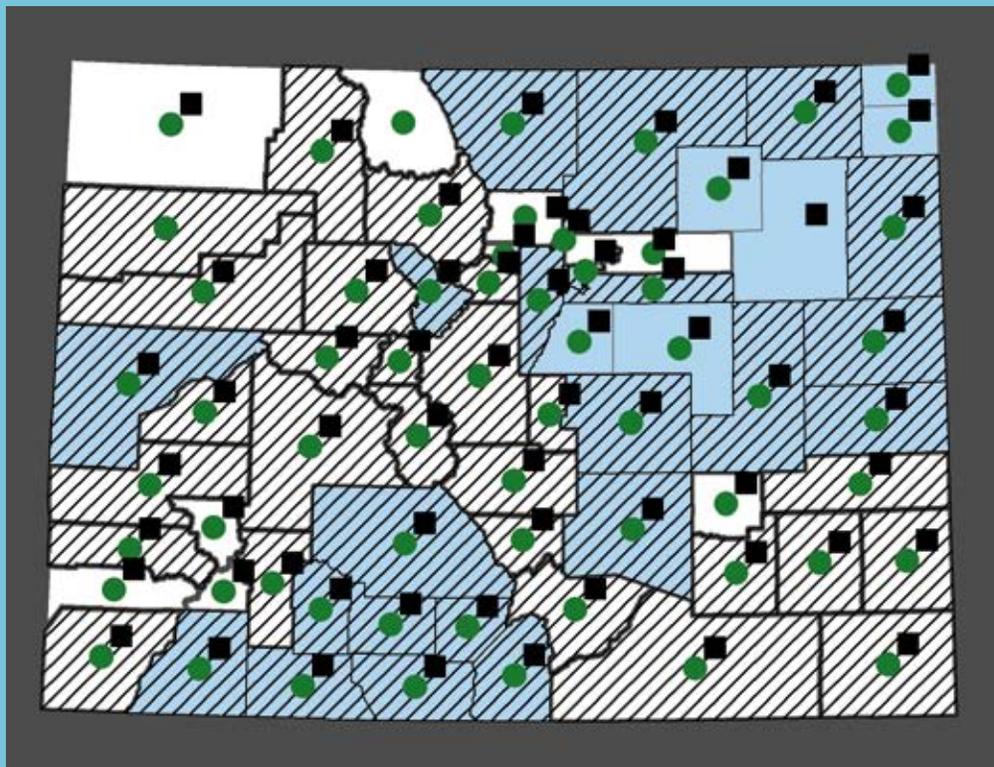
This critical screening service is saving hundreds of lives each year and would not be possible without funding from the Amendment 35 tobacco tax.

*Susan's name was changed to keep her identity confidential.

REPORT SUMMARY

Each year, 32 percent of revenue from the Amendment 35 tobacco tax is legislatively allocated to the Colorado Department of Public Health and Environment for highly effective preventive health programs, which prevent death, reduce and eliminate disease and improve the quality of life for thousands of Colorado citizens. In turn, these vital health programs greatly reduce health care costs, save Colorado taxpayers millions in future liabilities and prove that critical investments in prevention produce huge dividends for future generations.

FUND DISTRIBUTION ACROSS COLORADO



- Counties with HDGP funding
- Counties with CCPD funding
- Counties with WWC funding
- Counties with STEPP funding

The State of Colorado Board of Health and Grant Review Committees ensure legislative mandates are addressed – including meeting the requirements for the distribution of funds.

On behalf of all Coloradans, the Colorado Department of Public Health and Environment would like to acknowledge the expertise and dedication of the following individuals who have served.

STATE OF COLORADO BOARD OF HEALTH

Jeanne T. McGinnis, MPH (President)

Administrator, Exempla Healthcare
Exempla Lutheran Medical Center
Term expires: March 1, 2011

Glenn H. Schlabs, JD (Vice-President)

Attorney
Sherman & Howard, LLC
Term expires: March 1, 2009

Kristine M. Couch

Health care Consultant (Registered Occupational Therapist)
Industrial Rehabilitation & Evaluation Services, LLC
Term expires: March 1, 2009

Laura J. Davis

Director, Environmental Health & Safety
Ball Aerospace and Technologies Corporation
Term expires: March 1, 2011

Larry W. Kipe, MD

Family Physician
Moffat Family Clinic
Term expires: March 1, 2011

Kindra Mulch

Administrator
Kit Carson County Health and Human Services
Term expires: March 1, 2009

Christine Nevin-Woods, DO, MPH

Executive Director
Pueblo City-County Health Department
Term expires: March 1, 2011

Joelle Riddle

County Commissioner
La Plata County
Term expires: March 1, 2009

David A. Spreccace, JD

Attorney
David A. Spreccace, PC
Term expires: March 1, 2009

James B. Martin, JD (ex officio member)

Executive Director
Colorado Department of Public Health and Environment

TOBACCO EDUCATION, PREVENTION AND CESSATION GRANT PROGRAM REVIEW COMMITTEE

Arnold Levinson, PhD (Chair)

Denver, CO
Assistant Professor
Department of Preventive Medicine and Biometrics
University of Colorado Health Sciences Center
Evaluation expertise
Board of Health Appointment
Term expires: Sept. 30, 2008

Erin Bertoli (Vice-Chair)

Senior Director of Government Affairs
American Heart Association
Non-profit agency specializing in tobacco control
Board of Health Appointment
Term expires: Sept. 30, 2008

Debbie Benefield

Arvada, CO
Colorado State Representative, District 29
Representing the State House of Representatives
LEGISLATIVE APPOINTMENT
Term expires: Sept. 30, 2008

Jeffrey Cain, MD

Chief of Family Medicine
The Children's Hospital
Board of Directors, Colorado Academy of Family Physicians
Association representing family physicians
Board of Health Appointment
Term expires: Sept. 30, 2010

Karen Connell, MS

Denver, CO
Supervisor, Prevention Initiatives
Colorado Department of Education
Representing the Colorado Department of Education
Board of Health Appointment
Term expires: Sept. 30, 2010

Karen DeLeeuw, MSW

Director of Center for Healthy Living and Chronic Disease
Prevention
Prevention Services Division, CDPHE
Expertise on comprehensive tobacco control programs
CDPHE Staff Appointment
Standing Appointment

Jillian Jacobellis, PhD, MS

Division Director
Prevention Services Division, CDPHE
Executive Director's designee
CDPHE Staff Appointment
Standing appointment

Mark Johnson, MD, MPH

Louisville, CO
Executive Director
Jefferson County Department of Health and Environment
Statewide association representing physicians
Board of Health Appointment
Term expires: Sept. 30, 2010

Jodi Kopke, MBA

Media Director, STEPP
Expertise in public education and counter marketing
CDPHE Staff Appointment
Standing appointment

Katy Kupecz, MPH

Director of Youth and Young Adult Initiatives, STEPP
Expertise on youth/young adult prevention and cessation
CDPHE Staff Appointment
Standing appointment

Jeanne T. McGinnis, MPH

Denver, CO
Exempla Lutheran Medical Center Administrator
Member of the State Board of Health
Board of Health Appointment
Term expires: Sept. 30, 2010

Debbie Montgomery, MPH, RD

Director of Secondhand Smoke Programs, STEPP
Expertise on reduction of exposure to secondhand smoke
CDPHE Staff Appointment
Standing appointment

John Morse, PhD

Colorado Springs, CO
Colorado State Senator, District 11
Representing the State Senate
Legislative Appointment
Term expires: Sept. 30, 2008

Lorenzo Olivas, MPH

Westminster, CO
 Regional Minority Health Consultant
 U.S. Department of Health and Human Services
 Colorado Minority Health Forum Socio-demographic
 disadvantaged populations in Colorado
 Board of Health Appointment
 Term expires: Sept. 30, 2010

Richard Ritter

La Junta, CO
 Public Health Administrator
 Otero County Health Department
 Local public health agencies
 Board of Health Appointment
 Term expires: Sept. 30, 2008

Jason Vahling, MPH

Director of STEPP
 Expertise in adult cessation
 CDPHE Staff Appointment
 Standing appointment

CANCER, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE COMPETITIVE GRANTS PROGRAM REVIEW COMMITTEE

Chris Urbina, MD (Chair)

Director, Denver Public Health Department
 Public health professional
 Board of Health appointment
 Term expires: July 31, 2008

Mori Krantz, MD (Vice Chair)

Cardiologist, Denver Health Medical Center
 Director of Cardiovascular Prevention and Outreach
 The Colorado Prevention Center
 Cardiovascular disease professional
 Board of Health appointment
 Term expires: July 31, 2008

Richard Albert, MD

Chief, Department of Medicine
 Denver Health
 Chronic pulmonary disease professional
 Board of Health appointment
 Term expires: July 31, 2010

Betty Boyd

State Senator, State District 21
 State Senate appointment
 Term expires: July 31, 2008

Jay Brooke, MSW

Executive Director, High Plains Community Health Center
 Represents the rural interest
 Board of Health appointment
 Term expires: July 31, 2010

Tim Byers, MD

Professor, Department of Preventive Medicine and Biometrics
 University of Colorado School of Medicine
 Deputy Director for Cancer Prevention and Control,
 University of Colorado Cancer Center
 Cancer professional
 Board of Health appointment
 Term expires: July 31, 2008

Ned Calonge, MD

Chief Medical Officer, CDPHE
 Designee of Executive Director of CDPHE
 Standing Appointment
 Board of Health appointment
 Term expires: July 31, 2010

Kris Couch

Health care consultant
Member of the State Board of Health
Board of Health appointment
Term expires: July 30, 2010

Dale Rogoff Greer, RN, MPH, CPHQ

Program Manager, Cardiovascular Disease
and Diabetes Programs, CDPHE
CDPHE staff with expertise in cardiovascular disease
CDPHE staff appointment
Term expires: July 30, 2008

Jillian Jacobellis, PhD, MS

Division Director, Prevention Services Division,
CDPHE
CDPHE staff appointment
Standing Appointment

Joel Judd, JD

State Representative, House District 5
State House of Representatives appointment
Term expires: July 31, 2008

Arthur McFarlane II, MS

Program Manager, Asthma, CDPHE
CDPHE staff with expertise in chronic pulmonary
disease
CDPHE staff appointment
Term expires: July 31, 2008

Sara Miller, MPA

Program Manager,
Comprehensive Cancer Prevention Control, CDPHE
CDPHE staff with expertise in cancer
CDPHE staff appointment
Term expires: July 31, 2008

Jose Reyes, Ed.D.

Consultant, Cultural Competency Consulting, LLC
Recognized expert in health disparities
Board of Health appointment
Term expires: July 31, 2008

Jessica Sanchez, RN, MS, FNP

Colorado Community Health Network
Primary care provider
Board of Health appointment
Term expires: July 31, 2010

Rick Vogt, MD

Tri-County Health Department
Public Health professional
Term expires: July 31, 2010

MINORITY HEALTH ADVISORY COMMISSION

Dr. Anthony Young, PsyD (Chair)

Staff Psychologist
Colorado Mental Health Institute at Pueblo
Colorado Springs, CO
Term Expires: Oct. 30, 2010

Peter Groff, JD (Vice-Chair)

President Pro Tem
Colorado State Senate
Denver, CO
Legislative Appointment

Michael A. Anaya, Sr., MPA, FACHE

CEO
Colorado Pains Medical Center, Lifepoint
Hospitals, Inc.
Fort Morgan, CO
Term Expires: Oct. 30, 2009

Patricia Alvarez-Valverde, MPH

Manager
University of Colorado at Denver and Health
Sciences Center - Cancer Center
Aurora, CO
Term Expires: Oct. 30, 2009

Theron J. Bell

Vice-President
Protekt Mark, LLC
Littleton, CO
Term Expires: Oct. 30, 2009

Thomas C. Duran

Director
Tribal Member Health Benefits,
Southern Ute Indian Tribe
Ignacio, CO
Term Expires: Oct. 30, 2010

Jeff Fard

Director
Cultural Center and Café
Denver, CO
Term Expires: Oct. 30, 2009

Jerry Frangas, MPA, MSW

State Representative
Colorado House of Representatives
Denver, CO
Legislative Appointment

Franklin Kim, Ph.D.

Executive Director
Asian-Pacific Development Center
Denver, CO
Term Expires: Oct. 30, 2009

James B. Martin, JD

Executive Director
Colorado Department of Public Health
and Environment
Standing appointment

Dolores Pitman, MA

Education Consultant
Grand Junction, CO
Term Expires: Oct. 30, 2010

Lucio Torrez-Flores, MS

CEO/ President
Salt Creek Enterprises, Inc.
Pueblo, CO
Term Expires: Oct. 30, 2010

BREAST AND CERVICAL CANCER SCREENING PROGRAM ADVISORY BOARD

Myrna Candreia, MA

Project Director
National Cancer Institute, Cancer Information Service -
Rocky Mountain Region
Term expires: Jan. 1, 2009

Nora Leist, RN, BSN

Director of Clinical Support Services
Valley-Wide Health Systems, Inc.
Term expires: Jan. 1, 2008

Pamela Peterson, MD

Assistant Professor
Department of Medicine, Division of Cardiology
Denver Health Medical Center
Term expires: Jan. 1, 2008

Melissa Selby, MSW

Project Director
Woman to Woman Wellness Project
Peak to Peak Healthy Communities
Term expires: Jan. 1, 2009

Frances Smiles

Co-President
Bosom Buddies Breast Cancer Support Group
Term expires: Jan. 1, 2009

The following individuals also served on Review Committees during the time period covered in this Amendment 35 report. We would like to acknowledge their expertise and dedication.

FORMER CCPD COMPETITIVE GRANTS PROGRAM REVIEW COMMITTEE MEMBERS

Rosemary Bakes-Martin, MPH

Director, El Paso County Department of Health
and Environment
Public health professional

Paula Espinoza, PhD

Assistant Professor, Ethnic Studies Department
University of Colorado at Denver and Health
Sciences Center
Recognized expert in health disparities

David West, MD

Director, St. Mary's Family Medicine Residency
Primary care provider

ENDNOTES

¹ Lindblom, Eric. "State Cigarette Excise Tax Rates & Rankings." June 6, 2007. Campaign for Tobacco-Free Kids, 2007

² Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), Centers for Disease Control and Prevention: Average annual smoking-attributable mortality (Colorado, 1997-2001).

³ Sustaining State Programs for Tobacco Control: Data Highlights 2006, Centers for Disease Control and Prevention (Smoking Attributable Costs)

⁴ Gallogly, Meg. "Tobacco Harm to Kids." March 2, 2007. Campaign for Tobacco-Free Kids.

⁵ Colorado Chronic Disease Indicators Report, July 2007. Colorado Department of Public Health and Environment

⁶ Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2000. 141 pp. (PHS) 2004-1543.

⁷ Population Estimates: U.S. Census Bureau, Current Population Survey, 2002 to 2004 Annual Social and Economic Supplements

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35



Colorado Department
of Public Health
and Environment