



THE
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ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS

COMMUNITY *Connections*

2009 WINTER EDITION

VOLUME IX

ACCESS TO HEALTH *News*



Clínica Tepeyac: Expanding Outreach and Enrollment for Children and Youth

Clínica Tepeyac serves poor and uninsured patients like 9-year-old Leslie Rangel, who suffers from Satoyoshi Syndrome – a rare disease that might have gone untreated if Medical Director Jim Williams, MD, and volunteer Mary Zavadil, MD, hadn't diagnosed Leslie at the clinic. L.-R.: Williams, Leslie and her mother, Maria de los Angeles Rangel.

CommunityConnections is a quarterly e-newsletter from The Colorado Trust.

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Irene M. Ibarra

DEAR FRIENDS OF THE COLORADO TRUST,

The same week we learned about how access to Medicaid coverage and caring health care providers are giving young Leslie Rangel and her family a new lease on life (featured in our cover story), Governor Ritter proposed significant cuts to our state's health system that will further challenge low-income working families in accessing health care. These cuts – along with very serious cuts to the K-12 and postsecondary education systems and other state services – are being recommended to close Colorado's 2008-2010 deficit of an estimated \$1 billion.

To be sure, Colorado is far from alone in facing unprecedented budget shortfalls in this faltering economy. Across the country, states are cutting back health services to their poorest residents amid the economic downturn. As a result, states' efforts to expand health coverage for children and low-income working families have slowed significantly.

Nonetheless, the proposed cuts in our state come at a very difficult time. As we headed into this recession, Colorado already ranked 44th among states for the percentage of uninsured children and 51st – behind all states and the District of Columbia – for the percentage of uninsured children living at or below 200% FPL. The countercyclical nature of the recession compounds this deficiency by making it nearly impossible under our current health system for government to meet the need for public health care at the same time that a growing number of people are losing their jobs and, as a result, their health insurance.

While there is hope being expressed by many people that comprehensive national health reform may be on the near horizon, we cannot leave it up to others to solve this complex challenge. States must continue to address their specific needs and opportunities. Now more than ever, all stakeholders need to work hard not to forfeit gains and remain committed to finding solutions that will help us to better withstand future challenges.

Sincerely,

Irene M. Ibarra
President and CEO

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CLÍNICA TEPEYAC

The young girl waited outside the health clinic wearing a pink hat to hide her bald head and hugging her legs as the pain of cramps intensified.

Leslie Rangel, 9, had been to doctors before, back when her dad had health insurance through his construction jobs. But now, like so many families struggling in hard times, the Rangels had lost their insurance, and Leslie was living with the pain.

When Leslie first started losing her hair at age 4, doctors thought it was the stress of a new baby sister. Another doctor thought her pain and hair loss symptoms indicated a hormone imbalance. She would need injections, but could not get them until she turned 10.

Then one day, at Clínica Tepeyac, a Denver clinic that serves poor and uninsured patients, Leslie joined her little sister who was getting a school physical.

Dr. Mary Zavadil had spotted Leslie on her way in to volunteer at the clinic that morning. After taking care of her little sister, Zavadil asked Leslie's mom if her older daughter needed help, too.

The story of their years-long ordeal gushed out. Maria de los Angeles Rangel explained Leslie's history of suffering and the lack of answers. Leslie was tiny – barely bigger than her younger sister – yet when the pain in her legs got bad and her mother took her to the emergency room, doctors blamed growing pains.

Clinic managers immediately added Leslie as a patient. On the spot, strong spasms spread over her stomach and legs, nearly bringing Leslie to tears. Zavadil knew something far more serious was wrong. She consulted with a fellow doctor, Jim Williams, who had never seen such strong, widespread cramps. Both doctors worked together to get Leslie on medication and admitted to The Children's Hospital while clinic managers immediately filled out paperwork to get Leslie on Medicaid.

The intervention was critical. It turns out that Leslie is one of only about 40 people in the world with an extremely rare disease called Satoyoshi Syndrome. Now – thanks to Clínica Tepeyac – she is getting regular medical care, and Zavadil is following her in her private practice.



Medically underserved patients like 9-year-old Leslie Rangel, who suffers from Satoyoshi Syndrome, depend on health care services provided by Clínica Tepeyac. Here, Leslie is pictured with her mother, Maria de los Angeles Rangel, at the clinic.

INCREASE *Outreach & Enrollment*

Clínica Tepeyac, *continued*

Clínica Tepeyac has received a three-year grant from The Colorado Trust to increase children's access to health care services, and to expand outreach and enrollment for children and youth. The clinic is now better able to identify and enroll eligible, but uninsured children – like Leslie – in Medicaid and CHP+ (Child Health Plan Plus, Colorado's version of the State Children's Health Insurance Program, or SCHIP).

Clinic managers say that the economic downturn is causing increased demand for services. And many children are falling through the cracks. "This child probably never would have seen a doctor because she didn't have Medicaid, and they're uninsured and have very little income," said Williams. "A visit would have cost at least \$250 and they would have had a difficult time accessing any health care."

Instead, the clinic performed a miracle for the family. "She went from not a chance of being seen to being at a top research center at Children's," Williams said. He also noted that people in lower socioeconomic groups tend to suffer more serious health concerns because they don't have access to regular care.

Doctors cannot give Leslie a quick cure. The fourth-grader's hair will never grow back, and she'll always be small. But now, at least, the family has answers, insurance for Leslie and trusted doctors to accompany them on their journey. "It's a relief," Leslie's mother said. "It's a lot better to know because you can prepare yourself for what's going to happen. And Leslie is a lot happier because the medication has taken a lot of the pain away."

For more information about The Trust's work to increase outreach and enrollment, contact Deidre Johnson, Program Officer, 303-837-1200, deidre@coloradotrusted.org.



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EXPANDING OUTREACH AND ENROLLMENT FOR CHILDREN AND YOUTH

Of the estimated 155,000 Colorado children without health coverage, some two-thirds have a family income that qualifies them for public coverage. Data from the Colorado Health Institute show that about 59,000 children are income-eligible for Medicaid coverage, but are not enrolled; an additional 41,000 are eligible for Child Health Plan Plus (CHP+) – Colorado’s version of the State Children’s Health Insurance Program (SCHIP).

While it is anticipated that Congress will reauthorize and expand SCHIP in 2009, enrollment gaps persist due to rising health care costs and other barriers. To proactively expand outreach and enrollment for children and youth statewide, The Colorado Trust has awarded \$3.25 million over three years (2008-2011) to the following 18 grantees:

1. Boulder County Community Services
2. Boys & Girls Clubs of Metro Denver
3. Boys & Girls Club/Girls Inc. of Pueblo County & Lower Arkansas Valley
4. Chaffee County Department of Health and Human Services
5. Clínica Tepeyac
6. Colorado Coalition for the Homeless
7. Denver Children’s Advocacy Center
8. Denver Public Schools
9. Family Resource Center Association, Inc.
10. Hilltop Community Resources
11. Hope Communities
12. Inner City Health Center
13. Interfaith Hospitality Network of Colorado Springs
14. Mayor’s Office for Education and Children
15. Northwest Colorado Visiting Nurse Association
16. Parkview Medical Center
17. The Gathering Place
18. YMCA of the Pikes Peak Region



Claudia Parra, a medical assistant at Clínica Tepeyac, is part of a network of health care providers working to identify and enroll eligible, but uninsured, children and youth in Medicaid and CHP+.

These grantees represent county-coordinated collaborations; after-school programs; clinics; agencies serving low-income families, homeless families and abused children; a school district; and an affordable housing provider. All are working to identify and enroll eligible, but uninsured, children and youth in Medicaid and CHP+. Several grantees will also participate in a Trust-funded evaluation conducted by the University of Colorado Health Sciences Center to assess program effectiveness and identify models for replication.

Learn more (see cover story) about how grantee Clínica Tepeyac is providing health care services for the medically underserved. For more information about The Trust’s work to increase outreach and enrollment, contact Deidre Johnson, Program Officer, 303-837-1200, deidre@coloradotrusted.org.

INCREASE *Outreach & Enrollment*



EARLY CHILDHOOD COUNCILS

Beyond early learning, child health is a critical component of school readiness. We know that children who do not have their health needs met cannot be ready to learn in even the most stimulating and developmentally appropriate educational environments. With this in mind, The Colorado Trust has approved a five-year, \$5 million commitment in grants to assist Colorado's local Early Childhood Councils in better integrating health and health care into the state's broader early childhood development system.

Colorado's Early Childhood Councils are a recent legislative expansion (HB06-1062) of the Consolidated Child Care Pilots that existed from 1997–2006. Currently, 31 Early Childhood Councils are active in 56 of Colorado's 64 counties. Each Early Childhood Council is a collaborative working to build a comprehensive early childhood system within its local community to connect children and families to quality services in early care and education, primary and mental health care, and family support.

The following Councils have received six-month planning grants – ranging from \$5,000 to \$7,500 each – to engage local health professionals in their planning processes; determine the health needs of its young children that are not being met; document the gaps in its community's early child health services; and identify specific health objectives to address:

1. Alliance for Kids (El Paso County)
2. Arapahoe County Early Childhood Council
3. Bent, Otero & Crowley Early Childhood Council
4. Bright Futures (Delta, Montrose, Ouray and San Miguel Counties)
5. Broomfield County Early Childhood Council
6. Chaffee County Early Childhood Council
7. Denver Early Childhood Council
8. Douglas County Early Childhood Council
9. Early Care and Education Council of Boulder County
10. Early Childhood Council of La Plata County
11. Early Childhood Council of Larimer County
12. Early Childhood Council of Las Animas & Huerfano Counties
13. Early Childhood Council of Logan, Phillips & Sedgwick Counties
14. Early Childhood Council of Moffat & Rio Blanco Counties



At Fremont County's Family Center, Michelle Solano and her 1-year-old son, John, review his health record with Health Manager Diana McPeek (left). The Center, part of Colorado's network of Early Childhood Councils, helps parents track well-baby visits, immunizations, and growth and developmental milestones.

Early Childhood Councils, *continued*

15. Early Childhood Council of the San Luis Valley
16. Early Childhood Councils of Kit Carson, Washington & Yuma Counties
17. Early Childhood Partnership of Adams County
18. ECHO & Family Center Council Network (Fremont County)
19. Elbert County Early Childhood Council
20. First Impressions of Routt County
21. Gunnison-Hinsdale Early Childhood Council
22. Mesa County Partnership for Children and Families
23. Montelores Early Childhood Council (Dolores and Montezuma Counties)
24. Morgan County Early Childhood Council
25. Park & Teller Early Childhood Council
26. Promises for Children (Weld County)
27. Pueblo Early Childhood Council
28. Roots & Wings for Children: Prowers County Early Childhood Council
29. Rural Resort Region Early Childhood Council – Northeast Division (Grand and Summit Counties)
30. Rural Resort Region Early Childhood Council – Western Division (Eagle, Garfield, Lake and Pitkin Counties)
31. Triad Early Childhood Council (Clear Creek, Gilpin and Jefferson Counties)

Upon the successful completion of the six-month planning phase, each Early Childhood Council will be eligible to apply to The Trust for multi-year grants to implement their health integration plans. Throughout the process, Councils will also receive ongoing technical assistance from the Colorado Department of Public Health and Environment to develop and implement their plans.

Learn more (see following story) about how one of these Councils, ECHO & Family Center Council Network in Fremont County, has achieved one of the best immunization rates in the state. For more information about The Trust's partnership with the Colorado Early Childhood Councils, contact Deidre Johnson, Program Officer, 303-837-1200, deidre@coloradotrust.org.



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ECHO & FAMILY CENTER COUNCIL NETWORK

With an immunization rate of nearly 90% for babies and toddlers, Fremont County is ahead of the curve in Colorado, with the state average hovering closer to 82%. Early childhood health and care providers credit the Child Health Passport as one strong reason for this achievement.

Pioneered by the Family Center, the Child Health Passport helps parents track well-baby visits, immunizations, and growth and developmental milestones from birth to age 6.

“Parents become empowered and educated,” said Diana McPeck, Family Center Health Manager. “We encourage them to ask questions when they go to the doctor.”

Michelle Solano, who uses a Passport for each of her three children: Tamrah, 8, Ian, 6, and John Michael, 1, agrees. “It’s like having your doctor’s file right in front of you,” said Solano. “There are charts in the back of the book for your baby’s weight and length. You can have your own chart at home. It helps you remember your dates.”

Since 1990, the program has triggered crucial interventions for families, and fostered partnerships between health care providers and parents. For example, one area doctor was skeptical that the 9-month well-baby visit was necessary; no shots were required. But mothers stuck to their Passport schedules and kept coming with their babies. On one of those visits, the doctor detected testicular cancer in a tiny patient. Early intervention proved vital, and the doctor soon became a staunch advocate for the Passport program.

The Family Center is part of the ECHO & Family Center Council Network. Throughout Colorado, 31 Early Childhood Councils like these are connecting young children and their families to health, education and family support programs. A new grant from The Trust supports the Councils in determining how they can increase their ability to strengthen and integrate primary and mental health care services as part of broader early childhood development efforts across the state.

With its Trust planning grant, Fremont’s Council is looking at how to expand and build on the success of the 1,500 children being served through the Passport program. They also are exploring ways to expand mental health programs, and train home visitors – who spend time with new parents and child care workers – to help families fill out applications for Medicaid and Child Health Plan Plus (CHP+).



Michelle Solano – pictured here with her 1-year-old son, John – keeps track of her three children’s doctor visits, immunizations, and growth and developmental milestones through the Child Health Passport program. Fremont County’s Family Center, part of a statewide network of Early Childhood Councils, developed the program which is credited for the county’s above-average immunization rate.

ECHO & Family Center Council Network, *continued*

“The Councils bring community stakeholders together to work on behalf of families so children have what they need to succeed,” said Pamela Walker, Director of the ECHO & Family Center Council Network. “All the greatest development takes place in the first three years of life. If you want to make a big difference, do so with young children.”

For more information about The Trust’s work to improve health systems, contact Deidre Johnson, Program Officer, 303-837-1200, deidre@coloradotrust.org.



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COLLABORATIVE SCOPES OF CARE STUDY

In February 2008, Governor Ritter issued Executive Order B 003 08, the Collaborative Scopes of Care Study, noting that "...we do not have sufficient numbers of providers, especially physicians and dentists, to meet the current [health care] needs of Coloradans. The problem is especially acute in rural and other underserved areas." Governor Ritter called for a research group to study the scope of health care services that advance practice nurses, physician assistants and dental hygienists are allowed to provide.

This study, which was conducted by the Colorado Health Institute, with support from The Colorado Trust and the Caring for Colorado Foundation, has been completed, and the findings will be used to inform legislative discussion in the 2009 session. Among other recommendations, the report suggests that policymakers consider:

- Reimbursement policies to enhance the use of dental hygienists in areas where oral health access is lacking
- More prescriptive authority for advance practice nurses (APN)
- The delivery of health care through interdisciplinary teams including physicians, APNs and other health care professionals
- Require insurers to disclose to the Colorado Insurance Commissioner their reimbursement policies for allied health professionals providing identical services to physicians and dentists
- Through demonstration projects, test the effectiveness, safety and quality of care provided by advance practice nurses, physician assistants and dental hygienists as primary health care providers in medically underserved areas of Colorado.

The full report is available from the Colorado Health Institute, www.coloradohealthinstitute.org. For additional information, please contact Laurel Petralia, Program Officer, 303-837-1200, laurel@coloradotrusted.org.



EXPAND *Health Care Workforce*



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Gwen Heller, Vice President of Provider Integrated Strategies & Physician Services at the San Luis Valley Regional Medical Center, is working to recruit and retain more doctors in this medically underserved area. The Center is part of the Colorado Health Professions Workforce Policy Collaborative.

HEALTH PROFESSIONS WORKFORCE POLICY COLLABORATIVE

In December 2008, the Colorado Rural Health Center (www.coruralhealth.org), Colorado Community Health Network (www.cchn.org), and The Colorado Trust hosted the first annual Colorado Health Professions Workforce Summit. The Summit brought together front-line health care providers, educational institutions, policymakers, economic development and workforce planning stakeholders to address the shortage of health care providers in Colorado.

Within the forum, the Colorado Health Professions Workforce Policy Collaborative also presented its initial recommendations. The Collaborative was convened by The Colorado Trust to define, develop and support public policy changes to the state's health care workforce. Comprising some 40 individuals representing hospitals, government agencies, research and policy organizations, educational institutions and health education centers, the Collaborative researched and studied health professions workforce challenges and opportunities, and began to develop a policy agenda.

Participants in the Workforce Summit used keypad polling devices to provide input and help shape policy priorities

for Colorado's health care workforce – discussions focused on the following five policy priorities identified by the Collaborative: strengthening and expanding scopes of practice, increasing clinical placements and preceptor training, increasing funding for health professions education, developing a health professions workforce plan and supporting policy recommendations that expand provider incentives. More information about these discussions can be found at www.coruralhealth.org.

To learn more about the ongoing work of the Colorado Health Professions Workforce Policy Collaborative, contact Laurel Petralia, Program Officer, 303-837-1200, laurel@coloradotrust.org. Also, learn how the San Luis Valley Medical Center – a participant in the Collaborative – is making strides to recruit and retain health professionals (see following story).

EXPAND *Health Care Workforce*



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SAN LUIS VALLEY REGIONAL MEDICAL CENTER

For Janice Slade, having a good doctor is a life and death matter. Twelve years ago, Slade, 70, had a liver transplant because her own liver was failing. Then, the medication she had to take after the transplant caused her to get a rare cancer called Burkitt's Lymphoma.

Slade lives in the small town of Del Norte in Colorado's remote San Luis Valley. Here, recruiting and retaining doctors poses great challenges to the community – including Slade's own daughter, Gwen Heller, who manages the physicians at San Luis Valley Regional Medical Center in Alamosa.

Slade is typical of patients in rural areas who struggle to get adequate health care – even if they have insurance – because it's so hard to find and keep good doctors.

“She represents a lot of our patients who have chronic medical needs. She can't ever be in the position where she's without a doctor,” Heller said of her mother.

Even with Heller helping her navigate the thicket of medical quandaries, Slade has had nine primary care doctors since 2000. Each time new doctors arrive, she must get them up to speed on her complicated condition. “You get a little tired of repeating your history over and over,” said Slade. “When I get sick, I need to see someone fairly soon. I need a good working relationship with my doctor.”

Slade's daughter works constantly to recruit and retain more doctors to this area. Heller is hopeful that a new integrated medical model – where hospitals and doctors all work together under the same roof – will bring more doctors to the community to stay. The San Luis Valley Regional Medical Center is a participant in The Colorado Trust's Health Professions Workforce Policy Collaborative, which is working to establish a public policy framework to strengthen the state's health professions workforce.

About four years ago, the medical group Heller manages gave up their private practice and became employees of the hospital in an integrated delivery environment. The cost savings and better insurance reimbursements have allowed Heller to offer potential new doctors much more competitive salaries and better tuition reimbursement programs. Retention is already improving. When the doctors were in private practice, the group had just 10 physicians and two physician assistants or nurse practitioners. Now they have 22 doctors and 12 mid-level practitioners.

“Small, private practice groups, especially in primary care, are starting to disappear. People can't make enough money to provide for their family,” Heller said. “Without the integrated delivery system, this area would have lost most of its specialists.”



Cancer patient Janice Slade lives in the San Luis Valley where a shortage of health professionals makes it difficult to receive access to the regular, quality care she needs.

San Luis Valley Regional Medical Center, *continued*

Along with the new system, the medical center's "hospitalist" program is also easing the burden for primary care health workers throughout the valley. The program – unusual for such a small, rural hospital – brings in doctors who work solely in the hospital. This helps medical practitioners throughout the valley who no longer have to leave their communities and drive miles to check on hospitalized patients. Heller says she's hopeful that she can keep attracting great doctors for her mom and patients like her.

For more information about The Trust's work to expand Colorado's health care workforce, contact Laurel Petralia, Program Officer, 303-837-1200, laurel@coloradotrust.org.



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STAFF NEWS

Tanya Beer, Assistant Director of Research, Evaluation and Strategic Learning for The Colorado Trust, was invited by the Office of Lt. Governor Barbara O'Brien to serve on Colorado's Early Childhood Council Advisory Team Evaluation Subcommittee to help plan a statutorily required evaluation of the early childhood system in 2010. Beer also serves on the national Advisory Group on Learning for Results for Grantmakers for Effective Organizations, and will participate in the Advocacy and Policy Change Evaluation National Convening sponsored by The California Endowment, Annie E. Casey Foundation and The Atlantic Philanthropies. This forum for advocates, evaluators and funders provides the opportunity to share lessons, tools and resources about funding and evaluating advocacy.

Deidre Johnson, Program Officer for The Colorado Trust, was selected by the Office of Lt. Governor Barbara O'Brien to serve on Colorado's Early Childhood State Partners Task Force. Guided by the Early Childhood Colorado Framework, the task force was given the short-term charge of developing action steps to update the state-level, early childhood systems strategic plan. Some action steps include building political will to support early childhood systems development; supporting cross-sector public and private partnerships to eliminate duplication of services, and to ensure that more children and families receive comprehensive services; and creating a cross-agency data warehouse to track historical and ongoing data, such as benchmarks, service delivery and outcomes.



Deidre Johnson, Program Officer (left), and Tanya Beer, Assistant Director of Research, Evaluation & Strategic Learning



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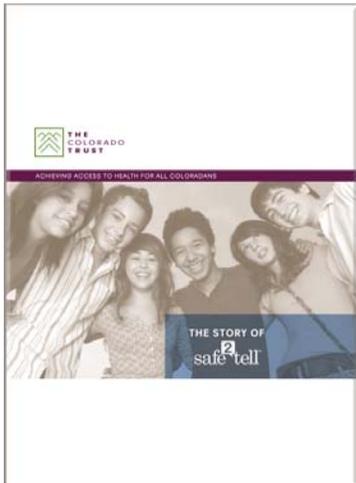
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NEW PUBLICATIONS AVAILABLE ONLINE

Solving Colorado's Shortage of Health Professionals: Final Evaluation Findings and Recommendations

This report shares evaluation findings from The Trust's Health Professions initiative, and recommends strategies to increase and sustain Colorado's health professions workforce, for example: creating awareness and readiness for health professions training; providing flexible training options and reaching out to students in rural areas; supporting faculty development and clinical training opportunities; expanding the reach and content of training programs; and strengthening community partnerships for recruitment and retention of health professionals.



The Story of Safe2Tell

This publication highlights the Safe2Tell program, including the far-reaching impact of providing students in all Colorado schools an increased ability to both prevent and report violence by making anonymous calls to 1-877-542-SAFE. It also illustrates through stories and interviews the value of Safe2Tell among families and communities, necessary steps and resources to implement the program, and the hotline's long-term sustainability achieved through legislation.

Build Trust, End Bullying, Improve Learning

This report on The Colorado Trust's three-year, statewide Bullying Prevention initiative highlights evaluation findings which show that bullying declined when adults and students were willing to intervene, treat each other fairly and show they care. The findings also show that schools with less bullying had higher scores on the Colorado Student Assessment Program (CSAP) in reading, writing and math. The report includes tips on how educators, parents and policymakers can help prevent bullying.



WEBExtra

JOURNAL ARTICLES

The following article citations are associated with evaluations of Trust programs:

Bullying Prevention:

Williams K, Guerra N. Prevalence and predictors of Internet bullying. *J. Adolescent Health*. 2007; 41:6: S14-S21. Available online at: <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X0700362X.pdf>.

Colorado Healthy People 2010:

Caldwell E, Kobayashi M, DuBow W, Wytinck S. Perceived access to fruits and vegetables associated with increased consumption. *Public Health Nutr*. 2008; Dec 24:1-8.

Colorado Clinical Guidelines Collaborative:

Appel A, Swenson C, Hammer A, Phibbs S, Main D, Sheehan M. Improving adult immunization delivery with policy changes and clinical support technology. *Patient Safety & Quality Healthcare*. September/October 2008:32-36.

Jones K, Hammer A, Swenson C, et al. Improving adult immunization rates in primary care clinics. *Nursing Economics*. 2008; 26:(6):404-407.

