



FOCUS ON THE FACTS

Colorado's certified nurse aides at a glance

- 91% female
- 41% 45 years or older
- 63% White
- 23% Hispanic
- 12% African American
- 75% work in a CNA position
- 45% work in a long-term care facility
- 80% live and work in an urban area

Source: [Colorado Rural Oral Workforce Project: Report of Findings](#). April 2008. Colorado Health Institute

A CONVERSATION WITH...



...Jeff Bontrager, program manager, CHI Center for the Study of the Safety Net

Bontrager joined the Colorado Health Institute as a research analyst in March 2005 and was named program manager for CHI's new Center for the Study of the Safety Net in January 2009.

Q: The Colorado Health Institute recently launched the Center for the Study of the Safety Net.

Why a center?

Bontrager: For several years now, CHI has been examining the dynamics of Colorado's health care safety net. One way we've done this is through the Safety Net Indicators and Monitoring System developed with a two-year grant from The Colorado Health Foundation. CHI has collected and analyzed workforce data about the providers that deliver care, the services provided and the characteristics of those who receive care from Colorado's safety net. This comprehensive monitoring system is providing policymakers and other decisionmakers with a new understanding of the fiscal viability and capacity of Colorado's safety net. A

significant portion of CHI's resources have been devoted to examining the characteristics of Colorado's vulnerable populations including the uninsured and both children and others enrolled in the Medicaid and Child Health Plan Plus (CHP+) programs, as well as people who are eligible but not enrolled in these programs. The new Center will bring together this "line of work" and focus key staff's expertise and analytical capacity to build out the monitoring system to provide evidence-based policy options for Colorado decisionmakers.

Q: What is the health care safety net in Colorado and who uses it?

Bontrager: CHI has adapted the Institute of Medicine's definition of core safety net providers to include community and public hospital emergency departments, community health centers, local public health departments and public nursing services, federally designated rural health clinics, school-based health centers, community mental health centers, low-income dental clinics and other clinics such as those run by faith-based organizations. What we have increasingly learned is that the individuals and families that visit safety net clinics are largely low-income, lack health insurance or have inadequate health insurance to meet their basic health care needs. In the case of public health departments, for example, a low-to-moderate income family may have health insurance, but it doesn't cover childhood immunizations which can cost up to \$700 per child and which must be paid out of pocket. Individuals and families with incomes below 300 percent of the federal poverty level—approximately \$66,000 for a family of four in 2009—who lack access to primary health, dental and mental health care because of their low income and other factors are considered medically vulnerable. The other factors associated with medical vulnerability include having no health insurance coverage, being enrolled in a publicly financed health insurance program such as Medicaid or CHP+, being isolated geographically, having no regular source of primary care or facing other social, cultural and economic barriers that impede access to care.

Q: What types of data are you collecting and how are you using it?

Bontrager: We are collecting seven basic data elements or "indicators" from safety net providers around the state. To our knowledge, this is the first time in Colorado that consistent data have been collected from all types of safety net providers. Four of the indicators are aggregated to provide a profile of people who are served at safety net clinics and include insurance status, income level, age and geographic location. The other three indicators measure the capacity of safety net providers to meet the health care needs of the people they serve and include annual sources of revenue, services provided and staffing by provider type. Understanding how safety net providers are financed is an important dimension of the monitoring system, particularly during these hard economic times. A greater number of people are likely to experience medical vulnerability and increasingly come to rely on the health care safety net. We want the data collected as part of CHI's monitoring system to inform policy and program decisions about Colorado's safety net both now and into the future.

Q: How will the Center inform policymakers concerned about health care access and quality in Colorado?

Bontrager: The Center will aim to meet the information needs of CHI’s constituents by providing analyses using the best and most reliable data available, whether collected directly by CHI or generated by others. We anticipate that these analyses will cover a wide variety of subjects related to the safety net and vulnerable populations: public and private health insurance, the uninsured, medical homelessness, the safety net workforce, technical capacity, financing and policy options.

We feel that many of CHI’s constituents will benefit from the Center’s analyses including Colorado policymakers—local, state and federal—who are among our key audiences. Since we’re collecting information at the local level, local policymakers will be able to assess how their community is faring relative to the rest of the state and better understand the variations that exist between communities, and therefore respond to the unique needs of their constituents. Likewise, philanthropy will have better information on which to base funding decisions. Consumers, advocacy groups, the media and safety net providers themselves will gain awareness and understanding about Colorado’s safety net from increased access to uniform data across the full range of safety net providers.

Q: How can individuals and organizations get more information about the Center?

Bontrager: People interested in Colorado’s safety net should first visit the [CHI Web site](#), where much of the information about Colorado’s safety net has been aggregated and displayed. The first annual report of the Safety Net Indicator and Monitoring System (SNIMS) will soon be available as well as early findings from the state’s 2008 Colorado Household Survey. Further, contacting me directly about individual data needs is also an option as my new role includes responding to individual data requests about the SNIMS database. If CHI doesn’t have the information, we’ll put the requester in touch with someone who does. Based on our mission, CHI staff strives to provide timely and reliable information on the state’s most pressing health policy issues.

For more: <http://www.coloradohealthinstitute.org/SafetyNet/cssn.html/> or info@ColoradoHealthInstitute.org

CHI SPOTLIGHT



CHI launches new Center for the Study of the Safety Net

The Colorado Health Institute (CHI) is proud to announce a first-of-its-kind center to focus on policy issues related to Colorado’s network

of health care safety net providers and the people who rely on them to receive quality physical, oral and mental health care services. The Center for the Study of the Safety Net is CHI's first foray into organizing its work into a center of excellence concentrating on health care policy issues of high importance to Colorado decisionmakers.

"With initial seed money from The Colorado Health Foundation in 2005, CHI staff have developed a substantial level of expertise in metrics development, indicator reporting and policy analysis in one of the most significant areas of health policy in the state—Which Coloradans are medically vulnerable, from where do they receive basic health care services and how adequate is this system when compared to potential demand?" says Pam Hanes, CHI president and CEO. "From our national scan of policy centers around the country, CHI has developed one of the most robust monitoring systems to answer these questions. We look forward to continuing to nourish and grow the relationships with safety net providers throughout the state to tell their story with objective, real-time data about the important role they play in ensuring access to health care for a large proportion of the state's population."

The Center is headed by Jeff Bontrager, MSPH, who is serving as program manager. In this role, he will coordinate CHI's data collection and analysis activities related to Colorado's health care safety net including studies about the state's uninsured population, health care access and coverage, and coordinate the data collection and reporting activities associated with the Safety Net Indicators and Monitoring System. Jeff also will continue to serve as a senior research analyst, providing technical expertise and conducting data analyses on a range of analytical projects.

The Center is releasing two new publications as part of its launch and is happy to announce the dates for CHI's second statewide Safety Net Symposium in early May. The publications include a 2009 update of CHI's [*Colorado's Health Care Safety Net*](#), a primer that describes the network and types of safety net providers and includes a discussion of current and potential users, financing and services provided. Additionally, a new technical brief, [*How Many Coloradans Are Uninsured?*](#), is designed to help policymakers and others understand the variation in how uninsurance estimates are derived and how to make sense out of the variation.

"It's difficult to definitively answer the question, 'How many people are uninsured in Colorado?' since the answer depends upon a number of factors," Mr. Bontrager said. "Estimates of the number of uninsured Coloradans, for example, vary from 745,000 in 2004-05 (a two-year average) to 785,000 in 2004-06 (a three-year average). CHI hopes this brief will begin to unravel some of the mystery behind the numbers."

CHI is also planning its second Colorado Health Care Safety Net Symposium for May 3-4 at the Denver Marriott West in Golden. The 2007 symposium drew more than 200 representatives of safety net clinics,

foundations, state and local government, federal government, hospitals, county/regional health departments, advocacy groups, mental health clinics, dental health clinics and others.

Put your name on our [mailing list](#) for more information about the symposium.

CHI cited as one of top five policy institutes nationally

The Colorado Health Institute (CHI) was one of five “premier” state health policy institutes selected for a recent study of the roles, scope of work and projects undertaken by such organizations.

The study was done at the request of the Center for Health Care Studies in the College of Human Medicine at Michigan State University, which is reassessing the role and functions of the current Michigan Health Policy Forum. The National Health Policy Forum, an organization with 30 years experience working with state policy institutes, identified CHI as one of the best existing health policy institutes for the study.

The other health policy institutes studied were: the Georgia Health Policy Center at Georgia State University, Kansas Health Institute, Health Policy Institute of Ohio and the University of Wisconsin Population Health Institute Evidence-based Health Policy Project.

The study examined vision, mission, guiding principles, core functions, initiatives, funding and other factors.

CNA survey findings released

Colorado certified nurse aides’ (CNAs) paraprofessional role may be a viable starting point in professional nursing careers. More than half of CNAs who responded to a [2006 Colorado Health Institute \(CHI\) workforce survey](#) were pursuing additional education or planning to do so. Two-thirds of respondents expressed interest in some form of continuing education and training.

CHI surveyed more than 29,000 CNAs by including questionnaires with their certification renewal forms.

More than 10,000 (35%) completed the survey which asked about:

- Education and training experiences, including continuing education;
- Employment status, including workplace and factors related to job satisfaction;
- Demographic characteristics; and,
- Future plans.

Health care workforce indicators updated

CHI has updated all the [workforce indicators](#) on its Web site. Indicators include those related to licensing,

employment projections and average wages of physicians, nursing, oral health and mental health care providers, pharmacists and allied health professions.

CHI president joins School of Public Health faculty

CHI President and CEO Pamela Hanes accepted an adjunct associate professor faculty appointment in the new Colorado School of Public Health, CU Denver campus. Dr. Hanes' appointment is in the Department of Health Systems, Management and Policy, where she anticipates providing lectures, teaching a course in health policy or applied policy research and arranging opportunities for graduate students and faculty to conduct policy studies of mutual interest to CHI and the school.

This appointment will enhance Dr. Hanes' responsibilities at CHI by forging a stronger relationship with the School of Public Health and extending CHI's analytical resources to serve another important constituency in Colorado's health policy landscape.



CHI welcomes new board members

James R. Hertzel, principal and board chairman of Alumni Consulting Group International, and Jamie Van Leeuwen, PhD, project manager of Denver's Road Home program and chair of the city's Drug Strategy Commission, were recently elected to the CHI Board of Trustees.



The addition of these two new board members means one-third of CHI's nine-member board is now elected from the community as called for in CHI's original bylaws. During the Institute's first five years, the board was comprised solely of trustees and executives from CHI's founders—The Colorado Trust, Caring for Colorado Foundation and Rose

Community Foundation.

Alumni Consulting Group supplies high-level computer professionals to Colorado and Florida businesses. Mr. Hertzel's other current community activities include serving as president of the board of directors of the Colorado Legal Center for People with Disabilities, board member of the Colorado Regional Health Information Organization and communications volunteer to the Colorado State Emergency Operations Center.

He is a graduate of the University of New Hampshire Whittemore School, Executive Development Program, and completed additional graduate studies at the University of Michigan.

Dr. Van Leeuwen has overseen Denver's Road Home, the city's plan to end homelessness, since 2006. Prior to his role in the public sector, Dr. Van Leeuwen directed fundraising, legislative work and research as the

director of development and public affairs at Urban Peak, a Colorado nonprofit agency serving homeless and at-risk youth.

He has a PhD in public policy from the University of Colorado Denver and master's degrees in international public health and sociology from Tulane University.

HOT ISSUES

Colorado launches health information exchange

Colorado has become one of the first states in the nation to demonstrate that exchanging health information electronically can improve quality and affordability and be done securely. On December 16, Governor Bill Ritter announced that four initial partners—The Children's Hospital, Denver Health and Hospital Authority, University of Colorado Hospital and Kaiser Permanente Colorado—have begun sharing laboratory results, medication histories, EKG images, radiology reports and "problem lists" for patients. The [Colorado Regional Health Information Organization](#) (CORHIO) is coordinating the health information exchange.

"Medicine has been untouched by the technology that has transformed all other aspects of society," Governor Ritter told a news conference at the Capitol. "Health information technology will reduce the costs of care and improve outcomes."

Donna Lynne, DrPH, chair of the CORHIO board and president of Kaiser Permanente Colorado, added that 100,000 people die each year from medical errors and that HIT will give health information "the same security and service that we expect at our banks."

Up to 1.4 million Coloradans' health records can be exchanged in this project with patients' permission, Dr. Lynne said. Once the demonstration period is over, other hospitals will be invited to join.

CORHIO has received more than \$8 million in funding since its inception—\$5 million from the federal Agency for Healthcare Research and Quality to build the prototype architecture for health information exchange between the four partners, \$500,000 from Governor Ritter's Building Blocks for Health Care Reform which has been matched by health plans, hospitals and physician groups and close to \$2 million from The Colorado Health Foundation. Future funding will be sought from various sources including the participating institutions which are expected to achieve economies of scale and efficiencies through the adoption of health information technologies. Dr. Lynne noted that Kaiser Permanente nationally has invested \$4 billion over the last six years to implement HIT in its physician offices and has reduced office visits and raised productivity because of it.

Read the [News Release](#)

WHO'S WHO

In each issue of CHI HealthTalk, we introduce you to an individual or organization that is making a difference in health and health care in Colorado.



Jean Scholz, president and CEO, Colorado Center for Nursing Excellence

In December 2008, Jean Scholz joined the [Colorado Center for Nursing Excellence](#) as president and CEO. The center is the only organization in the state exclusively dedicated to ensuring that Colorado has adequate numbers of highly qualified nurses.

Previously, Ms. Scholz was director of health policy for the Ohio Hospital Association (OHA), where she focused on health policy issues with an emphasis on health care workforce supply and demand. She was instrumental in establishing FutureThink, a statewide initiative to solve nursing and health care workforce shortages by creating a “preferred future” for the delivery of clinical care. Ms. Scholz also spearheaded OHA’s efforts to obtain a \$1.2 million workforce investment grant that provided Ohio hospitals with funding for health care licensure education for incumbent workers.

Ms. Scholz has served on a number of boards and committees including the Nursing Spectrum Midwest Advisory Board and the American Organization of Nurse Executive’s Task Force on the Future of Patient Care. She has won several awards and was a 2003 Robert Wood Executive Nurse Fellow.

Ms. Scholz earned her bachelor’s degree from the Ohio Wesleyan University Riverside School of Nursing and her master’s degree from the Ohio State University College of Nursing.

“2010 to 2020 might be ‘the decade of the nurse’ in Colorado, says Ms. Scholz. “With increasing job opportunities in hospitals, home health, long-term care and other facilities, nurses are definitely in demand. Furthermore, a ‘reformed’ health care system will create new opportunities for nurses to move into positions to help Coloradans stay healthy and navigate the system for better health care efficiency and effectiveness. I believe our health care system will move toward a focus on helping people achieve their highest level of well-being rather than just diagnosing and treating illnesses. That altered focus is what nursing is all about, and that focus will increase the demand for nurses even more.

The nursing pipeline, however, needs reinforcement and expansion to prepare nurses in the numbers required to meet the needs of Colorado’s growing and aging population. Over the past six years, the center has worked hard to prepare, recruit and retain nursing faculty and to open up clinical placement opportunities for students. However, the size of the pipeline needs enlarged to meet the needs of Colorado’s

growing and aging population. Going forward, the center will reach out to young nurses to assure that they have the capacity and skills to lead the delivery of clinical care in the future. As the percentage of health care workers over the age of 55 continues to increase, we will identify ways to tap those workers and assure that their experience and talents are effectively used to provide health and healthcare services to our state's population."

"The center realizes that nurses over age 55 may not be interested in the physically demanding aspects of nursing and is looking to maximize "their experience, their maturity and their minds to serve Coloradans," Ms. Scholz says. "The center aims to keep seasoned nurses in the workforce and develop ways to use their extensive experience and skills to expand the health care system's ability to meet consumers' current and future demands for nursing care. The possibilities are endless. I believe that the nursing community is poised to advance health in the state of Colorado."

INSIDE COLORADO

Final Scopes of Care report released

After nearly a year of work, the Colorado Collaborative Scopes of Care Committee appointed by Governor Bill Ritter released its final report in December 2008. The report reviewed the evidence relating to the scopes of practice of advanced practice nurses (APNs), physician assistants (PAs) and dental hygienists (DHs), the settings in which they practice, innovative models of care that employ interdisciplinary teams and the quality of care provided.

The committee report was submitted on December 31st to Governor Ritter who forwarded it to the General Assembly for review and possible action.

The Colorado Health Institute (CHI) served as the research entity for the study, initiated in February 2008 through an executive order of the governor. In issuing the order, Governor Ritter said, "It is clear from health manpower studies that we do not have sufficient numbers of providers, especially physicians and dentists, to meet the current [health care] needs of Coloradans," especially in rural and other underserved areas. He called for a research group to study "the services that are delivered, the setting in which those services are delivered and the quality of care provided" by APNs, PAs and DHs.

The [final report](#), including recommendations for action, is available on the CHI Web site.

The study was supported by [The Colorado Trust](#) and [Caring for Colorado Foundation](#).

Pueblo insurance costs examined

CHI has completed a study for the Division of Insurance analyzing the [factors affecting the cost of health insurance in the Pueblo](#) metropolitan statistical area (MSA) and comparing these cost drivers to those experienced in the Greeley and Denver MSAs. The study was mandated by 2007 legislation and submitted to the General Assembly in January 2009 as called for in the legislation.

UPCOMING EVENTS

2009 Telehealth Symposium

March 27, 2009

Sheraton Denver West, Lakewood

Examines telehealth and telemedicine opportunities and obstacles in Colorado.

10th Annual Rural Health Clinics Forum

April 6 - 8, 2009

Sheraton Denver West

Lakewood

Colorado Health Care Safety Net Symposium

May 4, 2009

Location: Denver Marriott West

For more: info@ColoradoHealthInstitute.org

BEYOND OUR BORDERS

IOM chooses 20 health indicators

The Institute of Medicine (IOM) and a new nonprofit called State of the USA (SUSA) have released 20 measurements determined by experts to be [key indicators of the nation's health and health care](#).

The indicators fall into three categories: health outcomes, health-related behaviors and health systems. Ultimately, the IOM indicators will be part of a new SUSA Web site that provides facts about the United States in a number of key areas, including health, and an interactive tool that individuals can use to track the progress made in each area.

The nation's health as a new president takes office

U.S. News & World Report takes a look at the [state of the nation's health](#) as the 44th president begins his term, focusing on preventive measures that could save lives but are often costly. "The reason to do

prevention is to save lives, not to save money," says Ned Calonge, chairperson of the U.S. Preventive Services Task Force and Colorado's chief medical officer.

Health reform gets its own Web site

The Obama Administration has launched a new Web site, www.HealthReform.gov, which summarizes comments from 30,000 Americans who have taken part in Health Care Community Discussions across the country since December. Top concerns discussed were: the cost of health insurance (31%), cost of health care services (24%), lack of emphasis on prevention (20%), difficulty of finding health insurance due to pre-existing conditions (13%) and quality of care (12%).

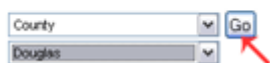
WEB WATCH

For more on certified nurse aides:

- Bureau of Labor Statistics, *Occupational Outlook Handbook, 2008-09 Edition*, "[Nursing, Psychiatric, and Home Health Aides.](#)"
- National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration (HRSA). (2004). "[Nursing aides, home health aides and related health care occupations—National and local workforce shortages and associated data needs.](#)"
- Colorado Department of Regulatory Agencies (DORA), Office of Policy, Research and Regulatory Reform, (2008). "[2008 Sunset Review: Nurse Aide Certification Program.](#)"
- DORA. (2008). "[Approved Nurse Aide Training Programs in Colorado.](#)"

WEB TIP

PROFILES BY REGION
Create custom profiles by county or the state.

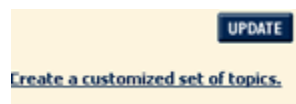


Create a custom data profile for your county or the state as a whole

1. On CHI's [Data page](#), look for the Profiles by Region dropdown, and choose a region.

You will come to a screen that contains all the data indicators available for the region you selected.

2. Choose "Create a customized set of topics," located under the update button.



3. Choose which indicators you'd like to see, then select "update."

An updated summary page will appear with the indicators you selected. Use the print icon in the upper-right corner to print the summary.

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