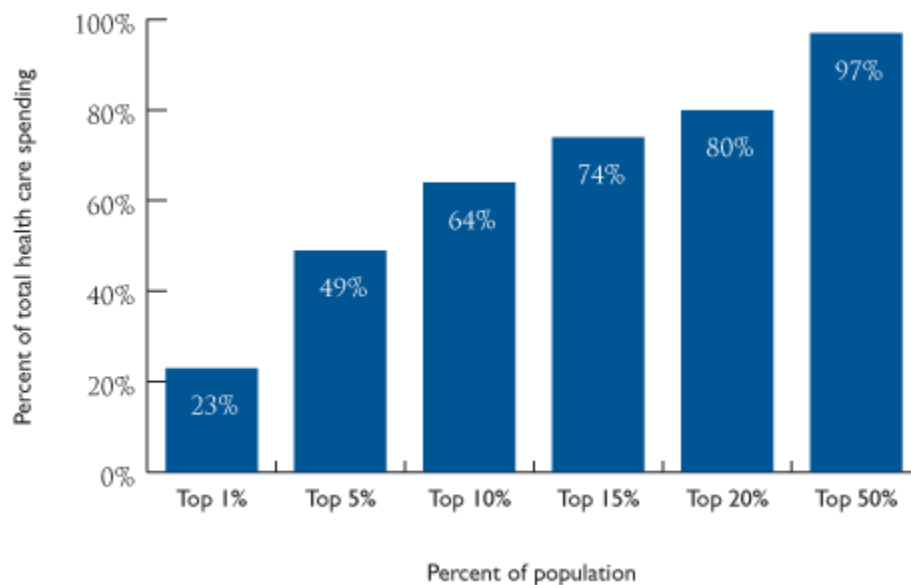


Welcome to **CHI HealthTalk**, the bimonthly e-newsletter from the Colorado Health Institute (CHI). **Please subscribe, unsubscribe or give us feedback** at info@coloradohealthinstitute.org.

Focus on the facts

Health care costs: Disproportionately concentrated within the population, U.S., 2004



Source: *Kaiser Family Foundation*, 2007. Civilian, non-institutionalized population.

A conversation with...



...Chris Power Bain and Reid Reynolds. Chris Power Bain is senior communications officer for The Colorado Health Foundation. Reid Reynolds until recently was senior research fellow and lead CHI staff member on the Colorado Health Report Card. They discuss their experiences collaborating on the 2006 and 2007 report cards.

Q: The Foundation and CHI have collaborated on two quite different Colorado Health Report Cards, one in 2006 and the other last year. What did you learn from the first effort that caused you to make changes for the 2007 report card?

Reid: The first report card in 2006 was done fairly quickly and involved a team of foundation and CHI staff. In the process of producing the first report card, we quickly recognized the value of collaboration and consultation with experts in the community. Beginning with the debriefing on the 2006 effort, we began to

involve content experts in the planning for the 2007 report card. We engaged experts from the state health department and the foundation subsequently formed an [advisory committee](#) to help with the 2007 report card. Also, the [2006 report card](#) had 20 indicators that paired a risk factor with an outcome. For example, “mothers who receive inadequate prenatal care” was paired with “babies with low birth weight.” We dropped the pairings in 2007 to avoid implying an overly simple cause-and-effect relationship between a single risk factor and an outcome. While we used many of the same indicators on the second report card for trending purposes, we expanded the number to 40 in collaboration with the advisory committee and organized them by life stage – Healthy Beginnings, Healthy Children, Healthy Adolescents, Healthy Adults and Healthy Aging.

Chris: For the second report card we added some new strategies. The first was a separate rank and grade for each life stage rather than one overall grade like we used in the 2006 report card. In addition, we provided a supplement to the report card called [“Understanding the Numbers.”](#) In the first year, people were being introduced to the concept and didn’t get a lot of information on what the grades and rankings meant. This document provided more detailed information about each indicator, including both national and state-specific information on the indicator and examples of promising initiatives to improve performance. In 2007 we also added a special [Web site](#). These extra efforts helped us gain traction with constituents and the media.

Q: Were there any findings in the 2007 report card that surprised you?

Chris: We knew some of the findings for children would be low, such as the number without health insurance, but the grading process really reinforced what we suspected about the number of children without access to primary health care. The findings [C- and ranking in the bottom half of states on children’s indicators] gave us ammunition to talk about it. This shows the report card’s importance; it’s not so much a technical document but rather a tool for dialogue and discussion with people who are not as familiar with health conditions in Colorado as some of us.

Reid: The findings themselves were not a surprise for people familiar with health care data, but many interesting things about how Colorado compares with other states came out. For example, the rankings were uneven. Colorado is among the top-performing states on a number of indicators, including adult obesity, flu and pneumonia immunizations for older adults, and also ranked well (2nd) on low rates of diabetes and high blood pressure among adults. On other indicators, however, we’re among the poorest ranking states, for example, the low percent of women receiving prenatal care in the first trimester, low rates of health insurance coverage for children and higher rates of adolescent binge drinking.

Q: As partners on the two report cards, CHI provided the research and supplementary materials and the Foundation designed and communicated the findings through the Web, special events and with the media. Is it common for the Foundation to work this closely with grantees or was this unusual? What did you gain from the collaboration?

Chris: The foundation’s slogan is, “Together we can make Colorado the healthiest state in the nation”; therefore we work with grantees on a lot of efforts. On the report cards, CHI brought different expertise to the table and we gained credibility. The quality of the data and the work helped us get traction with the media and others we want to educate and influence. The *Denver Post*, for example, not only wrote stories

about the 2007 report card, but it also wrote an editorial, commenting on the thoroughness of the research and using it to present a call to action. That's as good as it gets.

Reid: Working with the foundation helped CHI think in new ways about the challenges of taking technical information and communicating it to a broad audience in a meaningful way. It taught us useful and practical lessons. I was particularly impressed with the way the foundation has used the Internet to present the "Understanding the Numbers" document.

Q: What value do you think state report cards have for policymakers and the public?

Chris: Report cards help benchmark where we are now and how we're doing, and help keep us focused on where we want to be in health in Colorado. They provide important information to get policymakers' attention and help them in make informed health policy decisions. As for the public, they haven't been our primary audience so far, but we got more coverage in the media in 2007 so that is starting to happen.

Reid: One strength of a report card approach to disseminating health-related data is that everyone has had the experience of being graded as a student so the format is familiar. The layout the foundation used was clever and effective by building on the look of both a report card and a medical chart.

Q: What's next for the report card effort?

Chris: The foundation is evaluating whether to continue doing a report card every year or do one every other year when there are more changes to report. We're also considering a special report on some areas such as health disparities or focusing more in-depth on a certain indicator such as obesity. Regardless, our goal is to keep it alive all year and not let the report card be a one-time thing. We highlight report card findings in every issue of our journal and use the information when we're talking about other focus areas.

For more on the Colorado Health Report Card: <http://www.coloradohealthreportcard.org/welcome/>

CHI spotlight

Staff changes



CHI Senior Research Fellow **Reid Reynolds** is leaving CHI effective March 13 to return to his consulting practice. Reid joined CHI in November 2004 as a senior researcher and became director for policy and research in July 2005. He assumed the post of senior research fellow in June 2007. "We appreciate all the many contributions that Reid has made to CHI in the past three-and-a-half years and wish him the very best in his career transition," said Pam Hanes, CHI president.



Connie Turney joined CHI in February as project manager for the Collaborative Scopes of Care Study. Connie has over 15 years of health care management experience in both the private and public sectors and over 10 years experience in health policy and strategic planning for the State of Texas. Most recently, she worked with the Texas Statewide Health Coordinating Council where she directed policy research projects and developed policy recommendations on health workforce and health information

technology.



Lisa Strunk, MA, joined the CHI staff on March 3 to serve as a senior research analyst with a focus on health economics and coverage issues. Initially, her work will focus on developing a supply-demand model to be used for estimating physician and nurse workforce demand in Colorado and also assisting Jeff Bontrager, senior research analyst, in examining health coverage-related issues related to Colorado's children.

Previously, Lisa was a statistical analyst for the Child Health Plan Plus program in the Colorado Department of Health Care Policy and Financing and an economist in the Governor's Office of State Planning and Budgeting. Lisa has an MA in economics from the University of Missouri.



Susan Roughton, MHA, also joined CHI on March 3 to serve as a senior research analyst with a focus on Colorado's safety net and the numerous quality initiatives in which CHI participates. Susan came to CHI from the Colorado Community Managed Care Network where she was director of quality improvement and informatics. Previously she worked for the State of Colorado's Division of Workers Compensation as medical treatment guidelines coordinator. Susan has a master of health administration

degree from Tulane University in New Orleans and completed three years of medical school at Creighton University in Nebraska.

Anna Furniss, MS, will be joining the CHI staff on March 24 as a SAS programmer/analyst. Anna will share responsibility for database management and join Sue Stantejsky, senior statistician, in survey development work, including designing sampling strategies as well as database management of primary and secondary datasets housed at CHI for analytical purposes. Anna has an MS degree in industrial mathematics from Utah State University.

New on the CHI Web site

CHI strives to make its Web site as user-friendly as possible and we welcome and appreciate [feedback](#). Recently, we made several changes in the [Data Center](#) to help users locate health care indicators and data resources efficiently. They include:

Topics

State and county data are organized under these more specific categories:

- [Demographics](#) – population by age, numbers and percentages of Coloradans below the poverty level, employment and unemployment rates
- [Health Care Costs and Financing](#) – Medicaid and Child Health Plan Plus (CHP+) costs and expenditures
- [Safety Net](#) – number of safety net providers in each county
- [Uninsured, Health Coverage and Access](#) – numbers and percentages of insured and uninsured Coloradans, Medicaid and CHP+ enrollment and Colorado Indigent Care Program providers
- [Workforce](#) – nearly 50 indicators about physicians, nursing, the oral and mental health workforce, pharmacy and allied health.

Other Colorado data resources

In addition, the hundreds of resource links in this section have been categorized under new, more descriptive names:



[Health workforce](#) – Data from CHI’s surveys of Colorado’s health professionals



[Data on your own](#) – Colorado and sub-state data you can query online



[Data you can request](#) – Colorado health data available by request from a wide variety of sources



[Geographic regions](#) – State and organizational maps of Colorado



[County indicators](#) – Sources of health and demographic data for each Colorado county

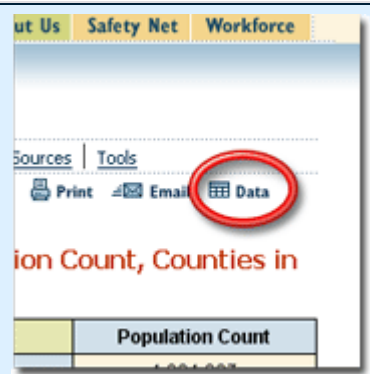


[Health rankings and profiles](#) – How Colorado compares to other states

CHI Web Tip – Downloading data

Want data from one of the indicators in the CHI Data Center? You can download them for your own use from CHI’s Web site. Here’s how it works:

1. Go to the list of indicators at http://datacenter.coloradohealthinstitute.org/data_topic.jsp.
2. Choose the indicator in which you are interested.
3. Click on the data button in the upper-right hand corner of the screen [picture]
4. Choose “Save” to save the file to your local computer.
5. Open the file with Microsoft Excel to use for your own analytical needs.



Let us [know](#) how this feature works for you.

Upcoming events

31st Annual NRHA Rural Health Conference

National Rural Health Association

May 7-10, New Orleans

<http://www.nrharural.org/conferences/sub/calendar.html>

25th Annual Academy Health Research Meeting

June 8-10, Washington, D.C.

<http://academyhealth.org/arm/>

6th National Conference of Nursing Workforce Leaders

“Effective Retention Throughout the Career Curriculum”

Colorado Center for Nursing Excellence

June 11-12, Denver

<http://www.nursingworkforcecenters.org/>

Hot issues



Expanding health care access through workforce strategies

A major challenge for Colorado's health care system is the lack of qualified health care providers to meet the primary health care needs of its residents, particularly those living in rural and other underserved communities. To help address this issue, Governor Bill Ritter issued an executive order on February 7 commissioning a scope of practice study to be completed by December 31 and establishing an Advisory Committee to provide input and advice on the study design and workplan. The Collaborative Scopes of Care Study will examine the evidence and efficacy for expanded scopes of practice for advanced practice nurses, physician assistants and dental hygienists.

The Colorado Health Institute (CHI) has been selected to be the research entity for the study. CHI will complete a systematic review of regulatory policies and practice-based research in Colorado and 10-12 other states to produce an evidence-based study of the scopes of practice of the identified health care professionals, the settings in which they practice and the quality of care they provide.

Additionally, CHI will facilitate the meetings of a 12-member advisory committee appointed by Governor Ritter. CHI will issue its final report with recommended policy options for Governor Ritter and the General Assembly to consider in 2009.

[Connie Turney](#) is serving as CHI project director for the study. For more information, contact Connie at: info@ColoradoHealthInstitute.org.

For more: [Colorado's Web site](#) (then select February 8 Executive Order)

Who's who?

In each issue of CHI HealthTalk, we introduce you to individuals who are making a difference in health and health care in Colorado.



Lynn Westberg, Director, San Juan Basin Health Department, Durango

During Lynn's 21 years as director, the San Juan Basin Health Department has grown from a staff of 27 and a budget of \$450,000 to a staff of over 90 individuals and a budget of \$6 million. Growth has resulted both from population increases and a significant increase in the number of programs – now close to 70 – designed to address identified needs in the community. A recent survey by John Snow, Inc., found that access to primary care is a key concern of residents of the two counties served by the health department – Archuleta and La Plata.

Since 2001, Lynn has participated on the Citizen's Health Advisory Committee, a task force working to improve access to care which spearheaded the Health Service District campaign in 2006. When the Health Service District vote failed, the Valley-Wide Community Health System clinic left the community and with its departure left a significant primary care shortage. Lynn is part of a coalition of local health care providers

and elected officials working to develop an integrated health care model including primary care, mental health and public health.

Lynn believes the job of public health is to address community needs, regardless of whether the needs fit neatly into the traditional public health model. As a result, the department has maintained a variety of home-based support services to help frail elders and individuals with disabilities stay in their homes. In addition, it initiated a collaborative effort to combat methamphetamine use through a community awareness/prevention model and developed a special division within the department to focus solely on the prevention/health promotion aspects of community health, including county support for a holistic prenatal care program.

In 2007, Governor Ritter asked Lynn to serve on the Blue Ribbon Commission for Health Care Reform, one of only three representatives from outside the Denver Metro area.

“I’ve been so privileged to work in public health and to live in a community that is more interested in collaboration and supporting one another than in ‘turf,’” Lynn says. “While public health departments always face the challenge of being visible to their community, our programs put us up-front and center on identified community priorities; I believe this helps when it comes to maintaining community support.”

For more on the San Juan Basin Health Department: <http://www.sjbhd.org/>



Elane Shirar, MD, Meadows Family Medical Center, Idaho Springs

Since starting her first family practice clinic in 1996, Elane Shirar has opened an additional five locations including one in Idaho Springs and another in West Yellowstone, Montana. Understanding the impacts resulting from a shortage of rural health care providers, she has a passion to serve communities that remain outside mainstream medical care and thus seeks to provide quality care to uninsured and medically indigent patients.

Most recently, Dr. Shirar opened the doors to the Meadows Family Medical Clinic in Idaho Springs. This clinic has become a medical home for patients who must travel from surrounding communities to receive care. With the nearest hospital 40 miles in each direction, the location of the clinic is essential to meeting the health care needs of this rural community.

Continually redesigning her practice to meet community need includes the addition of an assisted-living personal care program. She also travels to several locations to provide care to patients with limited mobility and chronic health conditions and offers in-home supportive services when needed.

Dr. Shirar began her higher education at Illinois College where she was the first person in the school’s history to graduate with a triple major and a 4.0 GPA. At the Southern Illinois University School of Medicine, she graduated in the top 10 percent of her class. As a hobby, Dr. Shirar enjoys showing American Quarter Horses, an activity she began at age 5. She qualified for the American Quarter Horse Association World Championship Show six years in a row, earning the title of World Champion in Trail Event in 1983.

Inside Colorado

New Medicaid director

The Colorado Department of Health Care Policy and Financing (HCPF) recently announced the appointment of Sandeep Wadhwa, MD, MBA, to the post of Medicaid Director. Dr. Wadhwa began his new job on March 3 and will oversee the state's public insurance programs, providing clinical and policy direction to improve the quality of care provided to the 615,000 Coloradans covered by programs administered by the department.

Prior to joining HCPF, he was vice president of care management services at McKesson Health Solutions. Dr. Wadhwa will also remain on the faculty at the University of Colorado Denver School of Medicine as a clinical assistant professor in the Seniors Clinic.

For more: <http://www.chcpf.state.co.us/HCPF/Web/Wadhwa020508.pdf>

Nursing task force report

The Governor's Task Force on Nurse Workforce and Patient Safety has issued a number of recommendations after a nine-month study period. The recommendations fall into three categories: nursing-sensitive quality measures, nursing education and retaining experienced nurses in the workforce.

Among the recommendations for improving nursing education are to increase salaries for nurse faculty to reduce turnover and enhance recruitment of new instructors; to increase funding and revamp the education loan forgiveness program for nurses; and to revise the rules that govern part-time and full-time faculty-to-student ratios to give schools greater flexibility in how they use faculty.

For more: <http://www.cha.com/images/stories/legis/nursingreportfinal.pdf>

Cervical cancer prevention

Colorado is among 31 states rated "good" in its efforts to prevent cervical cancer according to a new report from Women in Government, a nonprofit, bipartisan organization of women state legislators. About 85 percent of Colorado women were screened for cervical cancer in 2003 and 2004. Incidence rates averaged 6.8 cases per 100,000 population with the highest rates found among Asian Pacific Islanders (10.2) and the lowest rates among Black women (5.4).

For more: <http://www.womeningovernment.org/prevention/statereport/>

Colorado's inconsistent health rankings

Colorado's inconsistent health rankings appear again in the 2007 *National Healthcare Quality Report* from the Agency for Healthcare Research and Quality (AHRQ). Colorado was above average for pneumonia vaccinations for the elderly and receipt of recommended hospital care for acute heart failure but below average in mammograms for women over age 40. The state's suicide death rate was higher than average as well. AHRQ also released its annual National Healthcare Disparities report.

For more: <http://www.ahrq.gov/qual/qrd07.htm>

Beyond our borders

Minnesota's health care reform recommendations

The Health Care Transformation Task Force mandated by the Minnesota legislature has called for reducing the size and cost of the state's health care system through reigning in the "overuse" of health care services, cutting administrative costs and ensuring that new technologies are "only used and paid for when they provide good value." Among other things, the task force was charged with reducing health care expenditures by 20 percent by January 2011 and keeping increases to specified levels thereafter.

The task force also recommended setting targets to improve the health of the state's population by reducing rates of obesity, smoking and the use of alcohol and drugs; more collaboration and competition to improve quality, cost and patient-centeredness; and re-structuring payment systems to encourage evidence-based, high-value health care services.

For more:

<http://www.health.state.mn.us/divs/hpsc/hep/transform/ttfreportfinal.pdf>

Web watch

Sources for information on health care costs:

- ["Health Spending Projections Through 2017: The Baby-Boom Generation Is Coming To Medicare."](#) Health Affairs Web edition; Centers for Medicare and Medicaid, February 26, 2008
- Colorado Blue Ribbon Commission for Health Care Reform [Final Report](#)
- [Health Insurance/Costs](#), Kaiser Family Foundation
- [Health Care Costs Survey, 2005](#), Kaiser Family Foundation



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