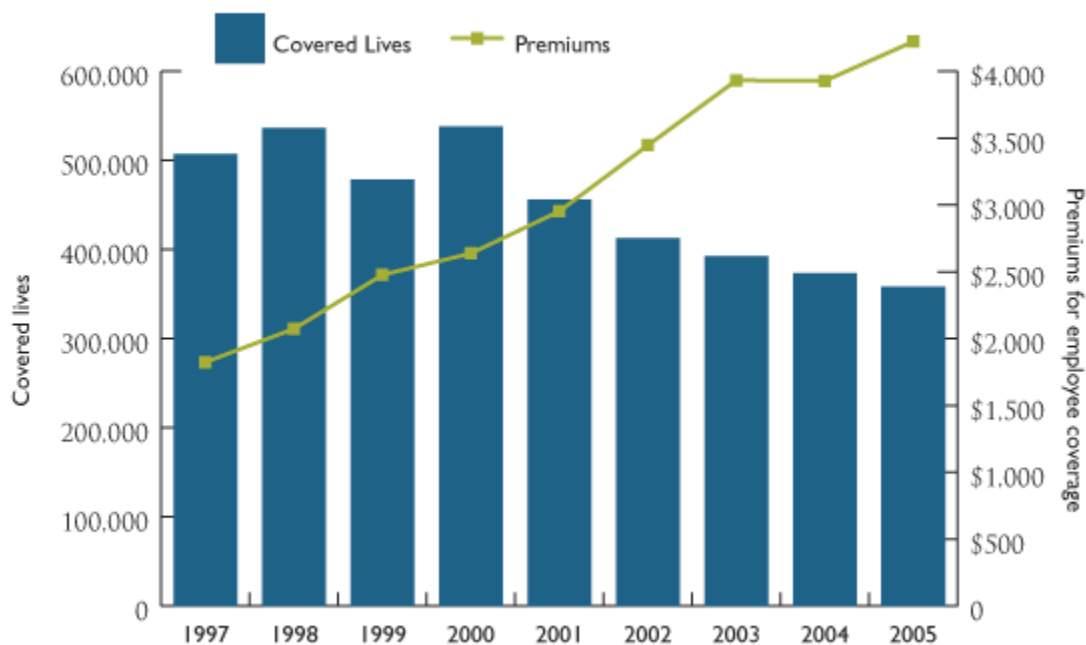


Welcome to **CHI HealthTalk**, the bimonthly e-newsletter from the Colorado Health Institute (CHI). **Please subscribe, unsubscribe or give us feedback** at info@coloradohealthinstitute.org.

Focus on the facts

Erosion of Colorado's Small Group Health Insurance Market



Sources: Medical Expenditure Panel Survey and Colorado Division of Insurance

From the CHI presentation on [Health Care Coverage in Colorado](#).

A conversation with...



... Alyson Shupe, PhD, Chief, Health Statistics Section, Colorado Department of Public Health and Environment

Q: You're in charge of the Health Statistics section of CDPHE, which includes a multitude of datasets. What kinds of data do you collect and where do you get them?

Shupe: Our Vital Statistics Unit analyzes and disseminates birth, death, fetal death, induced termination of pregnancy, marriage, divorce and population data. We also maintain the Census of

Fatal Occupational Injuries and the National Violent Death Reporting System. With the exception of population data, these data come primarily from the legal registration of vital events and, in the case of the last two, are supplemented by coroner and police reports.

Our Survey Research Unit (SRU) houses a call center where we collect data for the Behavioral Risk Factor Surveillance System (BRFSS), using random digit dialing telephone survey methods. In 2007, the BRFSS will complete 12,000 surveys with Colorado adults on topics related to morbidity and mortality including estimates of adult smoking prevalence, obesity, diabetes, asthma, cancer screening and many more. We also conduct the Colorado Child Health Survey, which collects data on children ages 1-14 years on such events as car seat use, bicycle helmet use, exposure to second-hand smoke, asthma rates, obesity, nutrition, medical home and oral health.

The Pregnancy Risk Assessment Monitoring System is a mail and phone sample survey of Colorado women who have recently given birth that includes questions on unintended pregnancy, access to and quality of prenatal care, social support available, incidence of family violence during pregnancy, infant safety and other topics related to pregnancy. The unit also conducts commissioned surveys for internal and external partners such as infectious disease case-control studies, studies of persons with disabilities, autism, drug abuse and other health-related topics.

Our section also produces various reports and data tables and maintains the Colorado Health Information Dataset (CoHID), a Web-based data query system. We provide data, consultation and training to hundreds of public health and medical professionals, citizens, students, organizations, the media and elected officials each year. I have an amazingly talented and dedicated staff who works very hard in the service of the citizens of Colorado.

Q: What goals and/or plans do you have for the future of COHID?

Shupe: Our plan for the next 18 months is to evolve CoHID beyond the query function to become a single point of entry for the health data that currently exist on the CDPHE Web site in various locations. For instance, someone in search of a variety of health indicators would have to go to one place on the state Web site for mortality data, another place for child health indicators and another place for HIV statistics. We know this is frustrating for our data users – bringing all of the static data tables, data reports and the queryable system together would greatly reduce search burden.

Q: From your six years working with Colorado health data, what new trends are you seeing? Have you seen any major changes in the health status of Coloradans?

Shupe: Unfortunately, the health disparities that exist for so many of our population groups do not seem to be improving. Infant mortality is still appallingly higher for African Americans than for whites, and the morbidity and mortality burden continues to be experienced disproportionately by individuals with lower educational attainment, low incomes, gays and lesbians and those in racial and ethnic minority groups. Overall, some good news can be seen in the declining rates of teen fertility and smoking, and Colorado enjoys better health status on many key health indicators when compared to other states and the country as a whole. The increasing prevalence of obesity across the lifecycle, however, is of grave concern because of its association with the onset of various chronic diseases.

Q: What are the health-related data gaps you observe in Colorado? What data would you most like to see collected in the state and why?

Shupe: Emergency department (ED) data would fill a gap in understanding how various population groups use health care. It would help us understand who uses EDs for problems that could have been treated in a primary care setting, which would allow policymakers and funders to better target these populations with alternatives to costly EDs. The Colorado Health Institute partnered with health department staff, the Colorado Hospital Association and others to create an [issue brief](#) on the importance of ED data and the need for its systematic collection in Colorado. Hopefully this will come to fruition in the near future.

Another large gap is mental health data. In 2007, we partnered with the Department of Human Services to add a mental illness and stigma module to the BRFSS. In 2008 we will have an additional 10 questions on anxiety and depression. These data will help us begin to understand the prevalence of mental health problems in the general adult population and their relationship to overall physical health.

A third data gap is information about the impact of environmental factors on human health and conversely the impact of human behavior on the environment. We've been compiling a list of indicators being collected by other states on these topics and hope to include questions on the 2009 BRFSS survey. Questions that might be added include indoor and outdoor air quality, pesticide use, recycling, drinking water, radon and compliance with wood burning restrictions.

Q: Are there other changes coming up in the Health Statistics Section that Colorado's health care community should know about?

Shupe: I think the use of data for strategic decisionmaking is an idea whose time has finally come. I see an increasing interest in and demand for high-quality, reliable health and environmental data from a range of users. Providing an empirical basis for the prioritization of funding, identification of risk groups for which to target interventions and evaluation of programs and policy efforts are all reasons for better uses of data. My staff and I look forward to continued partnerships with local public health agencies, other state agencies, foundations, community- and faith-based organizations and the academic community as we work together to use public health data to inform initiatives to improve the health of Coloradans.

CHI spotlight



Job opening: research analyst

CHI is looking for a research analyst with experience in health policy and/or health services research.

See the job description:

http://www.coloradohealthinstitute.org/Documents/jobs/research_analyst.doc



Health Care Reform 101 roundtables and glossary

This fall, CHI is holding three roundtables for legislators on the basics of health care reform in a Colorado context. PowerPoint presentations from the September 19 and October 22 roundtables – [where Coloradans get their health care](#) and [what is affordability in a health insurance](#) context are available on the CHI Web site. The

presentation from the November 7 roundtable will be posted after the discussion.



In addition, CHI has developed a glossary of the key health care terms Colorado policymakers and residents need to know to understand and participate in the discussions about reform in the state. Request a copy of our pocket-sized “HealthWords” at info@ColoradoHealthInstitute.org or find it on our Web site at <http://www.coloradohealthinstitute.org/documents/glossary.pdf>.

New on the CHI Web site

Health Conference Calendar



A new Health Conference Calendar is available on the CHI Web site. The purpose of this free service is to encourage the coordination of health-related conferences, symposia and special events within Colorado. CHI hopes that organizations across the state will use the calendar to announce upcoming conferences, to promote these events and to stay informed about health-related conferences being held in Colorado over the next year.

To view the calendar or submit a meeting notice for inclusion:

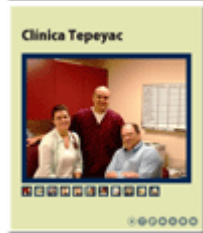
<http://www.coloradohealthinstitute.org/resourceEvents/COcalendar.aspx>.

Safety net information:



CHI’s safety net Web site includes *new data* posted on SCHIP enrollment, insurance coverage of near-poor children, Medicaid enrollment and spending, Disproportionate Share Hospital (DSH) payments and uninsured Coloradans.

<http://www.coloradohealthinstitute.org/safetynet/archiveSafetyNet.aspx>



“Faces of the Safety Net,” a new feature on CHI’s safety net Web site profiles in text and photos Denver’s Clinica Tepeyac. Each month, CHI will look at another safety net clinic in the state. [Read more](#) about the clinic’s director, David Lack.

<http://www.coloradohealthinstitute.org/resourceHotissues/facesSN/tepeyac.htm>



Also see a new CHI presentation on “Bridging state and local safety net data gaps.”

<http://www.coloradohealthinstitute.org/resourceHotissues/hotissuesViewItemFull.aspx?heltemID=21>

Workforce information:

CHI is continually adding new information about Colorado’s health care workforce to its Web site, including *new indicators* with both state and county data. See our data center at

http://datacenter.coloradohealthinstitute.org/data_topic.jsp?c=5 for new indicators related to physicians, nursing and the dental field.



New graphs with statistics about workforce-related issues are available weekly on the CHI Workforce Web site home page at

<http://www.coloradohealthinstitute.org/workforce/index.aspx>. Readers may download these graphs for use in presentations or publications. To see all the Workforce Stats that have been published to date, see

<http://www.coloradohealthinstitute.org/workforce/archive.aspx>.



Key findings from CHI's surveys of registered nurses and physicians are summarized in this *presentation*:

http://www.coloradohealthinstitute.org/Documents/2007_Presentations/9-21-07_HPDAC.ppt

Upcoming events

Colorado Culture of Health Conference

Tuesday, October 30, Adam's Mark Hotel, Denver

This first-ever conference, sponsored by the Colorado Business Group on Health, will focus on "A Business Approach to Cutting the Fat."

For more: <http://www.cbghealth.org/conferences/2007october/CuttingTheFat.htm>

Hot issues

Health care's rising costs

As the cost of health care services and insurance continues to increase, policymakers, businesses and consumers are devoting more time and attention to figuring out how to contain costs while providing needed services. Approximately 17 percent of Colorado residents are uninsured and many of them cite affordability as a major barrier to obtaining coverage. One key to addressing the issue of affordability, or lack thereof, is to understand the complex factors that drive health care costs.

CHI recently presented data to the General Assembly's Health Care Task Force that outlined annual increases in health care spending, including insurance premiums, and how this spending is distributed throughout the population. It also examined the extent to which various factors such as consumer demand and improved technology drive health care cost inflation and concludes with policy options that could reduce the rate of growth in health care spending. A policy brief will follow.

To see the presentation: http://www.coloradohealthinstitute.org/Documents/2007_Presentations/10-9-07_CostDrivers.ppt

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.



David Lack, Executive Director, Clínica Tepeyac

Before joining the staff at Denver's Clínica Tepeyac, David Lack built a strong reputation and wealth of experience in the nonprofit and health care fields. He was director of operations and interim executive director of Alternative Homes for Youth where he worked to bring fiscal stability to the organization. In Washington, D.C., David served as president and CEO of the Council for Affordable Health Insurance which advocates for health care reform at the national and state levels.

A national speaker, including the broadcast media, about health care delivery systems, David has developed a reputation as a leader in the field of health care policy. He was appointed by the governor in 2006 to the Colorado Commission on Family Medicine and later asked to join the Colorado Blue Ribbon Commission for Health Care Reform's Provider Task Force.

David is an active community leader who sits as a member of several boards and committees. His passion remains, however, within Clínica Tepeyac. After moving to its current location, the clinic has rapidly expanded its outreach into the seven Metro Denver counties, seeking to improve its ability to provide care to underserved populations. He and his staff are exploring ways to replicate the Clínica Tepeyac model in medically underserved areas throughout the state.

Outside the walls of the clinic, David is a father to three sons and enjoys reading and fishing.

"It's miraculous what we've been able to accomplish within our timetable and budget. Providing access to health care to those who need it most allows for great job satisfaction and is a motivator for continuing success," David says.

For more on Clínica Tepeyac: <http://www.clinicatepeyac.org/>. Also see CHI's [Safety Net Web site](#). Each month, a new "Faces of the Safety Net" will narrate the story of one of the many safety net clinics in Colorado, providing a snapshot of the dedicated individuals who serve the state's medically underserved residents.



Antonio Prado-Gutierrez, MPH, MA, Executive Director, Commission on Family Medicine, Colorado Association of Family Medicine

With more than 25 years of experience in health care management, Antonio Prado-Gutierrez directs both the Colorado Commission on Family Medicine and the Colorado Association of Family Medicine Residencies. The commission brings together family residency programs and Congressional representatives for the purpose of encouraging medical students to complete their training in one of Colorado's Family Medicine Residency programs and

establish a practice in one of the state's rural or other medically underserved areas. The association represents Colorado's nine family residencies and focuses on family medicine curriculum and other program areas of the residency training program.

Tony previously held management positions in mental health and public health. His interests include public health policy, rural health and the primary care physician workforce. He also has a special interest in understanding "the human condition" from psychosocial, spiritual and theological/philosophical perspectives. In addition, Tony serves on the boards of several nonprofit organizations and volunteers for organizations that serve victims of discrimination and that provide early childhood education programs.

With only one school of medicine and 65 first-year family medicine positions available statewide, Tony recruits nationally on behalf of Colorado's Family Medicine Residency programs. Annually, 85-90 percent of the positions are filled with medical school graduates from outside the state. Once in Colorado, about 70 percent of residents completing their training stay. More than half of the state's primary care physicians are family physicians, a number that rises to 73 percent in rural communities.

"I attend over 20 residency fairs coast-to-coast to recruit the best and brightest medical students to Colorado for training in our family medicine residency programs" Tony says. "With the number of medical students interested in family medicine continuing to decrease, the competition in recruiting these students is fierce. The collaborative efforts of Colorado's residency programs, the strength of our programs and Colorado's national reputation as a preferred place to live provide me a solid platform for marketing our family medicine residency programs and being successful at enticing medical students to come to Colorado."

Tony carries out this work with the help of two staff members: Sue Hall, director of health care policy, and Terri Means, director of operations, both of whom also work to recruit graduates and collaborate with other organizations on behalf of primary care in Colorado.

For more information on Colorado's family medicine residency programs:

<http://www.cofammedresidencies.org>

Inside Colorado

Colorado Health Report Card

Older Coloradans score relatively well, but the state ranks only average or below average on most health measures related to children, according to the 2007 Colorado Health Report Card, released October 17 by The Colorado Health Foundation in collaboration with CHI. CHI developed the grades for the report card and supplementary information in the companion publication *Understanding the Numbers: Indicator Details and Promising Initiatives*.

The Report Card grades Colorado on how well it ranks on 40 health indicators organized into five life stages: Healthy Beginnings, Healthy Children, Health Adolescents, Healthy Adults and Health Aging. Scores ranged from an A- in the Healthy Aging stage to C- for both Healthy Beginnings and Healthy Children. On several indicators, Colorado performed less well than poorer states.

For more: See the foundation's Report Card Web site at <http://www.coloradohealthreportcard.org/welcome/>. Download the report card and *Understanding the Numbers: Indicator Details and Promising Initiatives* from http://coloradohealth.org/publications/report_card.cfm.

Quality rankings for Colorado's health care providers and insurers

The Colorado Business Group on Health's 2007 *Health Matters: Colorado Health Plan and Hospital Quality Report* reports on Colorado physicians, hospitals and health plans and profiles efforts by the hospitals to improve safety within their facilities. This year's report also highlights more than 90 physicians who are nationally recognized for top-quality diabetes and cardiac care.

For more: http://www.cbqhealth.org/pressreleases/Press_Release2007.pdf

Beyond our borders

Covering the uninsured

This publication from the Health Resources and Services Administration and AcademyHealth looks at the experiences of six states (Arizona, Michigan, New Mexico, New York, Oklahoma and Utah) in expanding affordable private insurance and public coverage to low-income workers.

For more: <http://www.statecoverage.net/pdf/HRSARReport0307.pdf>

Making sense of the numbers

Why are there often discrepancies on statistics such as the number of uninsured children? This Kaiser Family Foundation brief looks at the methods used to develop two sets of estimates of the numbers of children who are uninsured but eligible for Medicaid and SCHIP. One estimate was calculated by the Congressional Budget Office and the other by Bush Administration officials; it is interesting reading to see why the findings were so different.

For more: <http://www.kff.org/medicaid/7685.cfm>

Web watch

Resources on the small group health insurance market:

- Kaiser Family Foundation, statehealthfacts.org:
 - [Guaranteed issue](#)
 - [Rate restrictions](#)
 - [Pre-existing condition exclusions](#)
- Colorado Health Institute, [The Small Group Health Insurance Market in Colorado](#)
- America's Health Insurance Plans, [Small Group Health Insurance in 2006: A Comprehensive Survey of Premiums, Consumer Choices and Benefits](#)
- National Conference of State Legislatures, [States and Small Business Health Insurance: An Overview](#)

- U.S. General Accountability Office, [Private Health Insurance: Number and Market Share of Carriers in the Small Group Health Insurance Market in 2004](#)



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