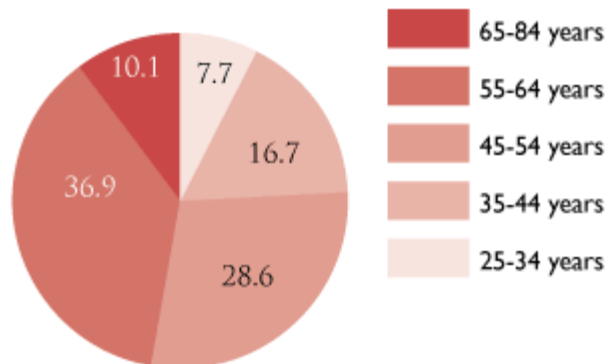




FOCUS ON THE FACTS

Colorado's licensed dentists practicing
in rural areas by age, 2006



Data from a recent Colorado Health Institute survey of licensed Colorado dentists indicate an aging dental workforce, particularly in rural areas.

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

A CONVERSATION WITH...



...Richard F. Hamman, MD, MPH, DrPH, dean, Colorado School of Public Health

Richard F. Hamman is founding dean of the Colorado School of Public Health, which opened in Colorado this past July. Former professor and chair of the Department of Preventive Medicine and Biometrics at the University of Colorado Denver School of Medicine, Dr. Hamman has educated medical and public health students in the field of epidemiology over many years. His research interests focus on the epidemiology and prevention of chronic diseases, specifically diabetes and cardiovascular disease.

Q: The new Colorado School of Public Health (CSPH) opened three months ago with 300

graduate-level students. What is your perspective on how things are going so far?**Hamman:** We're off to a really good start. People are excited about the school and we're getting a lot of visibility in the state and nationally because this is the first school of public health in the Rocky Mountain area. The school and the collaborative atmosphere across the three partner institutions have really opened up education and

research opportunities for us. For example, the CSPH in Denver and Colorado State University (CSU) received an education and research grant that is allowing us to combine five independent health professions' training programs to enhance educational opportunities for ergonomics, health physics and radiation, industrial hygiene, occupational health psychology, and occupational medicine. Things are starting to happen.

Q: How many students and faculty do you hope to have in the next three to five years?

Hamman: Considering that we opened with more than 300 students, in five years I think 500 is not unreasonable. Faculty numbers will grow slowly; we don't need to hire too many—six to 10—to reach the critical mass that is needed over the next three years. We still need chairs for two of our five departments and some faculty members will need to upgrade their credentials to meet accreditation standards.

Q: Since CSPH is the only school of public health in the nine-state Rocky Mountain region, what are your immediate goals for curriculum development, faculty and student recruitment, given the school's potential geographic reach?

Hamman: We're recruiting students locally, regionally and nationally for our graduate programs and increasing our presence in undergraduate programs as well. Because the school is part of the Western Interstate Commission for Higher Education, students from other member states will be eligible to pay in-state tuition. We also offer one of the few master's of public health (MPH) concentrations in public health education, which will draw students from neighboring states such as Wyoming, Montana, the Dakotas and Idaho. In three to five years, I expect we'll be able to offer a full degree program online. There is a lot of competition in the public health field for online education, so we're taking it slowly and being thoughtful about moving into distance learning programs.

Q: Is there a shortage of professionals in public health like there is in other health professions?

Hamman: Yes, the Association of Schools of Public Health estimates [250,000 public health professionals](#) will be needed by 2020 and that a quarter of the current workforce will retire in the next five years. The Colorado Department of Labor and Employment estimates shortages here in Colorado because of impending retirements. In addition, the majority of the current public health workforce has had little formal education in the field of public health—it's all on the job training. SB08-194 ([Colorado Public Health Reauthorization Act](#)) offers the opportunity for current public health workers to enhance their education over the next decade. CSPH will open the [Center for Public Health Practice](#) in November to address this need. To meet our goal of having a menu of continuing education courses, we are planning to conduct a survey in conjunction with the [Public Health Alliance](#) on what remedial education is needed to enhance the quality of Colorado's public health workforce.

Q: What unique niche in the development of a competent public health workforce do you feel the

school is poised to fill?

Hamman: We have a set of core competencies for all students across the five areas of concentration in the MPH program which will take a year or two to operationalize. Meanwhile, in our strategic planning efforts into the foreseeable future we want to identify those areas of greatest need for education and research. We will be involved in research in public health delivery to understand what works based on empirical evidence. Among the faculty's particular interests are rural and minority health as well as global health issues that affect all of us.

We also need to assess other public health focus areas that are important to our region such as maternal and child health in the Four Corners area and expand basic public health research such as the population health dimensions of genetics and the environment, emerging technologies, emerging diseases and bioterrorism. Public health is so broad; the issues involved touch everyone's life, but most people don't think about them as public health issues—clean water and air, the effects of oil and gas drilling on the environment and many more too numerous to name.

Q: CSPH was created in collaboration with the University of Northern Colorado, Colorado State University and the University of Colorado Denver. What role does each campus bring to the new school?

Hamman: Our goal is to have a seamless education experience so students can enroll in the School of Public Health and take courses in person or at any of the three universities with a single registration, financial aid, etc. Accreditation by the Council on Education for Public Health requires collaborating schools to have a lead institution, which is UCD, that must have all five concentration areas for the MPH degree and a sufficient number of faculty to teach the required courses. The partners bring enormous strength in education and research. UNC offers community health education, for example. Although CSU has no public health program, it has an MPH program with an environmental and occupational health concentration and a Center on Agricultural Health and Safety.

These and other collaborations have allowed us, without a huge investment, to open the school with a handful of full-time public health faculty that is supplemented by about 70 faculty members across the three institutions and 200 faculty across the state and region. The larger group comprises public health practitioners who have an adjunct clinical appointment in the school, supervising students in clinical placements, internships and other experiential learning situations.

Q: In addition to teaching, the school will focus on research. What kinds of research do you foresee faculty and students engaging in? Do you anticipate research collaborations with community partners?

Hamman: We have a large portfolio of research already in place with a number of community partners. For example, we're working in Southern Colorado to improve nutrition in San Luis Valley schools and at the local policy level. We've received a grant to conduct student surveys in 43 schools around the state to get estimates of childhood obesity. Although schools use a BMI measurement based on the student's height and weight, there's no way we can collect these data systematically and therefore we are setting up a surveillance system. Other research we hope to engage in includes sustainable communities, injury control and prevention in occupational settings, and the public health dimensions of housing policy.

Q: What relationship do you have with the Colorado Department of Public Health and Environment (CDPHE)?

Hamman: CDPHE is the fourth partner in our collaborative; it has been an integral part of the planning and implementation process for CSPH since Day One. A number of senior and mid-level staff have faculty appointments in the school and we're placing students at the department for internships and clinical placements. In addition, we're collaborating with CHPHE on public health infrastructure issues and how to meet public health workforce needs. Some local public health leaders are involved, too, but this is an area we want to expand in the future.

Broad collaboration has benefits; although the school just opened in July, developmental work and planning has been going on for many years. The newness of it all at this point in time brings a special excitement to the work.

For more on CSPH: <http://publichealth.ucdenver.edu>

CHI SPOTLIGHT

Colorado's uninsured numbers: Stable or not?

How many people are uninsured in Colorado? The answer to this question depends upon a number of factors, including the data source, the analytical methods and definitions used to arrive at the estimate, and the interpretation of findings resulting from the analysis. New [Census Bureau data](#) show that in 2005-07 an average of 799,000 Coloradans lacked health insurance. In addition, the data showed that 16.8 percent lacked health insurance in 2006-07 compared to 16.3 percent in 2004-05. Although the Census Bureau did not list the change as statistically significant, the data suggest that the number of uninsured Coloradans continues to grow as the state's population grows.

CHI is working on a data brief to help policymakers and others understand the various uninsured estimates that have been developed over the past few years in Colorado. This brief will discuss the various data

sources used to arrive at statewide uninsured estimates and highlight the issues involved in developing and comparing estimates across data sources and analytical methods.

To be notified when the publication is available, e-mail info@ColoradoHealthInstitute.org or watch the CHI Web site [Spotlight section](#) on the home page.



Inventory of Colorado's health care workforce programs and initiatives

The Colorado Health Institute (CHI) has released the state's first comprehensive inventory of Colorado health professions' workforce initiatives and programs designed to foster the recruitment and retention of health care professionals in Colorado communities, especially in the state's medically underserved areas.

This [Health Professions Workforce Inventory](#) is a Web-based document that profiles educational programs that provide training related to 20 health professions as well as workforce initiatives that strive to increase awareness of health opportunities in the health professions workforce. Funded by The Colorado Trust as part of its Workforce Investment Strategy, the inventory is designed to be a tool to increase statewide collaboration among health workforce coalitions, educational institutions and workforce development organizations.

Profiles have been completed for the majority of Colorado's health professions educational programs including information about the target health professions, educational/degree programs offered, number of enrolled students, waiting lists (if any), barriers to completing the training program, numbers of faculty, types of clinical placements, available funding and geographic area served. For the workforce initiatives, the inventory provides similar information.

The inventory is available on the CHI Web site and will be updated each summer. If you are a representative of an organization or educational program not included in the inventory, please contact [Rebecca Crepin](#) to complete a program/initiative information form.



2008 Colorado RN Workforce Survey

In mid-October, CHI began surveying registered nurses (RNs) in Colorado about practice and training issues related to their profession. Approximately 3,000 licensed RNs were randomly selected to receive the survey which focuses on education, clinical experiences, job satisfaction, practice setting, time spent on various duties, future career plans and interest in becoming a nursing faculty member.

The 2008 survey is a follow-up to CHI's 2005 survey of individuals whose RN licenses were subject to

renewal. CHI received survey responses from 12,559 RNs, or 52 percent of those who renewed in fall 2005. For more see the [2008 RN Survey page](#) on our Web site.



Findings from the 2006 Colorado Dental Hygienist Workforce Survey

In August 2006, CHI mailed a survey questionnaire to nearly 3,000 dental hygienists who held an active license to practice in Colorado. Individuals in the sample had to have a Colorado work or home address in the licensing board's database. See [Hot Issues](#) below for some of the findings as well as the [2006 Dental Hygienist page](#) on our Web site for more information.

Colorado LPN and CNA Workforce Survey data

CHI has posted data and codebooks from the 2007 Colorado Licensed Practical Nurse (LPN) Workforce Survey and the 2006 Colorado Certified Nurse Aide (CNA) Workforce Survey to its Web site.

A stratified random sample of 2,500 LPNs were mailed a questionnaire in late 2007. CHI received responses from 1,002 individuals for a 42 percent response rate. Responses are available in the [Public Codebook and Variable Frequencies Report](#) on the CHI Web site. Researchers may obtain access to the Research Data File (password-protected SAS code and dataset) by submitting a data-use agreement to CHI.

Data from more than 10,000 [CNAs licensed in Colorado \(35% response rate\)](#) are also available in the same formats.

HOT ISSUES



2006 Colorado Dental Hygienist Workforce Survey findings

Like other professions that comprise the health care workforce, the dental hygienist profession is an aging one with 54 percent of hygienists age 45 and older and a median age of 44 years. Eighty percent work 35 hours a week or less, and 13 percent of hygienists licensed to practice in Colorado are not working in their field. These data are among other findings from CHI's 2006 survey of 3,698 dental hygienists who held an active license to practice in Colorado and who also reported work or home addresses in the state.

CHI received completed surveys from approximately 2,170 dental hygienists or approximately 60 percent of those mailed a survey form. The survey included questions on such issues as education and training, licensure, employment status, job satisfaction, future education and work plans, salary and health insurance status.

Other findings include:

- Of the 13% percent of respondents not working as a dental hygienist in 2006, 34% were unemployed but not looking for work in that field, 30% were employed in another field, 26% were retired and only 10% were looking for work as a dental hygienist.
- A larger proportion of licensed dental hygienists in rural areas (39%) were working in another field, compared to 19% in urban areas. More urban respondents were retired—30% compared to only 14% of those working in a rural area.
- Seven in 10 dental hygienists (70%) were employed in one worksite, 22% in two worksites and 4 percent worked for three or more. Urban-practicing hygienists were more likely to work at multiple sites (30% worked in at least two locations compared to 23% working in a rural area).
- Half of the dental hygienists working in an urban setting earned \$50,000 a year or higher compared to 36% of those working in a rural area.
- Overall, more than three-quarters of Colorado dental hygienists responding to the survey reported being satisfied working as a dental hygienist (76% marked 4 or 5 on a five-point scale) and said they would do it all over again if beginning college today.

For more see the 2006 [Dental Hygienist survey page](#) on our Web site.

Also see [Web Watch](#) below.

WHO'S WHO

A New Crop of Nurses, Shalom Park

Aurora's Shalom Park has a unique niche as a campus which provides long-term care services for seniors in the Denver Metro area. It also plays another role—training a competent and caring long-term care workforce.

Seven years ago, Shalom Park designed and implemented a model training program to recruit potential certified nursing assistants (CNAs). Students accepted for this full-time nine-week training program receive classroom instruction while participating in an extensive apprenticeship program with selected onsite CNA mentors. This program has provided training for more than 135 students who have graduated, passed a certification exam and are currently employed at Shalom Park, at other nursing homes or hospitals, or are enrolled in nursing or medical schools.

Dan Stenersen, president and chief executive officer, explains: "This is part of our sacred trust to give back to the community. We take responsibility for the welfare of others— residents and staff."

In 2003, Shalom Park designed and implemented a two-and-one-half-year training program which provides nursing education for CNAs to advance and become licensed practical nurses (LPNs). The 14 students of the first class all graduated in July 2005. The focus of the program is on small-group cohort learning and consists of tutoring prior to basic skills testing for college admission, compliance with requirements for the Practical Nursing Certificate curriculum, onsite classes and clinical training leading to LPN licensing.

In April 2006, Shalom Park further developed this training program by providing nursing education for LPNs to become registered nurses (RNs). This program, in cooperation with Arapahoe Community College, is designed to address inadequate registered nurse staffing levels common locally, regionally and nationally. It has been suggested that this is the only onsite RN training program at any nursing home in Colorado or nationally.

In September, Shalom Park graduated its third class of professional nurses, including seven LPNs and seven RNs. The students trained in the 2008 class are diverse, ranging in age from their mid-20s to age 50 years and older, hailing from seven countries and speaking five different languages.

"The students were chosen for their compassion, intelligence and desire to learn more in order to meet residents' needs. They have each made a significant commitment to learning and resident care. We look forward to their continuing success," says Pat McBride, MSN, RN, director of nursing.

Shalom Park, located in Aurora, is a not-for-profit, Jewish non-sectarian continuum-of-care organization specializing in the delivery and innovation of community and residential health and social services. Beth Israel at Shalom Park is a long-term care and skilled nursing residence. Each year, more than \$1.5 million in assistance is provided to the 60 percent of residents who are unable to pay for the care they receive. The Senior Residences at Shalom Park, 44 patio homes and 60 apartments, offer housing with in-home services on an a-la-carte basis.

[Read more](#) on the nursing program.

INSIDE COLORADO

2008 Colorado Household Survey

Through a grant from The Colorado Trust to the Colorado Department of Health Care Policy and Financing (HCPF), a subcontract was executed with CHI to serve as administrator for the 2008 Household Health Insurance Survey. The survey will focus on insurance coverage, access to physical and oral health care and affordability of coverage and care.

The 2008 Household Survey will provide state policymakers and researchers with baseline information about health insurance coverage in Colorado at the sub-state level, a first data resource for Colorado decisionmakers.

CHI has contracted with ICR, a national survey research firm, to conduct the random digit-dialing telephone survey which includes a target of 10,000 Colorado households. The sampling design includes 21 regions of the state to ensure that rural communities are adequately represented in the survey.

For more information, contact Pam Hanes, who serves as the principal investigator for the survey effort, at info@ColoradoHealthInstitute.org.

Coloradans with employer-sponsored insurance drops

The number of Americans with employer-sponsored health insurance dropped nearly 5 percent from 2000-07, according to a new report from the Economic Policy Institute. In Colorado, the decline was even larger with 6.5 percent fewer people getting health insurance at work last year than in 2000. The number of Coloradans with employer-sponsored health insurance rose, however, by 4,875.

[Read the report.](#)

Colorado health insurance premiums rise sharply

From 2000-07, family health insurance premiums for Colorado's workers rose nearly five times more than median earnings—74 percent compared to 15 percent for median earnings, according to a new report from Families USA, a national consumer advocacy organization that focuses on health care.

The average annual family premium (employer and worker share of premiums combined) rose from \$6,797 to \$11,878, an increase of \$5,081, the report says. The employer's portion of annual premiums rose from \$5,261 to \$8,849 (a difference of \$3,588), while the worker's portion rose from \$1,536 to \$3,029 (a difference of \$1,493).

[Read the report.](#)

New guidelines for substance abuse screening

The Colorado Clinical Guidelines Collaborative (CCGC) has issued a new guideline to help health care providers screen patients for alcohol and drug use as a standard practice.

SBIRT or "Screening, Brief Intervention, Referral to Treatment" is a comprehensive, integrated public health approach based on universal screenings which create awareness about substance use. The [SBIRT Colorado](#) team partnered with CCGC to create the new guideline.

CCGC is nonprofit coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations and other entities working together to implement systems and processes that use evidence-based clinical guidelines to improve health care.

[Read the guidelines.](#)

UPCOMING EVENTS

[2008 Annual Colorado Demography Meeting](#)

November 7, 2008

Arvada Center for the Performing Arts

["Do No Harm": 8th Annual Colorado Patient Safety Conference](#)

November 14, 2008

Marriott Hotel Denver Tech Center, Denver

Sponsored by the Colorado Patient Safety Coalition

[2008 Colorado Chronic Disease Conference](#)

November 12-13, 2008

Cheyenne Mountain Resort, Colorado Springs

Sponsored by the Colorado Department of Public Health and Environment

[Colorado Health Professions Workforce Summit](#)

December 2, 2008

Sheraton Denver West Hotel, Lakewood

BEYOND OUR BORDERS

How states compare on access measures

A new interactive Web-based profile shows how the 50 states plus the District of Columbia compare on 14 measures of state resources that enable residents to gain access to health care. Developed by SHADAC, the [State Health Access Data Assistance Center](#) at the University of Minnesota's School of Public Health, the profile shows Colorado in the middle of states on measures of the percent of population who can get health care when they need it (88%) and the percent of employers offering health insurance to their employees (54%).

Health insurance trends

Even though the number of uninsured Americans dropped in 2007, more individuals will have to choose between health insurance coverage and basic necessities in 2008 because of rising unemployment rates, a [new report](#) from the Employee Benefit Research Institute predicts. The report looks at trends in employer-based, public and individual coverage for 1994-2007.

Status of the world's children

"Marked advances" have occurred in the past century in improving the quality and access of children's primary health care, reducing deaths among those under age 5 and improving their health and nutritional status, UNICEF says in its [State of the World's Children 2008 report](#).

The report assesses the state of child survival and health care for mothers, newborns and children across the world and notes that child death rates have decreased by about half since 1960 to 9.7 million a year. At the current rate of progress, however, the world will fail to meet the goal of reducing the mortality rate of children under age 5 by two-thirds between 1990 and 2015.

WEB WATCH

For more information on Colorado dentists and dental hygienists:

- [2006 Colorado Dentist Workforce Survey](#)
- [Colorado Dental Association](#)
- [Colorado Dental Hygienists Association](#)
- [Colorado Board of Dental Examiners](#)
- [University of Colorado School of Dental Medicine](#)
- [University of Colorado Denver \(UCD\) School of Dental Medicine Dental Hygiene Program](#)
- [Colorado Dental Professional Loan Repayment Program](#)

WEB TIP



Using CHI's Health Conference Calendar

Planning a health-related conference? Make sure to plan it at a time that has been coordinated with your

sister organizations and colleagues by checking CHI's Health Conference Calendar first. Then use the form to submit your conference to our Web site to help promote your event.

1. Click on "Health Conference Calendar" from the home page or events page.
2. Click on the calendar graphic to open and print a PDF of all the conferences coming up over the next year.
3. Use the submission form button to add your event to the calendar.



4. Your event will be added to the calendar within two business days.

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