



Newsletter January 2010

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From Annette Kowal, CEO, Colorado Community Health Network

The Year Behind Us and the Year Ahead of Us

Dear Friends:

Never has a cliché fit so well as that the times we are in now are a roller coaster ride!

Last year started on a note of hope for positive changes in Washington, but the economy continued to rush downhill. Health care costs rose, state revenue skidded downward, Medicaid enrollment rose as people lost their jobs and employer-sponsored health care, and the federal government passed legislation to stimulate the economy with jobs promised in health care, highway construction, new energy, and many other areas.



The wonderful people who work at [Community Health Centers \(CHCs\)](#) have a front row seat on this roller coaster ride. More than 1200 CHCs across the country serve as the health care home for the medically underserved, including people who face the barriers of poverty, geographic isolation, lack of insurance, and doctor shortages. CHCs provide high quality, comprehensive, primary health care for people who otherwise would not be able to easily access the health care. Because of this important role in the health care system, new funding for Health Centers was included in the federal stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA).

Last March, Colorado's 15 CHCs collectively were awarded \$7.5 million from ARRA for a period of two years to help meet the increased demand for services. Even before the recession, these 15 CHCs were providing care to one in ten Coloradans from 55 of Colorado's 64 counties. Ninety percent of patients served by CHCs have family incomes below 200 percent of the Federal Poverty Level (\$42,400 per year for a family of four in 2008).

That helped, but then the roller coaster went over a hill and sped rapidly downward. The economic downturn resulted in a significant drop in revenues to the state, and that led to budget cuts, including to programs for patients cared for at CHCs. Budget cuts to these programs resulted in reductions of more than \$32 million in this year's operating budgets of CHCs. This included:

- Reductions in Medicaid reimbursement;
- Cuts to the Primary Care Fund, the Cancer, Cardiovascular and Pulmonary Disease (CCPD) and Health Disparities grants, and other programs funded by the state tobacco tax;
- Premature expiration of the Health Care Services Fund, which covered part of the costs of caring for the uninsured through the Colorado Indigent Care Program (CICP); and
- Cuts to the Comprehensive Primary and Preventive Care (CPPC) grants, funded through tobacco settlement dollars.

CHC staff are working very hard to do more with less, as more people come to their doors. As non-profit entities, however, CHCs don't have profit margins that they can reduce or big reserve funds to help them through such a rough economic climate. Like many of the businesses in their communities, they also have had to reduce hours and days of service, restructure and reduce staff, and close sites.

These reductions mean it is harder to meet the needs of patients, both current and new. And it impacts Colorado communities, where [for every full-time person working at a CHC](#), another full-time job is generated in businesses and industries that provide services to CHCs, their staff, and their patients.

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In spite of shrinking budgets in 2009, Colorado's CHCs continued to move forward:

- CCHN and Colorado's CHCs announced a new plan showing how investments over the next 20 years will allow CHCs to serve as the health care home to one million Coloradans, approximately half of them uninsured. The [Access for All Colorado](#) plan is a work in progress. CCHN will continue updating and analyzing the data, and working with other safety net providers around the state.
- A [ten-year trend analysis](#) showed that the number of patients cared for by Colorado CHCs grew 55 percent from 1999 to 2008. In addition, CHCs employed more than 3,000 people in 2008, double the 1,500 employees in 1999.
- The [Heart Smart Navigation Program](#) (HSNP) of Colorado's CHCs was recognized as a promising initiative for controlling hypertension by the Centers for Disease Control and Prevention (CDC). HSNP is one of three initiatives from around the country that were selected by a panel of experts in heart disease, hypertension, stroke prevention, and evaluation. HSNP is funded by the CCPD Competitive Grants Program of the Colorado Department of Public Health and Environment.
- Colorado was one of five states selected for the [Safety Net Medical Home Initiative](#), a four-year initiative to work with safety net clinics and community stakeholders to reach high levels of quality, efficiency, and patient experience. CCHN is a Regional Coordinating Center for this national demonstration project.
- Rep. Nancy Pelosi, Speaker of the U.S. House of Representatives, visited the Stout Street Clinic of the Colorado Coalition for the Homeless in Denver on Aug. 6, 2009. She joined Coalition President and CEO John Parvensky, and two of Colorado's U.S. Representatives, Diana DeGette and Jared Polis, to highlight the impact of the economic recovery funds on health care services. The members of Congress saw firsthand how the Coalition, like other CHCs, is meeting increased need, improving health care systems, and creating new jobs with federal recovery funds.
- Colorado CHCs received federal economic stimulus funding from the [Capital Improvement Program](#), part of ARRA. These one-time grants are intended to help CHCs address pressing capital improvement needs such as construction, repair, renovation, and equipment purchases, including health information technology systems, as well as to create employment opportunities in medically underserved communities. The use of these funds is restricted to capital activities and cannot be used for day-to-day operations or staff.
- Colorado CHCs worked to improve their [emergency preparedness](#), developing and refining emergency preparedness plans and helping their communities to respond to the H1N1 flu outbreak.

So as we leave 2009 behind and look ahead, I anticipate more ups and downs on this roller coaster ride:

- Coloradans still face a grim and uncertain job market, while the speculations of economic crystal ball gazers range from slightly hopeful to dismally downbeat.
- The implementation of the Colorado Healthcare Affordability Act, passed in 2009, will improve hospital reimbursement and expand Medicaid and CHP+ to more of our state's uninsured. Financed by a fee on hospitals and matched by the federal government, the act will help make health care more affordable for consumers and businesses by reducing uncompensated care and cost-shifting, two leading causes of sky-rocketing health costs. As more patients enroll in Medicaid and CHP+, the act also will help provide much needed revenue to Health Centers.
- Governor Ritter and the General Assembly must adjust the state budget even further for the coming fiscal year, as state revenues continue to decline. Both program cuts and revenue changes are under consideration.
- Adequate numbers of trained and experienced health care providers continue to be a challenge for many CHCs and other health care institutions. CCHN is supporting "Health Care Jobs in Rural and Underserved Colorado," state legislation aimed at expanding and improving loan repayment options for individuals working in health care in underserved areas.

- Colorado's CHCs will continue to provide high quality primary health care but must work with budgets impacted by permanent changes made in 2009.
- The U.S. House of Representatives and Senate must come up with a single compromise bill and enough votes to pass it in order to move forward with health care reform. This legislation will not cure all of the problems with the U.S. health care system, but it will make it possible for millions more Americans to have some form of health care coverage. Both House and Senate versions of the legislation passed in late 2009 include funding to invest in the health care work force and in expanding access to health care through CHCs, school-based health clinics, and other safety net providers. Political calculations threaten good policy choices in the effort to bring a bill to the president for signature.

We have to work hard to smooth out the roller coaster ride. Health care should be something that each of us can use and afford, not something we hope for as we struggle to hold on to our seats in the roller coaster. The people who work in Colorado's CHCs rededicate themselves every day to quality affordable health care for Colorado's communities. It's a standard we can all be proud to work toward.

Sincerely,
Annette Kowal
Chief Executive Officer

HEALTH CENTER NEWS

Two Coloradans Honored for Leadership in Community Health



Dean Brown (right), retired Board Chairman of Denver Health's Community Health Services, joins Dennis Royal, executive director of Community Action Partnership of Natrona County, Wyoming, to celebrate their CHAMPS awards at the annual conference in Seattle, Wash., in October 2009.

Two Coloradans were honored by their peers in October at the Community Health Association of Mountain/Plains States (CHAMPS) 2009 Primary Care Conference in Seattle, Wash. Elbert "Dean" Brown, recently retired from the board of directors of Denver Health's Community Health Services (DCHS), was selected to receive CHAMPS' 2009 Exceptional Board Leadership Award. Christopher Tonozzi, MD, medical director for Mountain Family Health Center's Glenwood site, was chosen to receive CHAMPS' 2009 Exceptional Clinical Leadership Award.

Upon creation of the Denver Health and Hospital Authority (DHHA) in 1995, Mayor Wellington Webb appointed Mr. Brown to the board, on which he served until 2003. In 1997, Mr. Brown was appointed as the liaison to the DCHS and in 2003 was appointed president of the DCHS Board of Directors. Mr. Brown retired from the board in March 2009. Throughout his career, Mr. Brown has been a tireless advocate of men's health issues and as a result, DCHS and DHHA more



Christopher Tonozzi, MD, Glenwood site medical director of Mountain Family Health Centers, received the Exceptional Clinical Leadership Award at the CHAMPS conference in Seattle.

actively address men's health issues as a regular component of primary care delivery. In addition to his service to DCHS and DHHA, Mr. Brown has been active in the Denver community promoting and managing affordable housing for seniors.

Dr. Tonozzi has been a physician at Mountain Family since 1999 and is also a clinical instructor at the University of Colorado in the Department of Family Medicine. Dr. Tonozzi has served as the physician lead on Mountain Family's Electronic Health Record (EHR) Task Force since 2003. He provided the clinical and practical technical leadership during the ramp-up of the electronic medical record. Once it was in place, he developed a clinical quality reporting system that will be the Colorado Associated Community Health Information Exchange (CACHIE) backbone and propel Colorado into the forefront of quality. CACHIE is a project of CCHN and the Colorado Community Managed Care Network (CCMCN) to lead collaborative health information technology (HIT) services for CHC quality improvement and payment initiatives. Dr. Tonozzi also served on the EHR Committee of Valley View Hospital in Glenwood Springs, giving him a perspective on what HIT can achieve through the whole spectrum of health care.

Coloradan Chosen for National Patient Advocate Award



Jessica Sanchez holds up her Henry Fiumelli Patient Advocate Award.

Jessica Sanchez, one of CCHN's Clinical Quality Directors, was chosen as the 2009 Henry Fiumelli Patient Advocate. This prestigious award is given by the National Association of Community Health Centers (NACHC) to an outstanding staff member from a state or regional Primary Care Association who exemplified passion and commitment to improving the care and quality of life for health center patients.

Ms. Sanchez, RN, MSN, FNP, recently celebrated her tenth anniversary at CCHN working to improve access to high quality clinical care for underserved Coloradans. She is leading CCHN's Safety Net Medical Home Initiative, a collaborative project with the Commonwealth Fund and the Colorado Health Foundation, to transform Colorado CHCs into patient-centered medical homes. In addition, she is a family nurse practitioner at a CHC in Denver. She was involved in managing and coordinating activities that support CHCs in Colorado with their participation in the National Health Disparity Collaborative Initiative.

"In my mind, Jessica is the personification of the community health movement," said Dan Martin, program officer at The Colorado Health Foundation, who previously worked with Jessica on the Health Disparities Collaboratives. "She's tirelessly passionate, on a pursuit for equity and social justice in not just health care but all aspects of life."

The award is named in recognition of Henry Fiumelli's immeasurable contributions to the health center movement as executive director of the Pennsylvania Forum for Primary Health Care. Ms. Sanchez was presented the award on Nov. 17, 2009, at NACHC's Primary Care Association Conference in Albuquerque, N. M.



These flip-flop shoes were given to Ms. Sanchez with the Henry Fiumelli Patient Advocate Award. Mr. Fiumelli always attended meetings in a Hawaiian shirt and flip-flops. This pair was hand-decorated by Alyssa Ammerman, daughter of Yvette Ramirez Ammerman, associate director of Western Operations for NACHC.

2010 is 45th Anniversary of National Community Health Center Program

From humble beginnings in inner city neighborhoods and rural communities, the national Community Health Center (CHC) Program has grown to become the cornerstone of the health care safety net. Today, there are more than 7,500 CHC locations providing access to high-quality, affordable, culturally-competent care to those in need. In Colorado, 15 CHCs operate 138 clinic sites, caring for more than 500,000 people from 55 of the state's 64 counties.

CHCs, also known as Federally Qualified Health Centers, owe their existence to determined advocates. One of those was H. Jack Geiger, a young doctor and civil rights activist who, while studying in South Africa, witnessed how a community-based health care model had brought about significant improvements in health for the poorest citizens there.

At the time, the deep poverty in the U.S. was a concern of President Lyndon Johnson, whose War on Poverty sought innovative solutions. Dr. Geiger and others submitted proposals to the federal Office of Economic Opportunity. Denver Health was among the first eight locations around the country supported by the federal Office of Economic Opportunity in the mid-1960s. Through the work of a young U.S. Senator from Massachusetts, Edward M. Kennedy, the first federal funding specifically earmarked for CHCs was approved in 1967.

The model connected federal funds to local resources and leadership. More than half of those on each CHC board must be patients, so that CHCs are responsive to their communities. Bolstered by grassroots support, the program survived proposed cuts in the 1980s and emerged with broad, bipartisan backing in Washington, doubling in size under President George W. Bush.

Health centers have become leaders in treating chronic disease, reducing health disparities, and generating cost savings without sacrificing quality. CHCs provide comprehensive primary and preventive health care as well as dental, mental health and pharmacy services and enabling services, such as translation and transportation. CHCs provide care in medically underserved urban, suburban and rural communities, using a sliding fee scale that keeps care affordable.

For a history of CHCs in Colorado, please visit www.cchn.org.

Health Center News From Around Colorado News Briefs

MCPN Participates in Healthy Start Program

Metro Community Provider Network (MCPN) has teamed up with Tri-County Health, the March of Dimes, and the City of Aurora to start a program called "Healthier Beginnings for African Americans/Black Communities: An Aurora Healthy Baby Initiative." The goal of the program is to close the troubling disparity in infant mortality rates. The program is still in the planning phase, with officials looking for funding sources and continuing to gather data about infant mortality.

Jenny Alber, director of case management and community based programs for MCPN, said the key now is for the initiative to get its message out. By getting the message out about infant mortality, more mothers will be aware of the issue and take steps to make sure they are healthy before they become pregnant.

"I think the biggest thing we can do is just educate people," Ms. Alber said.



Peak Vista Hosts Fifth Annual Breakfast of Champions



From left to right: Dr. Larry McEvoy, CEO of Memorial Health System; BJ Scott, President and CEO of Peak Vista; Margaret Sabin, President and CEO of Penrose-St. Francis Health Services; and Olympian Mark Spitz at the Breakfast of Champions.

Peak Vista Community Health Centers held its annual Breakfast of Champions on Nov. 11, 2009, at the Broadmoor's International Center in Colorado Springs. Mark Spitz, nine-time Olympic gold medalist in swimming, gave the keynote speech to more than 800 attendees. The annual event raised more than \$170,000 for primary medical, dental and behavioral health services for working families in the Pikes Peak region.

Raising awareness about Peak Vista and its contributions to the community, the event also served to recognize the many champions associated with the organization, especially volunteer physicians and dentists, and community partners. Memorial Health System and Penrose-St. Francis Health Services were honored as Peak Vista's 2009 Co-Champions of Community Health for their partnership and ongoing support of Peak Vista's initiatives.

Save the date for next year's event on Nov. 16, 2010.

Salud's Commerce City Grand Opening

Salud Family Health Centers grew by 46,000 square feet on Dec. 7, 2009, with the grand opening of the new Commerce City clinic. Guests included State Senator Mary Hodge, Commerce City Mayor Paul Natale, and Department of Health Care Policy and Financing (HCPF) Executive Director Joan Henneberry.

The Commerce City clinic began serving patients two weeks later on Dec. 21, 2009, in the new building with 21 medical exam room and 14 dental operatories.

Salud Dental Director John McFarland was recognized for his 37 years of commitment to Salud with a surprise naming and dedication of the "John W. McFarland Dental Clinic." Dr. McFarland was surrounded by family, friends and colleagues who flew in from around the country to honor his life's work.



John McFarland, DDS (center), dental director for Salud Family Health Centers, and Salud staff and supporters celebrate the grand opening of Salud's new Commerce City site.



Valley-Wide Fundraising Event Benefits La Puente Home

Valley-Wide Health Systems, Inc., in partnership with Adams State College and many local corporate and individual sponsors, raised more than \$56,000 in early December 2009 in support of La Puente Home, the regional homeless shelter. La Puente Home provides a range of programs focused on preventing homelessness and ensuring that individuals and families who become homeless have their immediate needs met.

This year's event began with a reception hosted by the college and included a night at the theatre, featuring "Alice in Wonderland." During intermission an alternative gift store was set up, providing an opportunity for donors to "buy" packages representing services to be provided to La Puente clients.

Pueblo CHC Celebrates Grand Opening of New Site

Pueblo residents gathered for the grand opening of the new Pueblo Community Health Center (PCHC) at 300 Colorado Ave. on Nov. 18, 2009, one year after the groundbreaking ceremony. The new 41,000-square-foot facility replaces an 11,000-square-foot building across the street and stands on the ground occupied for 100 years by St. Paul United Methodist Church. Stones from the old church were incorporated into the new clinic's entrance to honor the church and the generosity of the congregation that agreed to sell the building for the CHC expansion. Donations from PCHC staff, board, and volunteers; and from community supporters, including individuals, businesses, and government agencies; and a grant from The Colorado Health Foundation made the expansion possible.



"Organizations are people. PCHC is an extraordinary organization that is blessed to have extraordinary people . . . who are not only devoted to their patients, but to each other," said Byron Geer, PCHC's former CEO who joined the celebration. He added that the clinic's staff always has been "the glue that holds this organization together." Mr. Geer retired in February 2009.

Plains CEO to Serve on Federal Advisory Panel

Dr. Zettie Page, III, CEO of Plains Medical Center, Inc., in Limon, has been appointed by HHS Secretary Kathleen Sebelius to serve on the National Advisory Council on Migrant Health of the Health Resources and Services Administration (HRSA). The Council makes recommendations to HHS on the health and well-being of migrant farmworkers and their families. Dr. Page was appointed for a four-year term.

Two Dental Leaders Retire – Will Be Missed

Two highly valued members of the Colorado Dental Health Network are retiring and will be missed. Richard Zallen, MD, DDS, will retire as the dental director for Denver Health's Community Health Services in February 2010. Dr. Zallen has been part of the community health movement for more than 30 years. In addition, Capt. Jim Sutherland, DDS, MPH, retired his position as the regional dental consultant in the Health Resources and Services Administration (HRSA) in November 2009. Dr. Sutherland has been a proactive member of Colorado's safety net dental community for the last 10 years. Both Drs. Zallen and Sutherland have provided direction and leadership in state and national oral health efforts.



Peak Vista Offers New Services

Peak Vista opened a new facility and received a grant for a new medical outreach van to provide expanded services to the homeless community. The Homeless Health Center, which provided care for more than 1,000 patients in 2008, will continue to provide medical, dental and behavioral health care for homeless people of all ages at the new facility. Limited laboratory services and pharmaceuticals, as well as breast health

information, are also available. A special tribute to former board member Elizabeth Fineron is housed at the center to honor her advocacy efforts on behalf of the homeless.

In addition, Peak Vista received a Community Development Block Grant, administered by El Paso County, for a homeless medical outreach van. Outreach services through the van will resemble what Peak Vista provides at the new homeless health center, allowing Peak Vista to serve more of the homeless patient population. It is anticipated that the homeless medical outreach van will be able to accommodate 500 patients annually. Peak Vista will partner with Catholic Charities during visits to migrant camps, rural areas and other areas in El Paso County to provide comprehensive medical care to the homeless and to those at risk of becoming homeless.

MLK Day Celebrated with Day of Service at CHCs

Volunteers from MCPN, Metro Volunteers, Kaiser Permanente and CCHN participated in a community day of service at MCPN's Jeffco Clinic on Jan. 18, 2010, in honor of Martin Luther King Jr. Day. Volunteers refurbished the clinic by painting the interior and steam-cleaning the carpets and furniture.

Kaiser and Metro Volunteers also contributed their efforts to refurbish the headquarters and Stout Street Clinic of the Colorado Coalition for the Homeless in Denver.



From left, Ken Watson, PhD., MCPN psychologist and behavioral health director, works with John Reid, MCPN vice president of development, to steam-clean the carpets at MCPN's Jeffco Clinic on MCPN's MLK Day of Service.

Pueblo CHC Staff Join Fight Against the Flu

Employees from PCHC joined staff from Pueblo's health department and nursing students from Colorado State University-Pueblo to inoculate hundreds of Puebloans against the H1N1 influenza on Oct. 22, 2009. The successful event was the outcome of cooperative efforts by Pueblo county officials and health care providers to be prepared for disease outbreaks.

Coalition Breaks Ground for New Affordable House Near Stout Street Clinic

The Colorado Coalition for the Homeless (CCH) hosted a groundbreaking celebration for its newest affordable housing development, the Renaissance Uptown Lofts, on Dec. 17, 2009. The project, at the corner of Pearl St. and Colfax Ave. in Denver, will integrate 50 units of permanent supportive housing for homeless individuals with other affordable rental apartments targeted to a variety of incomes. Health care will be available at CCH's nearby Stout Street Clinic.



The first shovels full of dirt for the Renaissance Uptown Lofts are thrown by elected officials and community leaders in affordable housing. From left are: First Lady Jeanne Ritter, Tom Hemmings, Don Cox, Denver City Councilwoman Jeanne Robb, Denver City Councilwoman Carla Madison, Gov. Bill Ritter, Pat Coyle, Sarah Archibald, Susan Kirkpatrick, Jamie Van Leeuwen, and CCH CEO John Parvensky.

Salud Family Health Centers is Celebrating 40th Anniversary

In 1970, Salud operated out of a small onion warehouse in Fort Lupton, serving the migrant farmworkers employed in the fields along the South Platte River Valley. Forty years later, Salud has grown to operate clinics in nine northern Colorado communities and a mobile health unit.

As part of its anniversary celebration, Salud is collecting 40 stories that highlight its unique history. Salud staff is asking for stories from anyone who would like to share a Salud memory. To share a story, please e-mail it to Jennifer Morse at jmorse@saludclinic.org.



What's an AHEC?

Guest contributor: Jack Westfall, MD, MPH
Associate Dean of Rural Health, University of Colorado School of Medicine

The United States Congress created the national Area Health Education Centers (AHEC) Program in 1971 to link the resources of university health science centers with local planning, educational and clinical resources. Today, this network of health-related AHEC institutions provides multidisciplinary educational services to students, faculty and local providers, ultimately improving health care delivery in medically underserved areas throughout the nation. The program is part of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

The Colorado Area Health Education Centers were established in 1977 as an academic-community partnership involving the University of Colorado-Denver (UCD) and community-based non-profit AHEC offices. The mission of the Colorado AHEC is to improve the quality and quantity of education to health care providers in Colorado with special emphasis on frontier, rural and urban communities, and minority populations. The Colorado AHEC office and the five regional AHEC offices serve as liaisons between UCD and local communities to develop educational outreach and support systems from UCD, and link University resources with local planning, educational and clinical resources. The regional AHEC offices are in Greeley, Pueblo, Alamosa, Grand Junction, and Denver.

What does an AHEC really do on a day-to-day basis?

AHECs in Colorado provide a host of educational and public health services, including:

- Support and housing for students from Colorado health professions schools,
- Provide home visits to a frail elderly man in San Luis Valley,
- Teach the best evidence-based practice to nurses and radiology technicians,
- Help implement a new clinical campus for medical students,
- Bring high school students from around the state to the UC Health Sciences Center to learn about health careers,
- Help educate community members about heart disease risks,
- Help provide oral health to children in rural Colorado,
- Honor excellence in nursing with the Nightingale awards,
- Teach physicians how to perform colonoscopy,
- Put on puppet shows about health careers for elementary school kids, and
- Provide asthma education to physician offices.

I recently heard an AHEC director say, "AHEC is America's best kept health care secret." I think that's right. I think most people in Colorado are benefiting from the work of their AHEC. The AHECs must directly or indirectly impact nearly all of Colorado. So, if your child comes home excited about a health career, you

may want to thank your local AHEC. If your physician knows the latest on asthma or COPD care, you may want to thank your AHEC. If your nurse provides the best care, you may want to thank the AHEC (and nominate her for a Nightingale award). If you learn about your high blood pressure at the local bank or community center, you may want to thank your AHEC.

Sincerely,
Jack Westfall

POLICY UPDATE

CCHN Works on 2010 State Legislative Session Priorities

During the 2010 state legislative session, CCHN and its more-more-than-2,000 Health Center advocates will focus policy efforts on the following priority areas:

- Protecting current CHC services and resources in these tough budget times for both the current and upcoming state fiscal years.
- Supporting “Health Care Jobs in Rural and Underserved Colorado,” a workforce bill aimed at expanding and improving loan repayment options for individuals working in health care in underserved areas.
- Monitoring and participating in federal health care reform efforts to increase access to comprehensive primary care for all Coloradans.

CCHN’s top priority is monitoring the state budget process for both the current and upcoming state fiscal years. To date, during the current state fiscal year (July 1, 2009-June 30, 2010) more than \$32 million in state funding has been cut from CHCs statewide, representing on average a cut of 10 percent to CHCs’ annual budgets.

CHCs rely on state funding to provide care to one in 10 Coloradans in 55 of the state’s 64 counties. Statewide, 33 percent of CHC revenue comes from Medicaid and 26 percent of revenue comes from non-federal grants and contracts, including the Primary Care Fund, disease prevention and treatment grants, and the Colorado Indigent Care Program (CICP). The current loss of state funding has resulted in:

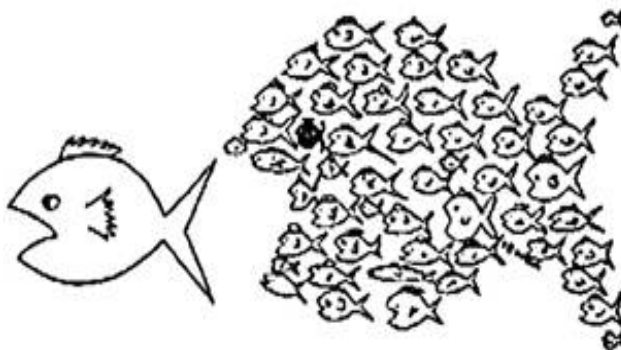
- Reduction of hours and days of services at some sites, as well as clinic closures;
- Cuts to employee benefits and salaries (which are typically lower than industry standards already), and layoffs; and
- Revisions to plans meant to meet growing demand.

And demand is growing as people lose their jobs and access to health insurance. CHCs are reporting that demand is up by as much as 40 percent by Medicaid patients and 23 percent by the uninsured. Unfortunately, with shrinking state resources, not all CHCs can keep up: as of November 2009 there were more than 7,000 individuals on CHC waiting lists statewide.

CCHN will be working closely with Health Center advocates and state officials to do everything possible to protect current CHC services and resources in these tough budget times so that CHC doors are open to those who need care.

Get Active! and Influence Policy

Interested in ensuring that health care bills benefit CHCs and their patients? Join CCHN’s grassroots network and make your voice heard by your elected officials. Sign up for CCHN e-mails about legislation affecting health care and your CHC. You will receive action alerts that have specific, easy to understand ways to talk to your legislators. How do you get



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active? Go to www.cchn.org, click on Get Active!, respond to any action alerts and your information will be added to CCHN's grassroots network. For more information please contact Suzanne Smith, policy analyst, at suzanne@cchn.org or (303) 861-5165, ext. 234.

CHAMPS UPDATE

Course Available on Managing Ambulatory Care

Community Health Association of Mountain/Plains States (CHAMPS) and Northwest Regional Primary Care Association (NWRPCA) are hosting the course "Managing Ambulatory Care," presented by the Harvard School of Public Health, Center for Professional Education, on May 20-23, 2010. The course will be held during the NWRPCA Spring Conference in Portland, Ore. The primary objective of the program is to increase leadership skills of physicians working in Community Health Centers throughout the Western U.S. The target audience for the program is medical directors, physicians in significant leadership roles, and senior clinical managers. Dentists, nurse practitioners, and physician assistants also are eligible candidates, subject to review by Harvard.

The tuition for the program is \$1,600, plus a \$100 fee for materials if paid before March 1, 2010. For more details about the program, including location, lodging and registration, please contact Shannon Kolman, CHAMPS clinical programs director, at shannon@championonline.org or (303) 861-5165, ext. 236.

Spanish Language Course for Health Care Professionals

CHAMPS and the Denver Medical Society (DMS) are hosting a four-day Spanish language course, targeted for health care professionals on May 21-24, 2010, in Denver, Colo. The course is an intensive, conversational, medical Spanish workshop consisting of medical dialogues, role-plays, colorful visual aids, cross-cultural discussions, "edutainment," daily practice, and evening study. The course curriculum provides an experience of immersion learning, an approach that has repeatedly proven to be extremely suitable for those with limited time, and who must use their new language skills immediately with their Spanish-speaking patients. The course will offer two separate classes, one for those with beginning Spanish language skills and one for those with intermediate Spanish language skills.

The tuition for the program is \$499 for CHAMPS and DMS members. The non-member fee is \$599. The fee includes four full days of Spanish language instruction, workbooks, CDs, Continuing Medical Education (CME) credit, and snacks. For more details about the program, including location, lodging and registration, please contact Shannon Kolman at shannon@championonline.org or (303) 861-5165, ext. 236.

Chronic Pain Webcast Coming Up

Health center providers and support staff are invited to join CHAMPS for the webcast "Multimodal Approach to the Treatment of Chronic Pain" on Feb. 17, 2010 from 11:30 a.m. to 1:00 p.m. MST. Participants will review the epidemiology of chronic pain, understand how to implement a multidimensional assessment of chronic pain, be able to adapt the latest evidence-based practice guidelines to the treatment of chronic pain within a community health center, understand how to implement a multimodal treatment approach that incorporates pharmacologic, non-pharmacologic, and alternative healing methods, and identify community resources for persons with chronic pain.

Attendance is free for CHAMPS organizational members, including CME credit. 1.5 hours of CME credit will be offered for the webcast and determination of credit is pending. Non-member participants will be billed \$75 per webcast link and \$15 per person for CME credit after the event. To determine if you organization is a current CHAMPS member, click [here](#).

This event will take place online, and advance registration is required, preferably 24 hours before the event. To register, click [here](#). Handouts and log-in information will be emailed to all registrants the day before the event.

CCHN STAFF UPDATE

CCHN Staff Tour Colorado CHCs

Three CCHN staff members from the Health Center Operations Division, Erin Lantz, Tanah Wagenseller, and Kristen Pieper, were fortunate enough to take two regional trips in late 2009 to visit several CHC sites. The tour kicked off in mid-November when the group traveled to the Eastern Plains of Colorado to visit Plains Medical Center, Inc. in Limon, Salud Family Health Centers in Fort Morgan, and Sunrise Community Health, Inc. clinics in Greeley and Evans.



The general store and post office in Last Chance, Washington County.

In early December, the tour continued when the three staff members braved a nasty southern Colorado snowstorm to visit Peak Vista Community Health Centers' clinic sites in Colorado Springs, Pueblo Community Health Center, Inc.'s new clinic in Pueblo, and Valley-Wide Health Systems, Inc.'s facilities in Center and Alamosa.

All three women walked away from the tour with interesting stories and impressive facts about each CHC. For the CCHN staff, the tour put their work into perspective. It reinforced how much they admire and respect the work CHC staff do every day. Here are highlights from the tour:

1. Four of the Plains Medical Center staff members have been with the organization for more than 20 years. These staff members worked for Plains when it was a rural health clinic, offering urgent care and helicopter services, through the transformation to a Federally Qualified (Community) Health Center offering even more services such as dental.
2. The Salud Fort Morgan clinic is located across the street from the county Humane Society, where CCHN staff met a volunteer who happened to be a patient of the CHC. He shared with them that he suffered from Post-Traumatic Stress Disorder after being a police officer for twenty years. He received care at the CHC and described the doctor he saw, and continues to see, as the most compassionate doctor he ever went to. He added that he never felt comfortable with a doctor prior to becoming a patient at Salud.
3. Sunrise Community Health's Monfort Family Clinic in Evans is a big, beautiful clinic that uses the color-coded pod, team-based model. This model was pioneered by Clinica Family Health Services, Inc., which serves Adams, Boulder and Broomfield counties. The pod system allows for the smooth flow for patients in the clinic, reduction in traffic, and each patient sees the same medical staff on every visit. In addition, Sunrise contracts with the local behavioral health organization to provide behavioral health services in the clinic. The integration has been very beneficial to the community. The "no show" rate for patients has been cut in half because they can coordinate primary medical visits with behavior health visits, reducing the risk of patients missing needed care.
4. A clinic operations staffer who manages Peak Vista's new Homeless Health Center shared that when she started working at the clinic, her intention was to work there for only two weeks. She proudly stated that she is approaching her ten-year anniversary. She is one of many CHC employees who are

committed to the mission of CHCs to provide health care to those who might not otherwise be able to afford it.

5. During its most recent capital project, Pueblo CHC offered employees the opportunity to participate in the project by donating a portion of their paycheck to the project through an employee donor program. Although under no obligation to do so, more than 90 percent of all Pueblo CHC staff chose to give back to their health center. In addition, 100 percent of the board of directors donated to the project.



Looking east at the Sangre de Cristo Mountains from Alamosa.

6. Valley-Wide's Alamosa administrative building existed before as a Kmart store. Valley-Wide gutted the inside of the store and made it into the administrative offices and a dental clinic. There was even room for a wellness space that includes balance balls, resistance bands, and a stretching bar for employees to use without having to leave the building.

UPCOMING EVENTS

February 23-28, 2010

NACHC Policy and Issues Forum

Marriott Wardman Park Hotel, Washington, DC.

For more information, click [here](#).

March 24-25, 2010

CCHN Policy and Issues Forum

Warwick Hotel, Denver, Colo.

CCHN is hosting its annual Policy and Issues (P & I) Forum on March 24-25, 2010 in Denver. CCHN's P & I brings CHC staff and board members together with their state representatives. The CCHN P & I is a two-day event, with one day devoted to discussing CCHN's top legislative priorities and advocacy strategy, and the next day devoted to visits with legislators at the state capitol. Registration for CCHN's P & I will open in late January. Registration materials will be shared with CHCs through CCHN's member e-mail update. For additional information, please contact Suzanne Smith, policy analyst, at suzanne@cchn.org or (303) 861-5165, ext. 234.

Save the Date

Aug. 8-14, 2010

National Health Center Week

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