

Newsletter May 2011

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HEALTH CENTER NEWS

State Legislative Session Ends: Budget is Primary Topic of Session

Colorado's 2011 legislative session ended on May 11. Similar to the past few sessions, the primary focus of the session was the state budget as legislators strove to minimize cuts to services while also meeting budget balancing requirements.

CCHN staff and lobbyists and CHC staff worked hard throughout the session to ensure that legislators were aware of the valuable role CHCs play in providing health care to Coloradans and the impact that cuts to the state budget have on patient access. CCHN and Colorado CHCs are grateful to all of the legislators that worked to protect the state's investment in CHCs in the 2011 legislative session.

Beyond working to protect the state's investment in CHCs, CCHN worked to support HB11-1101, "Community Clinic Licensure Exemption for federally qualified Community Health Centers." This bill, sponsored by Rep. Spencer Swalm (House District 37) and Sen. John Morse (Senate District 11), was signed by Gov. Hickenlooper on April 8. The bill exempts CHCs from what were duplicative state community clinic licensure requirements. CHCs will continue to meet local, state and federal requirements around building and patient safety.

Other bills of interest to CHCs and their patients that were approved by the General Assembly include:

HB11-1281, "Colorado Health Service Corps," strengthens the state's student loan forgiveness program for health care providers practicing in underserved areas. The CHSC has helped support 40 health care professionals working in CHCs with loan repayment assistance since 2009. These providers often stay beyond their loan repayment obligations, continuing to care for rural and other underserved communities for many more years.

SB11-008, "Concerning Aligning Medicaid Eligibility for Children," increases the current Medicaid income eligibility threshold of 100 percent of the Federal Poverty Level (FPL) for children between 6 and 19 years of age to 133 percent FPL. Prior to the passage of this bill, families under 133 percent FPL faced the potential of having some children enrolled in Medicaid and others in the Child Health Program *Plus* (CHP+) depending on their ages. This was a burden on families since the programs have different enrollment processes and, at times, different provider networks. This bill was signed by Gov. Hickenlooper, and is expected to be enacted January 1, 2013.

SB11-192, "Continuing the Prescription Drug Monitoring Program," allows health care providers to check a statewide registry prior to prescribing a controlled substance for patient history of prescription misuse.

SB11-200, "Health Benefit Exchange," creates the Colorado Health Benefit Exchange and Governing board. The Exchange will operate as a non-profit public entity that will function as a quasi-governmental agency open to the Sunshine laws and Open Records Act. Once established, the Exchange will be a



From left to right: Polly Anderson, Policy Director, CCHN; Rep. Swalm (District 37), John Kuenning, VP of Finance and Operations, MCPN; Erin Lantz, Health Center Data and Operations Manager, CCHN; Dave Myers, President and CEO, MCPN; Jennifer Boaz, COO, Plains Medical Center; and, Jennifer Morse, Development Director, Salud Family Health Centers. Governor John Hickenlooper, sitting at the table, signs HB11-1101 into law.

health insurance marketplace for individuals between 133 and 400 percent of the federal poverty level and small businesses to purchase health insurance. The bill focuses primarily on establishing the governance of the Exchange and prescribes the role of the Exchange.

Federal Budget Agreement Creates a Health Care Deficit

The federal funding agreement finalized in April for the current fiscal year, FY11, jeopardizes the ability of the CHC program to reach more people who are living without health care. Communities currently desperately in need of a CHC will have to wait.

“We know that Congress and the President face many, many difficult choices. We know they worked hard and lost sleep to make this agreement,” said Ross Brooks, chief operating officer of CCHN. “But in the sound and fury to cut dollars, they have created a deficit in the future of health and health care for working families and individuals.”

The law determining funding for non-defense discretionary programs of the federal government for the remainder of FY11, which ends Sept. 30, 2011, reduces the federal budget by an estimated \$38.5 billion from the level of funding in FY2010. The law reduces the CHC program by \$600 million. With hundreds of thousands of Coloradans still lacking access to adequate health care or insurance coverage, this breaks the promise made by Congress in the Affordable Care Act (ACA) to make health care more accessible and affordable. Many Coloradans must continue to rely only on emergency room care, often when their health care conditions are far more advanced, harder to treat, and more costly. Instead of expanding the proven CHC program to communities in need, ACA funding will have to be used for CHCs to continue caring for the people who already rely on them as their health care home. Little funding will be available to address the needs of the millions of Americans who don't have the health care they need.

Fourteen Colorado communities had filed applications with the U.S. Department of Health and Human Services for New Access Point grants to build new health center sites in communities not currently served, and 13 CHCs had submitted applications for Expanded Services grants to bring new health care services to communities in need. If fully funded, these applications would have brought a total of \$15 million to Colorado, providing health care for the first time to more than 95,000 Coloradans and new health care services to more than 13,000 people who are already CHC patients. The grants would have helped create an estimated 393 more jobs in the health care field in Colorado.

“The ability of Community Health Centers to care for people who are currently living without health care is severely restricted now,” explained Mr. Brooks. “We understand the need to control federal spending. By their very nature, Community Health Centers have always helped control spending by providing high-quality, affordable care to communities in need, and reducing the overall cost of health care by helping people stay healthy, employed, in school, and out of the emergency room. CHCs provide comprehensive primary care for less than \$2 a day.

“Balancing the federal budget must always plan for the future. Cutting the budget by going back on the promise to make health care more affordable and accessible is not a good investment in the future. In fact, it will cost more: in individual lives, in the lives of communities, and in the health of our nation,” concluded Mr. Brooks.

Congress has begun its work on FY12 funding, the next federal fiscal year, which runs from Oct. 1, 2011, to Sept. 30, 2012. In recognition of the tight budget situation, the CHC movement is requesting a only a slight increase in overall funding for the program, to allow the CHCs to continue to provide the high quality comprehensive primary health care to their current patient population and to allow for increases in care capacity in a small number of communities around the country.

Denver Health's Dr. Melinkovich Selected for Lifetime Achievement Award

Dr. Paul Melinkovich, director of Community Health Services for Denver Health, was honored with the Lifetime Achievement Award from the Colorado Association for School-Based Health Care (CASBHC) on May 5, 2011. This is CASBHC's most prestigious award and was given to Dr. Melinkovich "for 25 years of visionary leadership, tireless advocacy and extraordinary success in keeping children healthy, in school, and ready to learn."

Dr. Melinkovich leads the Community Health Centers of the Denver Health system, which has 24 care sites, 13 of them school-based CHCs. He has served the children and teens of Denver for 25 years. Dr. Melinkovich is also a leader on a national level, serving as president of the National Assembly on School-Based Health Care for two years. He has advocated for changes that will further strengthen school-based health centers (SBHCs).

Dr. Melinkovich has been instrumental to building an integrated model for school based health centers consistent with the principles of CHCs. In building the Denver SBHCs as an extension of Denver Health and other partner agencies, patients can more easily benefit from other services provided by Denver Health. Examples of these services include mental health, public health, specialty care, pharmacy services, and inpatient hospital care. Dr. Melinkovich has worked closely with others to publish in peer-reviewed journals on the benefits of SBHCs, including highlighting the reduction in emergency services and increased immunization rates experienced by patients of SBHCs.

A major innovation of the Denver Health SBHC network is the creative partnerships that increase the diversity of funding streams and services. Mental Health Center of Denver provides behavioral health services; Denver Public Schools houses the clinics. Denver Health and a variety of federal, state, local and private foundation grants finance the operation of the current 13 SBHCs. The Denver Health network of SBHCs cares for approximately 8,000 children providing 30,000 physical and mental health visits. More than half of all children seen receive an annual physical exam, and more than 14,000 immunizations have been delivered in each of the last three years. Tens of thousands of children have received hundreds of thousands of visits over the past 23 years thanks to the program built under this partnership with Dr. Melinkovich's leadership.



☞ Colorado CHCs Mourn Loss of Long-time Friend ☛



Lewis Reyes, center, discusses federal legislation with Marguerite Salazar, left, then-CEO and president of Valley-Wide Health Systems, Inc.; and Lawrence Pacheco, legislative assistant for then-Rep. Mark Udall, March 20, 2007.

The Colorado CHC family is mourning the loss of a valuable and stalwart friend. Lewis Reyes, 81, was a long time board member and friend of Clinica Family Health Services, Inc. (Clinica). He passed away March 25, 2011.

Mr. Reyes advocated for the CHC program and the people it cares for in many visits to the state and national capitol. In 2006, he was awarded the Ethel Bond Memorial Consumer Award by the National Association of Community Health Centers (NACHC). This award, named in recognition of Ethel Bond's outstanding contributions as a health center board member, is presented to an outstanding individual who has both been actively

involved in the development of a CHC and has shown extraordinary dedication to the CHC movement. In his acceptance statement, Mr. Reyes said the following:

“I have seen health care from a different time and place.

“My parents came to the United States during The Great Depression. There were hard times then. Medical care was extremely difficult to find and even harder to afford. When I was a child, I contracted diphtheria, but the money we had for health care was also the money we needed in order to put dinner on the table. I’ve always wondered what my dad did to get a doctor to come see me.

“Throughout my life, I’ve seen thousands of immigrants like my parents and have known their need for medical care. I have worked for American Cyanamid and have seen the cutting edge of health care. I have a daughter who is a nurse and runs her own clinic in Denver. Mostly, I see health care from a seat in Clinica Campesina’s waiting room. I, myself, am a patient at the clinic. When I am in the waiting room I see families and kids – lots of them. It is for these kids and families that I have chosen to volunteer at Clinica for the past 12 years. My time at the clinic is immensely rewarding. There are so many good people, and I get to help them. Of course, I couldn’t have done this without the encouragement – and blessing – of my wife Amelia. Ours is a partnership in all things, even my volunteering. Thank you, Amelia. My appreciation also extends to NACHC for recognizing that patients can give back to their health centers in a truly meaningful way. ¡Muchas gracias y bien salud!”

Mr. Reyes was born and raised in Texas but made Colorado his home for most of his life. He made a career at American Cyanamid, a chemical manufacturer that was the only United States firm manufacturing the polio vaccine of the Sabin type. Mr. Reyes was active in numerous civic organizations, serving as a volunteer for the Channel 9 Health Fair for 12 years at Our Lady of Guadalupe Parish; chairman for the District 12 Superintendent’s Hispanic Advisory Council; board member of the Adams County Community Corrections Board; chairman of Impact on Wellness, an adult day care center; member of the Board of Directors for Clinica; member of City of Northglenn Citizen Affairs Board; member of the Colorado Historical Society Hispanic Advisory Council; volunteer coordinator for the Denver Museum of Natural History and Head of the Meso-American Study Group. He was a dedicated Board Member Emeritus of the Clinica Family Health Service since 1994.

“We in the Colorado Community Health Center family cannot ever thank Lewis enough for his advocacy on behalf of the people who look to Community Health Centers as their health care homes,” said Annette Kowal, CEO of CCHN. “We will miss him and will try to emulate his hard work and tenacity.”

Memorial donations may be made to:
Clinica Family Health Services-Lewis Reyes Fund
c/o Susan Wortman, Development Director
1345 Plaza Court North, 1A,
Lafayette, CO 80026.

Community Health Champions Honored

In February, CCHN recognized the 2011 Community Health Champions at its annual Policy & Issues Forum (P&I) during the Legislator Reception and Awards Ceremony on Feb. 15, 2011. The 2011 Champions are Rep. Mark Ferrandino (House District 2); Sen. Mary Hodge (Senate District 25); Dr. Joseph Kay, volunteer clinician for the Metro Community Provider Network (MCPN); and Chris Frost, news director at KVVU Radio in Las Vegas. Meg Costello of the Colorado Coalition for the Homeless (CCH) was also recognized as the 2011 Community Health Advocate. The Community Health Champions have gone above and beyond in their work to help CHCs and their patients.

CCHN's P&I provides Colorado CHC staff and board members with an opportunity to learn about CCHN's top legislative priorities for the current session, and spend a day at the state capitol speaking with their elected officials about these priorities. The forum focused on the value of advocacy when working with legislators, the importance of state funding to CHCs, and the positive impact passage of HB11-1101 would have on CHCs in Colorado.



From left to right: Dave Myers, MCPN CEO; Dr. Joseph Kay; Rep. Su Ryden; Rep. Max Tyler; congratulate Dr. Kay on his Community Health Champion award.



Front row from left: Janis and Chris Frost; Judy Turpin, High Plains Community Health Center board member; Back: Ray Matteson and Jim Farmer, board members and Jay Brooke, CEO, High Plains, celebrate Mr. Frost's award.



From left to right: Dr. Virgilio Licona, associate medical director, Jennifer Morse, development director, Dr. John McFarland, dental director, Salud Family Health Centers; Sen. Mary Hodge; Jerry Brasher, CEO, John Santistevan, director of accounting and finance, Salud, celebrate Sen. Hodge's Community Health Champion award.



From left to right: Kenneth Floyd, Denver Health's Community Health Services board member; Rep. Mark Ferrandino; John Niemann, April Kalish, board members, Pete Gutierrez, administrative director, Denver Health, congratulate Rep. Ferrandino on his award.

Colorado CHC Advocates Pound the Pavement in DC

In March, CHC leaders traveled to Washington, D.C., to meet with Colorado's members of Congress. They were there in the midst of the debate about how to fund federal government programs for the remainder of Fiscal Year 2011 (Oct. 1, 2010 – Sept. 30, 2011). Representatives of CHCs across the nation advocated for continued federal support for the Health Center program, which cares for more than 23 million people in more than 8,000 communities.

CHC representatives presented the case for continued funding for the CHC program, which has a proven record of providing high quality comprehensive primary health care without regard to patient income. The CHC program uses locally owned and run health care centers designed to coordinate care, manage chronic disease and save patients from having to visit more costly hospital emergency rooms. More than half the members of each CHC board of directors are patients.



From left to right: Clinica Family Health Services, Inc. Board Members Lois LaCroix and Eleanor Montour; Jenny Dohrmann, Clinica vice president of operations; Pete Leibig, Clinica CEO; Janet Rasmussen, Clinica development director.

Two Coloradans were honored before their peers while in D.C. Jenny Dohrmann, Vice President of Operations of Clinica Family Health Services, Inc., received the prestigious Emerging Leader Award from the Geiger Gibson Program in Community Health Policy of the George Washington University School of Public Health and Health Services. The Emerging Leader award was established in 2007 to highlight the accomplishments of a new generation of Health Center leaders. After a stint with the Peace Corps in El Salvador, where she worked to bring clean water and proper sanitation to rural areas, Ms. Dohrmann worked as a case manager at Clinica's Thornton Clinic. She worked as a project coordinator at CCHN, coaching CHCs across

Colorado on the Health Disparities Collaboratives, the Planned Care Model, and Plan-Do-Study-Act improvement cycles. She has also served as a federal grant reviewer, promoted oral health for Colorado children, and worked at Kaiser Permanente managing a number of primary care quality improvement activities. Ms. Dohrmann returned to Clinica in 2009.

Maureen Maxwell, CCHN's communications manager and federal legislative policy analyst, was among eleven people selected to receive the 2011 Elizabeth K. Cooke Advocacy MVP Award. The award is presented each year to CHC and primary care association staff for hard work and dedication to the CHC advocacy effort and furthering CHC policy priorities with Congress in the preceding year. Ms. Maxwell has worked as public relations manager for government affairs for the American Academy of Family Physicians, a researcher and writer for a national environmental organization, and a legislative aide and press secretary for a member of the U.S. House of Representatives. She holds degrees in history and economics. She joined CCHN in 2005.



Anita Monoian, CEO Yakima Neighborhood Health Services, NACHC Board Chair, presents the Betsy E. Cooke Advocacy Award to Maureen Maxwell, communications manager, CCHN.

Health Center News From Around Colorado

News Briefs

High Level Quality Recognition Goes to Two Colorado CHCs

Two more Colorado CHCs have received notification of recognition as Patient-Centered Medical Homes (PCMH) through the National Committee for Quality Assurance (NCQA). High Plains Community Health Center in Lamar and MCPN – Potomac Street Health Center and Jeffco Clinics all received Level 3 designation, the highest level recognition awarded by the NCQA for PCMH.

The PCMH model focuses on patients receiving coordinated services from a clinical team, establishing continuity of care with a primary health care provider. Elements of the model include access and communication, care management, patient self-management support, patient tracking and registry functions, and performance reporting and improvement.

MCPN will complete the remaining application requirements for their other sites this year. Clinica Family Health Services, Inc. received Level 3 designation in 2010.

Plains Recipient of MORE Grant

In December 2010, Plains Medical Center, Inc. (PMC) was awarded a round two Maximizing, Outreach, Retention, and Enrollment (MORE) grant from the Department of Health Care Policy and Financing (HCPF). The MORE grant program is intended to help grantees enroll eligible Coloradans under new expansions for public health insurance under Medicaid and CHP+.



From left to right: Robert Miller, executive director, The Shingo Prize; Philip Goodman, director, Lean; Vickie Lesnansky, R.N., director of nursing, Patricia Gabow, M.D., CEO, Pete Gutierrez, administrative director, Denver Health; Nancy McDonald, assistant director, Lean; Lucy Loomis, M.D., director of family medicine, and Carol Lewis, board member, Denver Health, pose with The Shingo Prize Bronze Medallion.

efficiency through reduction of waste. The Shingo Prize is named after Japanese engineer Shigeo Shingo, who was one of the world's leading experts in improving manufacturing processes. Examiners typically visit industrial locations.

CCH Opens Pizza Fusion Franchise in Capitol Hill

The grand opening of Pizza Fusion Denver, located at 571 East Colfax Avenue, is scheduled for June 1, 2011. The franchise will be operated by Renaissance Pizza LLC, a subsidiary of CCH. The restaurant will be located on the ground floor of the Renaissance Uptown Lofts, CCH's newest green affordable housing property built to keep energy costs and environmental impacts low. Pizza Fusion Denver will not only offer healthy food in an eco-friendly manner, but will serve as a job training program for CCH's clients. It will teach marketable skills and provide real-life experience in order to place homeless individuals in jobs in the hospitality industry in Denver.

Mountain Family Opens New Clinic in Basalt

Mountain Family Health Centers (Mountain Family) opened a new clinic in Basalt in a unique collaboration with Aspen Valley Hospital (AVH). During daytime hours, Mountain Family operates a Health Center, then the facility becomes an AVH-staffed urgent care facility at night. Lead Clinician Rachel Menke, FNP, came to Mountain Family from a teaching hospital in New Mexico.

Sunrise Volunteer Physician Recognized as 7Everyday Hero

Dr. Vel Kailasam, a Sunrise Community Health (Sunrise) volunteer physician, was recognized by Denver's 7 News as an Everyday Hero. Dr. Kailasam volunteers at Sunrise's Monfort Family Clinic in Evans, Colo., once a month and has been donating his time since 1985. His specialties include allergies and asthma. "I want to give something

Denver Health Wins Prestigious Quality Improvement Award

Denver Health's Community Health Services won the Bronze Shingo Award for implementing Lean systems to improve patient care. Denver Health is the first health care organization in the world to receive the Shingo Prize. Denver Health officially received the award at the annual Shingo Prize International Conference in March.

Lean is a quality improvement philosophy that incorporates techniques in a business process to optimize time, productivity, and employees to improve quality.

Denver Health uses Lean to improve



From left to right: Joseph Lebert, LPN, Kathi Marron, LPN, and Rachel Menke, FNP, the clinical team at Mountain Family Health Center-Basalt, which opened May 2, 2011.

back to the community and I know there are so many needy people who cannot afford the care," said Dr. Kailasam. He has also inspired others to volunteer at Sunrise. "There is a growing group of local specialists and other physicians who come and volunteer. It is fabulous," said Mitzi Moran, president and CEO of Sunrise.



Leadership Changes at Peak Vista

Pamela McManus, Peak Vista Community Health Center's (Peak Vista) current senior vice president, has accepted the promotion to president and CEO. McManus has an MBA, CPA, is a 1996 graduate of Leadership Pikes Peak, a 2004 graduate of the University of California's Healthcare Executive Program, and was recognized as a "Top 40 Leader Under 40" by the Colorado Springs Business Journal.

BJ Scott, former president and CEO of Peak Vista, is transitioning to the role of executive director of the Peak Vista Community Health Centers Foundation. The foundation was created in 2005 as a separate nonprofit to sustain exceptional health care for people facing access barriers. The foundation raises money to support the programs and services provided

by Peak Vista and other organizations with similar missions.

Valley-Wide Health Systems, Inc.'s Grand Reopening of the Las Animas Clinic

Valley-Wide Health Systems, Inc. (VWHS) reopened its Las Animas Clinic (LAC), located in Las Animas, Bent County, on April 25, 2011. In collaboration with Bent County officials, VWHS expanded and renovated its existing LAC facility using Department of Local Affairs funding and a Capital Improvement Project grant from the American Recovery and Reinvestment Act of 2009. The much needed expansion adds a new dental wing and expands primary health care space; doubling the size of the facility. VWHS staff is grateful to the community and continues its commitment to provide high quality comprehensive health care for Bent County.



Front row from left to right: Valley-Wide Las Animas dental staff Eunice Escalante McLellan, Francine Sandoval, and Lorraine Rodriguez, case manager. In the back: Dr. Rege Hastings.

Staff and Friends of High Plains Ensure Patients Have Access to Medical Home

In early February, fire sprinkler pipes in the ceiling at High Plains Community Health Center (High Plains) in Lamar burst and flooded the building. In four hours, a team of dedicated staff and friends of High Plains had things under control and were able to set the clinic up to open, as scheduled, at 8:00 a.m. the following morning. To read the first person account of the flood by Jay Brooke, executive director of High Plains, click [here](#).

Salud Physician Creates Pro-Bono Surgery Program with Local Volunteers

Dr. Hans Elzinga, a family physician at Salud Family Health Centers' (Salud) Longmont clinic, is the founder of the Longmont Surgical Mission, a program that provides free outpatient surgeries to patients on a single day every three months. The newly formed group is composed of volunteer physicians who provide free outpatient surgery to the "most needy patients in the Longmont area who would otherwise not

have access to them,” said Dr. Elzinga. About 70 surgeons, nurses, radiologists, pathologists and other hospital staff volunteered—though not all were used—for Longmont Surgical Mission’s first surgery day on March 19, 2011. Longmont United Hospital donated two operating rooms, supplies, equipment, and support services for five hours, and surgeons operated on six patients. By the end of the day, they completed three hernia repairs, one tubal ligation, and a carpal tunnel release.

Clinica Featured on PBS *Newshour* Program

Clinica was featured on the PBS show *Newshour* with Jim Lehrer on Feb. 15, 2011. The segment was broadcast nationally and highlights the group visit model utilized by Clinica as a means of providing high quality and cost-efficient care to their low-income, uninsured diabetic patients. Clinica’s group visit model is one of their most successful and innovative methods of providing health care to their patients. Click [here](#) to watch the segment.

MCPN Purchases Land for New Clinic in Jefferson County

MCPN has purchased land at 29th Avenue and Wadsworth, in Wheat Ridge to build a health center. The Jeffco Family Health Services Clinic, expected to open in October 2012, will enable MCPN to care for 20,000 to 25,000 new patients and employ 120 more people in health care. Part of the funding for the new site was provided by the federal government through the ACA. MCPN currently has eleven health centers in the metropolitan Denver area, serving communities in Arapahoe, Jefferson, Douglas and Adams counties.



Peak Vista Hosts “Walk With a Doc”

Peak Vista held a series of group walks for employees, patients, and community members the week of May 9, 2011, in honor of National Women’s Health Week. Individuals joined medical providers for the lunchtime “Walk With a Doc,” which combined education with exercise. The walks took place on Monday and Friday and aimed to raise awareness about women's health and Peak Vista’s commitment to providing high quality health care and health education for women. Attendees were able to meet and mingle with providers and nurses who answered health and exercise-related questions.



Denver Health’s Mobile Mammography Unit Wins Komen Award

Denver Health’s Community Health Services’ Mobile Mammography Unit (MMU) recently received the Komen Denver Metropolitan Affiliate’s 2011 Karen Hornbostal Award for providing access to quality breast health services that provides screening and diagnostic services through the “Mammovan” for hundreds of women. The MMU was acknowledged for building partnerships with other organizations, such as The Gathering Place and the Native American Cancer Research, to increase access.

Colorado CHC Employee Honored at White House

Salud’s Environmental Health Director, Ed Hendrickson, PA-C, Ph.D., was honored with a Champions of Change award for his work during and following his Peace Corps service. The ceremony was held at the White House on March 25, 2011. The ceremony included Ed’s participation in a panel of former volunteers to share their ideas on how encouraging service can help win the future.

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Stout Street Eye Clinic Wins National Award

CCH's Stout Street Eye Clinic was one of 15 programs across the country to receive a 2011 Healthy Vision Community Award. The clinic used the \$10,000 grant to fund its blindness prevention program and promote eye health education. The awards are sponsored by the National Eye Institute, part of the National Institutes of Health.

Longmont Salud Clinic Celebrates 13th Annual Día de los Niños/Children's Day Celebration

More than 600 participants attended Salud's 13th Annual Día de los Niños/Children's Day Celebration on April 29, 2011. The celebration was held at the Longmont clinic and was organized by staff and Salud's Community Health Corps team. The event provided low-cost immunizations, free dental check-ups, health education and services, the annual "Passport" of fun and education to receive one stamp at each booth, and healthy cooking classes. Twenty-five community organizations and businesses participated, including Chef Tony Seta from Butterball who cooked turkey tacos for all attendees.



Optician Tina Mendoza takes a measurement before ordering glasses for a patient. CCH's Stout Street Eye Clinic made and dispensed 1,467 pairs of prescription glasses last year.



Gigi Darricades speaking at the April 13, 2011, reception welcoming her to VWHS. Aurora Martinez, president of VWHS's board of directors, stands nearby.

New CEO Takes Over at Valley-Wide

VWHS hosted a welcoming reception for new President and CEO Gigi Darricades on April 13, 2011. Ms. Darricades is an Alamosa resident and is experienced in health care law and administration in Colorado, New Mexico, Utah and Wyoming. She holds a law degree and has been a practicing attorney. In addition, she holds a master's of public health in hospital administration and a bachelor's degree in political science. She serves on the Adams State College board of trustees. Ms. Darricades fills the vacancy left by Marguerite Salazar, who led VWHS for 21 years before accepting the appointment to serve as the Region VIII director for the U.S. Department of Health and Human Services.

Hammer a Sure Shot

Denver Health's Anne Hammer, R.N., nursing clinical coordinator of the Immunization Program, recently received the Denver Metro "Sure Shot" award at the annual Colorado Children's Immunization Coalition for her commitment to children's immunizations.

As the Immunization Program Nursing Clinical Coordinator, Hammer serves as the co-chair of Denver Health's immunization committee, the clinical resource to staff for immunization information, and is the immunization expert for the immunization registry. She also coordinates outreach immunization projects at Denver Public Schools and WIC sites.

"Anne is the single most important reason that Denver Health's immunization program has been so successful. Anne has had an enormous impact on the health of thousands, even tens of thousands, of children, adolescents, and adults in the 13 years that she has overseen DH's immunization program," said Simon Hambidge, M.D., director, General Pediatrics, Denver Health's Community Health Services.



Denver Health's Anne Hammer, R.N., shows off her Denver Metro "Sure Shot" award, April 2011.

Peak Vista Open House First Phase of “Opening Doors to Healthcare Access”

Peak Vista Community Health Centers Foundation held an open house at its renovated and expanded International Circle facility in Colorado Springs on May 10, 2011. This marked the completion of the first phase of its "Opening Doors to Healthcare Access" Community Benefit Initiative.

Since 2007, the Community Benefit Initiative has raised \$9.5 million to relocate and expand Peak Vista's Homeless Health Center in donated space within the Salvation Army's New Hope Center, build the new Colorado Springs Senior Health Center, and improve the International Circle facility, which houses expanded Dental, Pediatric and Family Health Centers, a new Enrollment Services department and a new radiology department.

Salud and Friends Walk the Talk on Physical Health



In January 2011, Dr. Layne Bracy and Jennifer Morse from Salud and friends hiked Mt. Elbert, the highest peak in Colorado at 14,433 feet, and brought a bit of Salud with them.

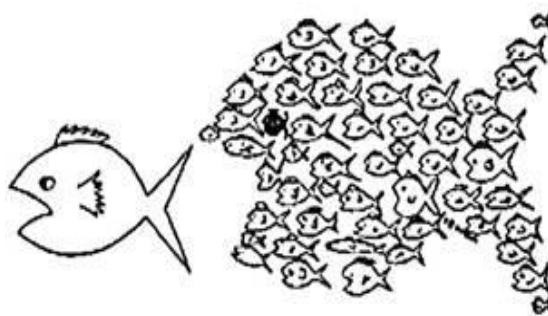


Jennifer Morse, Salud; Dr. Mikki Hand, Salud - Longmont; and Suzanne Smith, policy analyst, CCHN, at the start of the Summer Open Sprint Triathlon, Longmont, May 22, 2011. Due to health concerns related to the open water swimming, the swim section of the triathlon was cancelled and competitors instead completed a duathlon consisting of a 2-mile run, a 12-mile bike ride, and a final 3.1-mile run.

POLICY

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 emails 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 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) 867-9540.



QUALITY INITIATIVES UPDATE

CCHN Recipient of Komen Screening Grant

CCHN is pleased to announce they are one of the Susan G. Komen Denver Affiliate screening grant recipients for Komen FY12. CCHN will administer the grant on the behalf of six CHCs: Clinica, MCPN, Mountain Family, PMC, Salud, and Sunrise.

The grant will provide screening mammograms and diagnostic procedures to underinsured women and men who do not qualify for any other breast screening programs such as Women Wellness Connection (WWC), Medicaid and Medicare at the 6 CHCs in 24 sites. CCHN's goal with the Komen grant is to provide breast cancer screening to over 1,300 women and men during the grant year. If you would like more information, please contact Paula Davis at paula@cchn.org.

Colorado Safety Net Clinics Share their “Medical Home” Successes...Twice

More than forty representatives from Colorado safety net clinics shared their successes with implementing the PCMH model at a national summit of the Safety Net Medical Home Initiative (SNMHI) on March 7 and 8 in Boston, Mass. Clinic staff members presented poster boards and oral reports of the PCMH change activities, process improvements, staff trainings, and culture shifts that are leading to improved health outcomes and increased patient and employee satisfaction.

One month later, more than one hundred clinic staff members, partners and stakeholders gathered for the Third Colorado Regional SNMHI Learning Session on April 15 in Lakewood, Colo. Clinic staff shared their effective PCMH strategies and activities through interactive breakout sessions designed to maximize sharing, stealing, and spreading tools, resources, and strategies. In one breakout session, primary care providers and clinical leadership learned about the research supporting expanding the role of front line and mid-level staff, and shared their experiences trying out these new changes in staff roles.

The SNMHI is a national, five-year demonstration project comprised of 65 safety net clinics in five regions including Colorado, Massachusetts, Idaho, Oregon, and Pittsburgh, which began in 2008. SNMHI was the first PCMH initiative in the country specifically designed for safety net clinics. The initiative is sponsored by The Commonwealth Fund, administered by Qualis Health in partnership with The MacColl Institute for Healthcare Innovation, and is funded by The Colorado Health Foundation.

For more information on the SNMHI, please contact Sonia Sheck at sonia@cchn.org or (303) 867-9538.

Watch Video Progress Report on Safety Net Medical Home Initiative

A new video features participants in the SNMHI discussing the value of medical homes to improved health care. Research shows that medical homes improve quality, eliminate disparities, and reduce costs by placing the patient at the center of care. CCHN is one of five Regional Coordinating Centers for this national demonstration project.

To watch the video, go to <http://www.commonwealthfund.org/Content/Multimedia/Videos/2011/Safety-Net-Medical-Home-Initiative.aspx>

CCHN UPDATE

CCHN Welcomes New Staff Members

Annie Iselin is CCHN's new accounting specialist, joining CCHN in April 2011. Her primary responsibilities include managing payables, receivables, and payroll. Ms. Iselin is a graduate of the University of Denver, with a bachelor's degree in communications and Spanish. She has worked for both the profit and non-profit sectors.

Nick Howell is CCHN's new special projects assistant, joining CCHN in April 2011. His primary responsibility is to assist CCHN's COO, operations director, and other staff as assigned. Mr. Howell earned a bachelor's degree in foreign languages and international economics from the University of Kentucky. Previously, he worked as a customer service analyst and as a life and health insurance sales agent in the private insurance market.

Staff Practice Putting Out Fires

The staff of CCHN, Colorado Community Manager Care Network (CCMCN), and Community Association of Mountain/Plains States (CHAMPS) gathered for a fire safety class on April 6, 2011. They learned what to do in case of fire and had the opportunity for hands-on training in using fire extinguishers. Lt. Debra Thorson, a member of Denver's Fire Department, coached the staff through removing the seal on extinguishers and aiming the spray to effectively put out fires.



CCHN's Nick Howell extinguishes a fire as other staff members listen to instructions.

CCMCN UPDATE

CCMCN Welcomes Two New Staff Members

Chloe Bailey is CCMCN's new regional extension center clinical informatics advisor. Ms. Bailey is a certified physician's assistant who has extensive experience in meaningful use and EHR implementation. She most recently worked as a quality improvement manager for the New York City Department of Health.

Phil Levsen is CCMCN's support analyst. Mr. Levsen recently worked at the Boulder Medical Center where he was a NextGen Systems Analyst.

UPCOMING EVENTS

August 7-13, 2011
National Health Center Week



GUEST COMMENTARY



Ms. Smith, left, with her friend and language tutor, Tsetsgee Loboidamba.

Peace Corps Volunteers and Community Health Centers

Suzanne Smith
CCHN Policy Analyst and Returned Peace Corps Volunteer,
Mongolia, 2005 to 2007

The US Peace Corps and NACHC recently announced a partnership to attract interested individuals to both programs through the new Community Health Global Innovations. This initiative also includes the Community HealthCorps. This pilot initiative seeks to improve access to quality health care in the US and abroad, to promote life-long career and professional development for individuals interested in health care, and to contribute to more effective volunteer service in the US and abroad.

The celebration of the 50th anniversary of the United State Peace Corps and the recently announced collaboration between NACHC and Peace Corps inspired me to contemplate what drew me, and many others, to both programs. I found that I am not the only one who was drawn to both programs because of common themes and goals.

I can't remember a time when I didn't think about joining the Peace Corps. My father served in the Peace Corps from 1969 to 1971 in Shiraz, Iran, working in the provincial architectural and engineering office. Growing up, my father told my sister and me numerous tales about his experience. When we were younger, these stories were about the friendship he developed with his Iranian host family and what he did for work. As we got older, he also began to tell us about why he had joined the Peace Corps and how he felt about his experience. I always wanted to have a similar experience – I wanted to live in and experience another country and culture, but I also wanted to have work that was focused on helping others.

After finishing my graduate degree I applied for and was accepted into Peace Corps. Due to factors such as my focus during college and work after I graduated, I was designated as a health extension volunteer and invited to serve in Mongolia. Volunteers in my sector typically work with local health departments, hospitals, other types of health care providers and their local community. In June 2005, I said goodbye to my family and friends and traveled with other Peace Corps trainees to Mongolia. Over the summer we all lived with Mongolian host families in small rural towns, while taking daily language classes, as well as classes that concentrated on building our skills in the various assigned sectors and knowledge of the culture. In August, after completing this training and passing a language test, we learned where we would be living and working for the next two years and took official vows to become Peace Corps volunteers (PCV).

Mongolia

- A landlocked country located between Russia and China that encompasses almost 604,000 square miles
- An estimated population of three million people
- One of the least densely populated countries in the world, but roughly a third of the population lives in the capital, Ulaanbaatar
- A former Communist country, that transitioned to a parliamentary republic with a market-based economy in 1990
- Making progress in reaching their United Nations Millennium Goals around health and development, but vast distances and harsh climate impact this progress
- Uses creative methods for providing access to health care, such as Maternal Rest Homes where expectant mothers can stay before giving birth and receive health care and classes on child care and reproductive health



A nomadic family's *ger* in Tov Province, Mongolia. Many Mongolian families still live in the traditional felt tents year round.

I was assigned to work with the United Nations Population Fund (UNFPA), which, amongst other major goals, works to improve education about and access to quality reproductive health care. Like most PCVs, my work was varied and included projects such as teaching a course on communications and confidentiality to health care providers. Outside my primary assignment, I worked with the members of the national swim team to improve their English skills and with other PCVs on small projects. I lived in Ulaanbaatar, but was fortunate to be able to travel across Mongolia with my work. I was privileged to work with a variety of people, from former parliamentarians to health professionals trained in Russia. They had an amazing drive to help their fellow Mongolians have better access to health care services, and they all hoped to build a better Mongolia for their children and grandchildren.

After completing my service and returning to Colorado in late 2007, I began to look for a job. I knew I was interested in community-focused work and that I wanted something to do within the health care field, goals that my time as a PCV helped solidify. Additionally, while in Mongolia I found that I didn't know as much as I thought about the health care system in the United States, and the questions I received from Mongolians made me realize that I needed to know more. However, I was at a loss for how to combine these interests until I found out about a position with CCHN. I began to research the organization and its goals and knew that the focus on supporting federally qualified CHCs and improving access to quality health care fit what I hoped to focus on for my career.

I have now worked at CCHN for three years, currently in the position of Policy Analyst. In my time with CCHN, I've met numerous other Returned Peace Corps Volunteers (RPCVs) that work for or on behalf of CHCs, ranging from providers to operations directors to board members. Through an informal poll, I've learned that there are at least an estimated 20 RPCVs currently working at Colorado CHCs, as well as numerous current and former AmeriCorps Volunteers (a program similar to Peace Corps, but for individuals interested in working with organizations and communities in the United States).



From left, Ms. Smith outside Khovd, Mongolia, with former coworkers Dr. Munkhuu Dori and Zova Baduan.

When I asked some of these RPCVs why they thought people would be drawn to both Peace Corps and CHCs, I received remarkably similar answers. Christy Trimmer, community liaison and policy analyst for Covering Kids and Families at CCHN, served in Bolivia from 2002-2004. She provided the best summary of these answers when she said, "I think people interested in both the Peace Corps and the CHC movement are drawn to serving others, wanting to make a difference in the world, social justice and challenging yet rewarding work."

Some individuals, such as Ken Davis, pursued work in CHCs because of the similarities. Mr. Davis, a certified physician assistant and medical director for the Glenwood Springs clinic of Mountain Family Health Centers, served in Lesotho from 1995-97. He said that he "caught the public health and community service bug" in Peace Corps and this led him to pursue a National Health Service Corps scholarship and the CHC movement. Other RPCVs, like me, stumbled upon the CHC movement and found over time that it was a great match. Jenny Dohrmann, vice president of operations for Clinica Family Health Services, Inc. (Clinica), told me she applied for a job at Clinica with little knowledge of the CHC world, but she knew her



Ms. Smith, center, with members of the Mongolian national swim team.

Peace Corps experience would be an asset for helping her in her job. Ms. Dohrmann served in El Salvador from 2000 to 2001.

Mike Bloom said that he has always been interested in community development and “the Peace Corps and community health share a whole series of values – doing something good, doing something right, taking a chance.” Though Mr. Bloom had some interest in community development prior to serving as a PCV, it was his time as a volunteer in Bolivia from 1964 to 1966, and then working as Peace Corps staff in Panama from 1967 to 1970, that helped direct his future career path. This is because he feels that, “at heart, CHCs are about developing communities.” Mr. Bloom is the executive director of the North Colorado Health Alliance, former CEO of Sunrise

Community Health, Inc., and former director of Valley-Wide Health System, Inc. Mr. Bloom is one of the co-founders of CCHN. Another CCHN founder, Chuck Stout, former executive director of Boulder County Public Health, served as a PCV in Ghana from 1967 to 1969.

Now when I looking at the history and goals of both Peace Corps and Community Health Centers, it is easy to see why these programs are such a good fit for me and numerous others. Beyond the strong focus on community service and development throughout their history, both programs were started in the social change of the 1960s and both have strong ties to members of the Kennedy family and Robert Sargent Shriver, Jr. Both programs have bipartisan support at the state and national levels, and RPCVs have served as legislators in the Democrat and Republican parties.

I’m often asked if I’ve considered rejoining the Peace Corps, to which I respond, “Maybe when I’m a little older.” I certainly enjoyed the time I spent living and working in Mongolia as a PCV, and truly miss the friends I made there and the country in general. However, I feel I still have a lot to learn and offer to my work here in Colorado. Regardless, I know I’ll continue to work with organizations that are focused on helping others.

Peace Corps

- Established in 1961
- 200,00+ RPCVs over 50 years
- PCVs have served in 139 countries, with PCVs in 77 countries currently
- In Colorado, 6,496 RPCVs and 319 currently serving individuals

Community Health Centers

- Community Health Center and Migrant Health grant program was started in 1965.
- In 2009, 18.8 million patients were cared for nationally, and more than 123,000 people employed by CHCs.
- In Colorado in 2010, 15 CHCs with 123 clinic sites located in 33 counties cared for people from 58 counties.
- Colo. CHC provided more than 1.8 million visits to more than 458,000 patients; and employed more than 3,200 staff.

To find out more about the Community Health Global Innovations program, visit <http://www.communityhealthcorps.org/CHGI.cfm>. More information about Community Health Centers in Colorado can be found at www.cchn.org, and nationally at www.nachc.org. Readers interested in learning more about the Peace Corps can find information at www.peacecorps.gov. Or, when you meet a RPCV, ask them to tell you about their experience. I’m sure they’ll be happy to their share stories.

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