

# COLORADO RURAL HEALTH CARE GRANT COUNCIL

## MINUTES

November 13, 2007  
CDPHE Building, Denver, CO

These minutes are a summary of the proceedings and motions of the Colorado Rural Health Care Grant Council. Attachments referenced in the minutes are available through the Colorado Rural Health Center at [info@coruralhealth.org](mailto:info@coruralhealth.org) or 303-832-7493.

### Council Members Present

- Robert “Jay” Brooke, *Executive Director, High Plains Community Health Center*
- Dr. Ned Calonge, *Chief Medical Officer, CDPHE (CO-CHAIR)*
- Denise Denton, *Rural Health Consultant*
- Lydia DeLaRosa, *Senior Case Manager, Long Term Care, Mesa County Dept. of Human Services*
- Andrea Kawulok, *Program Coordinator, Rural/Frontier Women’s Health Coordinating Center, Colorado Coalition for the Homeless*
- Marcy Morrison, *Insurance Commissioner, State of Colorado*
- Khanh Nguyen, *Program Officer, The Colorado Health Foundation*
- Kathleen Rogers, *Vice President of Development, San Luis Valley Regional Medical Center*
- Dr. Jacqueline Stiff, *Vice President/Chief Medical Officer, UnitedHealthcare – Colorado Extended Market (CO-CHAIR)*
- Christopher Underwood, *Division Director, Program Eligibility and Implementation, HCPF*
- Charles Unseld, *Director, Division of Local Government, DOLA*

### Council Members Absent

- Cody Belzley, *Policy Analyst, Governor’s Office of Policy and Initiatives*

### Guests Present

- Steve Halloway, *Director, Primary Care Office, CDPHE*

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N. Calonge called the meeting to order at 9:00AM. The Council members introduced themselves and shared their experience and interest in rural health.

### Review of Colorado Open Records Act (CORA)

N. Calonge provided a summary of the CORA. A few questions were asked and answered.

### History of Contribution

J. Stiff provided background information on the history and source of the contribution from UnitedHealthcare. The intent of the contribution was to address areas of greatest need in rural Colorado. The original focus was on mobile health services, but during this second phase, has evolved into a greater scope of rural access to primary care; not excluding mobile services. She clarified that

the contribution will be for \$7.5 million over the next six years, in addition to the \$1 million that was already contributed by United Health Foundation to the first phase of the project – to fund the Colorado Rural Mobile Health Project.

**Colorado Rural Mobile Health Project.** D. Denton provided an overview of the Colorado Mobile Health Project, which was managed by the Colorado Rural Health Center (CRHC), under a contract with the Department of Local Affairs

(DOLA). DOLA provided an initial \$75,000 in early 2006 to begin the project and conduct an assessment of Colorado's existing mobile health services. The United Healthcare Foundation contributed \$1 million in late 2006 to fund the Colorado Rural Mobile Health Project (CRMHP) community grants, which awarded thirteen grants to eight grantees totaling \$915,135. Additional information about CRMHP is available on the CRHC website – [www.coruralhealth.org](http://www.coruralhealth.org).

### **Review of Executive Order and Charge to the Council**

N. Calonge provided an overview of the Executive Order (EO) creating the Council. He reminded members that they will be developing the guidelines for this new program, not just following existing guidelines.

**Budget Discussion.** There was discussion regarding the budget. N. Calonge reminded the members that the EO stipulates that 5% of the total funds be available to carry out administrative functions of the Council, but until that is made available, Council members cannot be reimbursed for mileage, but they should save their receipts. According to the Executive Order, UnitedHealth Group will contribute:

- \$375,000 - to carry out administrative functions; within 30 days of the EO;
- \$2 million for the 2007 grant cycle; and
- \$1,025,000 for grant cycles each year from 2008 to 2012.

The members agreed it was probably too late in the year to hold a grant cycle in 2007. The Council members will discuss at the next meeting the amount of funds that should be distributed in 2008 – any remainder being rolled over into the next year as allowed by the Executive Order.

It was discussed that even though this is generous contribution, it is a drop in the bucket compared to current and projected rural health needs, and that the Council needs to be highly strategic in using these funds. M. Morrison reminded the group that it was hoped that the Council will develop such an effective and efficient statewide rural grant program, other public and private sector contributions might also be funneled through the program.

### **Rural Health Needs**

D. Denton provided a brief overview of Colorado's rural health needs and infrastructure. Guest, S Halloway, presented additional information regarding definitions of rural and shortage area designations. Other rural healthcare issues discussed by Council members included:

- the impact of the oil and gas industry on NW Colorado;

- decreasing county funding levels for public health;
  - dichotomy of need in Colorado's resort communities;
  - shortage of healthcare providers;
  - aging of current healthcare providers;
  - counties losing populations and the impact on health infrastructure;
  - counties expecting a dramatic increase of older populations;
  - lack of funding for basic healthcare infrastructure;
  - pressure on federally qualified health centers (FQHCs) to serve more people; FQHCs pulling out of rural communities – La Plata County;
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- impact and special needs of immigrant and refugee populations;
  - women's health needs – especially for dental services and cervical cancer treatment; and
  - a serious lack of oral health services, and even more serious lack of mental health services in rural Colorado.

### **Existing Resources**

The Council discussed the availability of other resources to meet health needs in rural Colorado. N. Calonge admitted that rural health has not been a priority for the State of Colorado. The Council discussed public health funding, Amendment 35 dollars, the tobacco tax, school-based health centers, the dental loan repayment program. K. Nguyen offered to share information gathered by The Colorado Rural Health Foundation through their statewide Applicant Information Sessions. The Colorado Health Foundation also assembled private foundations along with public funders (DOLA, USDA Rural, and the Colorado Rural Health Center) to discuss rural health funding. The participants agreed it takes diligence, persistence, and flexibility to reach rural communities, and that few of the funders provide support for general operations or infrastructure.

**Mineral and Energy Impact Funds.** C. Unseld provided an overview of the Energy and Mineral Impact dollars, which come to Colorado through severance taxes and royalties charged for extraction. In 2004, DOLA and the Governor Owens' office awarded \$9 million in funds for rural infrastructure; \$10 million in 2005, through the Governor's Rural Health Infrastructure grants. In Interim Committee has been meeting to determine how the Energy and Mineral Impact dollars, which are on the rise, ought to be distributed. The issues being considered are not only the use of the dollars – schools, transportation, health; but the geographic allocation – where the extraction actually occurs, or statewide.

### **Administrative Support**

**Meeting Location.** J. Stiff lead a discussion regarding the options for administrative support for the Council and the grants program. N. Calonge offered CDPHE for meeting space. K. Nguyen offered The Colorado Health Foundation offices, which are nearby. The members agreed that this was a convenient location for meeting.

**Colorado Rural Health Center.** D. Denton shared that the Colorado Rural Health Center board had offered to administer the program and described their experience managing other rural grant programs for private foundations and public entities. C. Unseld agreed CRHC had been an excellent partner with the Governor's Rural Health Initiative. K. Nguyen agreed the CRHC had been invaluable with the Community Regranting Sessions. N. Calonge offered that CRHC had done an excellent job assisting CDPHE with the federal hospital preparedness dollars. J. Brooke offered that CRHC knows rural Colorado and the issues.

⇒ **MOTION** ⇒ M. Morrison made a motion that the Colorado Rural Health Center be asked administer the Colorado Rural Health Grants program; seconded by J. Brooke. Motion unanimously approved by the members.

### **Next Meeting**

The Council members discussed the future meeting schedule. While the EO requires the Council meet at least annually, the members agreed they should meet more frequently, at least for the first year. The Council members agreed to the following meeting schedule:

- Monday, December 10<sup>th</sup> 11:00 to 2:00 – at CDPHE or TCHF
- Then every fourth Monday of the month (1/28, 2/25, 3/24, etc.)

**Designees.** A member asked whether or not they could send a designee. N. Calonge agreed to find out and let the Council know at the next meeting.

### **Guiding Principles**

J. Stiff led a discussion on the expectations or guiding principles for the grants program. She shared ideas from United Healthcare.

### **Proposed Guiding Principles for Grant Disbursement:**

The Council should use the following guiding principles when developing and reviewing grant applications:

- Definition of need defined by Coloradans (based on epidemiology of disease, medically underserved areas)
- Community involvement
- Delivery of integrated, coordinated preventive, community based health services
- Target important medical challenges within medically underserved communities
- Support health and medical decisions that lead to better health outcomes and healthier communities
- Ability to measure improvements through expanded access and evidence based quality measures

**Rural/Urban Eligibility.** The members discussed eligibility and whether or not it should be limited to rural organizations. After much discussion, it was the general agreement of the members, that while urban areas have primary care access issues, and urban organizations offer invaluable resources to rural Colorado, the eligibility ought to be limited to rural organizations. It was pointed out that if a rural organization wished to apply for the funds and contract with an urban entity, they would certainly be able to do so.

⇒ **MOTION** ⇒ N. Calonge made a motion that only rural organizations would be eligible to apply for Rural Health Care Grants; seconded by A. Kawulok. Motion unanimously approved by the members.

**Definition of “Rural”.** The members discussed the various definitions of “rural” that might be used to determine eligibility for this program. They reviewed the materials offered by D. Denton and S. Halloway. There was general agreement on the following:

- “rural” would not include the Denver area;
- using metropolitan counties as the definition would leave out too many rural-like communities;
- perhaps communities over 50,000 be excluded; and
- there should be an appeals process regardless of the final decision in case there were any unintended exclusions

It was suggested that CRHC and the Primary Care office be asked to develop recommendations for “rural” based on these discussions and provide them to the Council at a future meeting.

**Sustainability and Local Match.** There was discussion regarding whether or not sustainability ought to be required of applicants. There was general agreement that if sustainability was required, the applications would all include a

sustainability plan, but that they might not be realistic or feasible. There was agreement that a community match ought to be required as this showed local ownership and investment.

**Size of Awards.** There was a great deal of discussion about the size of awards. Large awards might mean the potential for more impact, but smaller awards would probably mean wider participation. It was generally agreed that if the awards were too small, the administrative costs would be prohibitive. The members agreed this needed additional discussion before a decision was made, but there was general agreement that awards in the range of \$10,000 to \$50,000 would be acceptable. The members further agreed that they want to discuss the possibility of awarding a few larger grants the first year or two of this program – when more funding is available – for larger projects in the range of \$250,000.

**Multiple Year Awards.** There was discussion regarding the pros and cons of granting multiple year awards. It can be difficult to get a new program going within a single year, but granting multiple years requires setting aside a large portion of the grant funds making them unavailable for new projects. While the members agreed this area warrants additional discussion, there seemed to be

agreement, that preference would be given to new applicants so that grants funds would be better distributed statewide.

**Grantee Meeting and Technical Assistance.** There was a little discussion regarding whether or not there should be a grantee meeting before the awards and/or after the awards. It was generally agreed that rural areas often need technical assistance in grant writing to compete effectively for dollars.

### **Adjournment**

The meeting was adjourned at 12:10.

**Next Meeting – Monday, December 10, 2007  
from 11:00 to 2:00. Location to be announced.**

### **Items for Next Meeting**

- Can Council Members send designees?
- How should we define “rural” for this grants program?
- What should be size of the grant awards?
- Should there be two different levels of award in 2008?
- How much should be distributed in grant funds in 2008?
- Should there be multiple year awards?
- Will Council Members be reimbursed for travel costs?
- Setting a general timeline for 2008.

*Minutes taken by Denise Denton. Edits from Council Co-Chairs.*