



Special Delivery ONLINE

Colorado Rural Health Center

Fall Edition 2007

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CRHC News

CRHC Welcomes our new Executive Director Lou Ann Wilroy!

The Colorado Rural Health Center is a non-profit organization whose mission is to enhance healthcare services in Colorado. CRHC does this by providing information, education, linkages, tools, and energy toward addressing rural healthcare issues.

There are numerous ways to be involved in CRHC's efforts, including membership. Simply call or write for more information. The Special Delivery Newsletter is posted quarterly on the Colorado Rural Health Center's website to give our constituents information about programs and resources available.

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- Lou Ann Wilroy**
Executive Director

The Colorado Rural Health Center (CRHC) is happy to announce its new Executive Director—Lou Ann Wilroy! Lou Ann has served as Program Director for the Critical Access Hospital and Rural Health Clinic Programs since November of 2001 and as Acting Executive Director of CRHC since November 2006 when Denise Denton, former CRHC Executive Director, resigned.



Lou Ann Wilroy

Lou Ann has 18 years of experience in healthcare, and her background includes work in urban and rural settings in both the private and non-profit sectors. During her tenure at CRHC, she has been responsible for overseeing Colorado's Critical Access Hospital and Rural Health Clinic programs, and administering the Medicare Rural Hospital Flexibility Grant. She has contributed to CRHC's continued success as a key member of the internal leadership team, and has acted as an ambassador statewide to identify and address rural healthcare issues.

Under Lou Ann's leadership, CRHC plans to broaden its membership base and focus on current issues such as health reform, workforce development, and information technology. CRHC will continue to develop and administer programs and services to accomplish its mission of "enhancing healthcare services in Colorado by providing information, education, linkages, tools, and energy toward addressing rural healthcare issues."

After an extensive national search, the CRHC Board and staff are extremely excited to have chosen an Executive Director with a proven track record, who is well-known in the rural healthcare community throughout Colorado and nationally.

CRHC Staff's Day in the Country

The Colorado Rural Health Center (CRHC) Staff was invited to experience "a day in the country" and spend time in rural Lincoln County! CRHC Board Members Vonie Weaver, Wray, and Brenda Higgins, Genoa, hosted the event at Brenda's family farm in Genoa. Staff toured the farm, sat in the combine and tractors, picnicked outside, and attended the Limon Homecoming festivities and bonfire! We had a wonderful day and were delighted to spend a sunny day in rural Colorado.



Pictured (left to right): Aaron Ortiz, Sally Kiser, Callie Preheim, Lou Ann Wilroy and daughter Emily, Lynne Swanson

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SCHIP Vetoed

SCHIP, the federal State Children's Health Insurance Program, was set to expire on September 30, 2007. Congress, however, passed a continuing resolution to continue funding the program for another 60 days. If SCHIP is not reauthorized, the program will disappear and **nearly 50,000 children in Colorado will loose their insurance coverage**. Child Health Plan *Plus* (CHP+) is Colorado's SCHIP plan. 50,000 Colorado children are enrolled in CHP+, but an additional 56,000 kids in Colorado who are eligible for the coverage, but are not enrolled and go without needed healthcare services. The Center on Budget and Policy Priorities has released a report saying that while the number of uninsured, low-income children has decreased dramatically, a "substantial share of this progress will be undone if SCHIP funding is frozen [at its current level]" (www.cbpp.org/6-5-06health.htm). This week the Bush Administration has vetoed the bill sent to him by Congress. However, this veto can be overridden if the bills pass in both the House and in the Senate by a two-thirds vote. As of early October, only the Senate has passed a bill by a two-thirds majority. The House is set to revote in mid-October. If you are interested in taking action, you may contact our Colorado Senators or Representatives—please visit www.senate.gov or www.house.gov for contact information. For more information on Colorado's SCHIP Coalition, please visit www.coloradoschip.org or call (720) 201-7307.

Rural Health Seed Grant Program

A digital projector, a CNA mentoring program, Medic Alert Kits, and a county-wide health-needs survey – what do all of these things have in common? They were all partially funded by CRHC Seed Grants! Seed money of up to \$500 is available to our Organizational and Corporate Investing Members in rural areas. Eligible projects must fit CRHC's mission, "enhancing healthcare services in Colorado by providing information, education, linkages, tools and energy toward addressing rural healthcare issues," and the organization must match the grant funds received. Please visit our website, www.coruralhealth.org and go to "Seed Grants" under our programs page for project ideas and programs that we have funded. Additional information on criteria, eligibility, and the application process are available on our website or by calling us at (303) 832-7493 or (800) 851-6782. Applications are accepted year-round.



Colorado Rural Mobile Health Project Website

The Colorado Rural Health Center has recently added a website for the Colorado Rural Mobile Health Project. The Colorado Rural Mobile Health Project (CRMHP) is a project formed in 2006 around funding provided by the UnitedHealthcare Foundation. UnitedHealthcare, in collaboration with Governor Owens' Office and the former Insurance Commissioner, David Rivera, contributed \$7.5 million over the next six years toward the development and maintenance of healthcare services throughout rural Colorado. Grant funds totaling \$1,000,000 created CRMHP.

\$851,042 was awarded to eight organizations to support mobile units currently in operation in rural and underserved Colorado. The awarded organizations are: Bent County Nursing Service, University of Colorado School of Dentistry, Kids in Need of Dentistry, Salud Family Health Center, San Juan Basin Health Department, North Colorado Health Alliance, The Rocky Mountain Youth Clinics, and Valley-Wide Health Systems. For more information on CRMHP and the grantees, please visit www.coruralhealth.org and click on the "Colorado Rural Mobile Health Project" Link.

Pediatric Advanced Life Support (PALS) Provider Courses

The Children's Hospital is offering a two-day, Pediatric Advanced Life Support (PALS) Provider Course this November. Participants in the course will learn how to recognize infants and children at risk for cardiopulmonary arrest; strategies to prevent cardiopulmonary arrest in infants and children; and the cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock, or cardiopulmonary arrest. This course is intended for pediatricians, emergency and family practice physicians, dentists, hospital pharmacists, registered nurses, respiratory therapists, EMS personnel, and other Advanced Life Support providers who care for pediatric patients. The next course will take place Tuesday-Wednesday, November 6-7, 2007. More information and registration details are available online at: www.thechildrenshospital.org/news/events/calendardetail.aspx?setID=71.



More information on The Children's Hospital and its events is available online at www.thechildrenshospital.org or by calling (800) 624-6553. The Children's Hospital is an Investing Member of the Colorado Rural Health Center.

SECAHEC and the *Great Hospital Adventure*

Article provided by: SECAHEC

The Southeastern Colorado Area Health Education Center (SECAHEC), with funding provided by the Colorado Rural Health Center in partnership with the Health Professions Initiative – Health Professions is an initiative of The Colorado Trust – has introduced *The Great Hospital Adventure* to schools throughout its 16-county region. Since January 2007, SECAHEC has been able to reach over 2,800 children in over 50 classrooms and schools in southeastern Colorado with this program, serving as an introduction to health professions for younger children.



Matt Guy with Josh

Developed by the Northwest Pennsylvania AHEC, *The Great Hospital Adventure* is a multimedia program that provides children in preschool through second grade (ages 4-9) basic information on healthcare and health professions, while reinforcing healthy behaviors. *The Great Hospital Adventure* combines an interactive DVD, puppets (who are the “stars” of the program), and story coloring book to reinforce career concepts and healthy habits. The story is also told in a way designed to help reduce children's fears about the people and positions that they might encounter in the healthcare system.

The Great Hospital Adventure is the story of a boy named Josh who breaks his leg while playing in the family backyard. His sister Ashley narrates the story, telling children about the different medical professionals involved in Josh's treatment and recovery. Children are introduced to paramedics, emergency room personnel, radiological technologists, physical therapists, and family practice health professionals as Josh goes through the healing process.

SECAHEC is also expanding the use of *The Great Hospital Adventure* puppets through its new program called *Sneeze Into Your Sleeve*. *Sneeze Into Your Sleeve* demonstrates good hygiene habits in a fun, interactive manner while promoting different health professions through a series of activities designed for the classroom or small group setting. *Sneeze Into Your Sleeve's* program content can be arranged to meet the needs of almost any age group, from preschool to adult.

Both *Sneeze Into Your Sleeve* and *The Great Hospital Adventure* are available free through SECAHEC. Please call Matt Guy at (719) 544-7833 for information on how to schedule these programs in your community!

The Southeastern Colorado AHEC is an Investing Member of the Colorado Rural Health Center (CRHC). Randy Evetts, Executive Director of SECAHEC, is the president of the Board of Directors of CRHC.

Change in Colorado USDA Rural Development Offices



As of October 1, 2007, Colorado USDA Rural Development closed their offices in Greeley and Cañon City—maintaining six field offices around the state and the state office in Lakewood. The six field offices are located in Alamosa, Cortez, Craig, Delta, Las Animas, and Wray. For more information, please visit www.coruralhealth.org/crhc/resources/downloads/rdoffices07.pdf or www.rurdev.usda.gov/co.

Recruiting Local People to Fill Health Care Needs

by Candi Helseth, The Rural Monitor, Rural Assistance Center

This is an excerpt. For the complete article, please visit www.coruralhealth.org/crhc/resources.

Frontier and rural health care providers looking for innovative ways to solve increasing workforce shortages are sometimes finding that help is as near as their own backyards: by recruiting and training local people to be health care professionals in their communities. In Nevada, the Rural Family Medicine Consortium proposed what it termed “an aggressive rural community partnership” to recruit and retain health professionals for rural and frontier communities. In Alaska, the board of directors at a critical access frontier hospital picked up the bill for hospital employees to become registered nurses. In rural Maryland, a coalition paid all expenses for local residents to become dental hygienists if they would agree to return to the area to practice.

Communities like these that look within their ranks to fill health care professional needs are the most likely to succeed, according to Dr. Robert Bowman, past chairman of the Rural Medical Educators Group of the National Rural Health Association and Director of Rural Health Education and Research for the Department of Family Medicine at Nebraska Medical Center in Omaha. **“Rural areas should be recruiting people that grew up in their state,”** said Bowman, who has done extensive research on provider shortages. “Physicians, physician assistants, family nurse practitioners—we’ve found that these professionals who are working in underserved areas are more likely to also have been born in lower income and rural areas. And physicians who grew up in rural areas are most likely to return to that area.”

The Rural Family Medicine Consortium—a partnership between the University of Nevada School of Medicine, a community-based hospital and a hospital-affiliated network—developed a medical student rotation program to introduce students to rural practice and, at the same time, provide more services to those communities... In addition to seeing patients, medical residents provide outreach care such as prenatal exams, wellness education and chronic disease management programs... Registered nurses are also in short supply nationwide. Weary of investing extensive funds in nurse recruitment programs, the board of directors at Petersburg Medical Center in Petersburg, Alaska, partnered with a college nursing program to train interested hospital employees as registered nurses.

To read the complete article, please visit www.coruralhealth.org/crhc/resources/downloads/recruitlocalpeople_rac.pdf. For information on the Colorado Provider Recruitment Program, please visit www.coruralhealth.org/cpr, email cpr@coruralhealth.org, or call (800) 851-6782.

Apply for an EMS Provider Grant

by Jeanne-Marie Bakehouse, CDPHE

Each year, the Colorado Department of Public Health and Environment (CDPHE) distributes approximately \$1.6 million dollars to support improvements and expansion throughout Colorado’s emergency medical and trauma services system. The Emergency Medical Services (EMS) Provider Grants Program is designed to support Colorado EMS agencies with the patient care and transportation services.

This year’s EMS grant awards (fiscal year 2008) were made in July 2007 and agencies are presently working to implement their grant projects. For Fiscal year 2008, 93 applications were reviewed and 69 of them were funded either partially or in full. 78% of these awards went to rural and frontier agencies, and 22% went to urban-based agencies.

Next year’s grant cycle (fiscal year 2009) begins Dec. 15, 2007. It’s not too early to begin the application process! A good way to begin the application process by attending a grants workshop this fall or winter. These offerings are conducted through the Regional Emergency Medical and Trauma Advisory Councils (RETACs). Contact your local RETAC coordinator or the Colorado Department of Public Health and Environment for a list of dates and locations. There are 10 grant categories available including vehicles, training, communication, data collection, EMS equipment, recruitment/retention, injury prevention, defibrillation, extrication equipment, and other. You may apply in a maximum of two categories. Grant applications are due **February 15, 2008**.

Your local RETAC coordinator’s contact information is available at www.cdphe.state.co.us/em/retac/index.html. For more information on the Colorado Department of Public Health and Environment’s Emergency Medical and Trauma Services, please visit www.cdphe.state.co.us/em.

Jeanne-Marie Bakehouse is the EMS Provider Grants program manager at the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment. She can be contacted at (303) 692-2987 and at Jeanne.bakehouse@state.co.us.

This is an excerpt of Ms. Bakehouse’s full article. To view the article in full, please visit: http://www.coruralhealth.org/crhc/resources/downloads/ems_provider_grants_08.pdf.

Poorer Communities Have Increased Diabetes Risk

A recent study by the Agency for Healthcare Research and Quality (AHRQ) found that people living in poor communities “are 80% more likely to be hospitalized for the treatment of diabetes or its complications than people who live in affluent areas” (see www.ahrq.gov/news/nn/nn090507.htm). Here, poor communities are defined as communities with an average income of less than \$37,000. Between 1993 and 2005, a span of 12 years, hospital admissions for patients with diabetes increased by 85%. In Colorado, 68% of our non-metropolitan (rural) counties have a median household income of less than \$37,000 (Census 2000, Median household income in 1999 dataset).

Diabetes resources are available on the American Diabetes Association’s website, www.diabetes.org. The site offers a variety of links and resources including a Diabetes Risk Test, healthy recipes, prevention techniques, and support for people with Diabetes. More information is also available by calling 1-800-DIABETES.

For more information on the AHRQ, please visit www.ahrq.gov. More information on individual counties is available at www.census.gov.

New Development Director at Saint Joe’s

In an effort to expand its services and collaborations with rural and urban communities and organizations around Colorado, Exempla Saint Joseph Hospital recently hired Ed Hawkins to serve as its Director of Business Development. St. Joe’s hopes to more effectively meet the needs of its patients and physicians and Ed will work primarily with rural communities around the state through the hospital’s Cardiac and Vascular Institute.

Ed will serve as the liaison between the medical staff and rural physicians, identify healthcare and educational needs and concerns, and develop strategies to meet the needs of Colorado’s communities. He will also work with Cardio Vascular Institute’s leaders as a means to enhance physician, patient, and employee satisfaction resulting in quality improvement initiatives.

For more information on the Cardiac and Vascular Institute at Exempla Saint Joseph Hospital, please visit <http://www.exempla.org/care/services/cv/esjhcv> or call (303) 837-6948. Ed Hawkins may be reached at (303) 837-7915 or by email, hawkinse@exempla.org.

St. Joe’s Donates Ultrasound Beds

Exempla St. Joseph Hospital, a Corporate Investing Member of CRHC, recently donated two ultrasound beds to Prowers Medical Center in Lamar and Lincoln Community Hospital in Hugo. The ultrasound beds were advertised in our Weekly Update E-Newsletter, a publication that is sent out to clinic and hospital contacts around the state. To visit Exempla St. Joseph Hospital or learn more about their Cardiovascular Program, please visit St. Joe’s website: <http://www.exempla.org/care/facilities/ESJH/>.



Rural Youth and Substance Abuse

A recent study by the Maine Rural Health Research Center, “Substance Abuse Among Rural Youth: A Little Meth and a Lot of Booze,” examines the increased use of methamphetamine and alcohol in rural areas. To see a more accurate picture of the substance abuse problem, the study utilizes three, distinct rural categories: rural counties adjacent to urban areas, rural non-adjacent counties with towns of 20,000 or more, and rural non-adjacent counties with only smaller towns. Among the key findings, the study found that “Young adults (age 18-25) in the smallest rural areas use meth at a rate that is nearly twice the rate of young urban adults (2.9% vs. 1.5%).” While the rates are fairly low, the study points out that the smallest rural towns often have the fewest prevention and treatment resources. The study also found that children aged 12-17 are more likely to participate in binge drinking than are their urban counterparts (15% vs. 10.3%). To view the study in full, or to find out more information, please visit www.coruralhealth.org/crhc/resources.

More information on the Maine Rural Health Research Center is available online at <http://muskie.usm.maine.edu/ihp/ruralhealth/> or by calling (207) 780-4417.

Rural Definitions and the Farm Bill

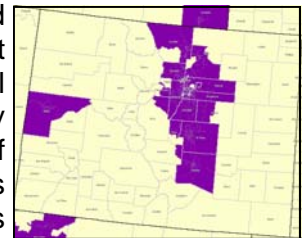
A recent article posted on the Daily Yonder website, “‘What’s Rural?’ Becomes a Farm Bill Question,” suggests that the House version of the Farm Bill asks the very same question that continuously puzzles us all, “What’s Rural?” In fact, the House version of the Farm Bill *does* ask this question and, more than that, calls for a report on the enigmatic word. The first section of Title 6, Rural Development, of the bill calls for a “Definition of Rural.” Sixty days after the bill is passed, the Secretary of Agriculture is to submit a report to the House’s Committee of Agriculture and to the Senate’s Committee on Agriculture, Nutrition, and Forestry that addresses the following: (1) the various definitions of “rural” used by the Department of Agriculture, (2) the effects these definitions have on different programs, and (3) better ways to “target funds provided through rural development programs.” The purpose of this, according to the Daily Yonder’s website, is to allocate funds more appropriately and better differentiate between rural areas of poverty and rural areas of substantial income. The article lists the top 47 of the nation’s counties with the highest average family incomes and lowest levels of poverty: 10 of the 47 counties are in Colorado and 7 of those are in the top 10 (Pitkin, Summit, Routt, Gilpin*, Park*, Clear Creek*, and Teller*).

*While these counties are considered Metropolitan/Urban by the Office of Management and Budget, areas of these counties may be considered rural (illustrating, once again, the difficulty in defining “rural”).

“‘What’s Rural?’ Becomes a Farm Bill Question” is available on the Daily Yonder website: www.dailyyonder.com/whats-rural-becomes-farm-bill-question. More information on the Farm Bill may be found online at <http://agriculture.house.gov/inside/2007FarmBill.html>.

Defining Rural Colorado

The website of the United States Department of Agriculture’s (USDA) Economic Research Service (ERS) contains a variety of information on rural America: statistics, maps, definitions, and resources. One of the resources on the website allows viewers to compare different definitions of rural. One of the documents posted online, “Colorado: Three rural definitions based on Census Places,” compares and maps rural and urban Colorado by using five different measurements: Census Population, Census Urban Areas, Office of Management and Budget (OMB) Metropolitan Counties, Rural-Urban Commuting Areas (RUCAs), and USDA Business and Industry Ineligible Locations. This document is available online at www.ers.usda.gov/data/ruraldefinitions/CO.pdf. Also on the ERS website is an interactive mapping program allowing viewers to simultaneously map two different definitions of rurality. The maps are overlaid and allow for easy comparison. Please visit <http://maps.ers.usda.gov/ruralmap/rurmapper.aspx>.



Map of Rural (yellow) and Urban (purple) Colorado based on Rural-Urban Commuting Areas. Source: ERS USDA

For more information on the various definitions and measures of “rural,” please visit the Rural Assistance Center’s website, www.raconline.org, and click on the *Am I Rural?* link. *Am I Rural?* allows users to create a custom report by inputting a physical address to view a location’s Urban Area/Cluster Name, Core-Based Statistical Area data, Census Tract information, RUCA (Rural Urban Commuting code), UIC (Urban Influence Code), and qualification status for any of the Office of Rural Health Policy’s Rural Health Network Grant Programs.

More information on rural definitions is available on the Office of Management and Budget’s website, www.whitehouse.gov/omb.

WANTED: Regional EMS and Trauma Advisory Council Coordinator for NW Colorado

The Northwest Colorado Regional Emergency Medical and Trauma Advisory Council (NWRETAC) is searching for a new Coordinator. The successful candidate will possess excellent communication and organizational skills combined with a passion for Emergency Care and for rural community lifestyles. Northwest Colorado is a beautiful and diverse area currently experiencing a number of exciting changes effecting the EMS and trauma care system. The NWRETAC is posed in an excellent position to respond to those changes with the right person in the driver's seat. For a complete job description visit www.nwretac.org or contact: Kris Borchard, Chairman, (970) 878-3443.

Plan would require all Coloradans to have health coverage

By Bob Mook, Denver Business Journal
September 10, 2007

Colorado residents would be required to carry a basic health insurance plan under a proposal being drafted by the Blue Ribbon Commission for Health Care Reform.

The commission, which has been directed by Gov. Bill Ritter and state legislators to explore ideas that would provide coverage for roughly 772,000 Coloradans who lack coverage, is putting the final touches on a fifth proposal that borrows some elements from four other plans provided by outside organizations.

Members of the commission discussed a preliminary fifth proposal during a meeting at the COPIC Companies office at the former Lowry Air Force Base in Denver.

Two of the plans already studied by the commission call for requirements for businesses and/or individuals to provide or obtain health insurance coverage. All but four of the 24 commissioners participating the meeting voted in favor of the individual mandates.

The fifth proposal, authored by the commission, does not require employers to provide coverage and enforces tax penalties on people who aren't covered. It creates subsidies for low-income families that fall between 200 percent and 400 percent of the federal poverty lines. It also provides a state-operated "connector" system that provides a "clearinghouse" for people to obtain and administer insurance plans.

Bill Lindsay, chair of the commission, said the clearinghouse also could provide small businesses with option to the small group market for obtaining insurance coverage for workers.

If approved, the preliminary proposal would require all Coloradans to provide proof of insurance in their

state tax forms. Those who aren't covered would be forced to a tax penalty equal to one year's worth of coverage. The fee would depend on the taxpayers' age and residence, said Edie Sonn, a spokeswoman for the Blue Ribbon Commission for Health Care Reform.

Individual mandates have been one of the more controversial issues in the health care reform debate.

A task force that reviewed the four proposals on behalf of local businesses said in initial notes that employer and employee mandates would be bad for the bottom line.

But the business task force later moderated its position in its final report, saying individual mandates place an "appropriate burden" on residents rather than businesses.

The business task force also conceded that reducing the number of uninsured would help keep a lid on rising premiums since unreimbursed health care costs that hospitals and doctors pass to insurers would be covered under a plan that provides universal coverage.

Steve Summer, president and CEO of the Colorado Hospital Association, echoed the sentiments of a majority of the commissioners and called the individual mandate critical to health care reform.

Linda Gorman, a commissioner member who favors free-market solutions to health care reform, voted against the mandate. Gorman said enforcing the mandate would create a costly layer of bureaucracy.

Mark Simon, a disability advocate in the commission, also voted against the individual mandate.

"It's inappropriate to put a mandate on individuals and no one else and then use taxpayer dollars to subsidize insurance," he said. "That to me is outrageous."

Under the commission's proposal, Simon said, insurers would "still get paid and still make a profit."

One observer, Arthur Powers, managing director of an advocacy group that serves people living with HIV-AIDS, questioned whether the subsidy guidelines outlined in the plan would provide enough help for those who are already financially strapped. Powers serves on a task force representing vulnerable populations.

Other proposed recommendations for the fifth proposal would expand Medicaid coverage for parents and childless adults up to 200 percent of the federal poverty level, secure tobacco settlement dollars, increase tobacco and alcohol taxes, and implement a snack and soda tax.

Sonn said the entire fifth proposal will be fleshed out by the end of the month to determine issues such as cost containment and minimum coverage standards...

Some observers question whether the General Assembly will adopt the commission's recommendations in the next session because most of its studied proposals require tax increases that would need a vote of the people in order to go into effect...

They also maintain that other big-ticket items like improving the state's transportation infrastructure and funding education will take precedence over health care reform.

The Commission is holding public hearings around the state during the month of October. Community members are invited to attend the hearings and give the Commission their input; please see the Commission's website for proposal details and for more information, www.colorado.gov/208commission.

For more information, please visit www.bizjournals.com/denver and www.colorado.gov/208commission.

Nursing Workforce Diversity Grant

The federal Health Resources and Service Administration (HRSA) has developed a Nursing Workforce Diversity Grant Program. This program will fund two types of projects: projects that aim to increase the opportunities to become a registered nurse and projects that support registered nurses in their pursuit of a Bachelor's Degree in Nursing. The program is aimed towards people from either educationally or economically disadvantaged backgrounds. Nursing schools, academic health centers, State or local governments, and other types of private or public entities are eligible to apply. Applications are due by **November 16, 2007**.

For more information, please visit <https://grants.hrsa.gov/webexternal/FundingOppDetails.asp?FundingCycleId=CE4BB1FD-B6A0-4E19-A115-F100F2A8AAFA&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=True&pageNumber=1&Popup=#Purpose>

Nurse Education, Practice and Retention Program

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) has recently announced its Nurse Education, Practice and Retention Program (NEPR). This is a broad program that aims to address the nursing workforce shortage by increasing opportunities for education and practice, and increasing nursing staff retention. There are nine main priority areas that fit within the three priority types: education, practice, and retention. The application deadline for this program is **December 6, 2007**.

For more information, please visit <https://grants.hrsa.gov/webexternal/FundingOppDetails.asp?FundingCycleId=7B3F0A47-D2F2-44AE-AE62-894FC9A29C9E&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=True&pageNumber=1&Popup=#EligibilityInformation>.

Colorado Heritage Planning Grants

The Colorado Department of Local Affairs' (DOLA) Office of Smart Growth has announced its Colorado Heritage Planning Grants Program. These grants are available to towns, cities, and counties looking to continue and/or expand their capacity to manage growth. Projects funded in the past addressed issues such as traffic congestion, agriculture, open space, housing, wildfires, and fiscal impacts. Applications are due **November 30**. Interested parties are encouraged to contact your local DOLA representative.

Please visit www.dola.colorado.gov/osg.

Rural Health Network Development Grants

The U.S. Department of Health and Human Services recently announced its Rural Health Network Development Grant Program. This program is designed to support organizations that wish to strengthen collaborations among healthcare organizations that aim to increase access to healthcare services. This is a three-year grant program; grant awards are estimated to be around \$180,000. Applications are due **October 15, 2007**.



Please visit www.hrsa.gov/grants/default.htm#rural.

The Colorado Health Foundation's Grant Programs

The Colorado Health Foundation's grant deadlines fall twice a year—the next application cycle deadline is January 15, 2008. The Foundation funds proposals that address one of the following three health strategies: health policy agendas, access to healthcare, and personal health empowerment. Grants may be used to support projects, for general operating costs, and for capacity-building. Multiyear grants are available. For more information and to view the grant guidelines, please visit The Colorado Health Foundation's website, www.coloradohealth.org, or contact the Foundation by calling (303) 953-3600.

Partners Investing in Nursing's Future

The Robert Wood Johnson Foundation (RWJF) has issued a Call for Proposals for *Partners Investing in Nursing's Future*, a collaborative between RWJF and the Northwest Health Foundation. This collaborative will fund proposals of up to \$250,000 for a time period of up to 24 months. Local or regional private, independent, family or community foundations; public charities; government entities; corporations or corporate grantmakers; and collaboratives are eligible to apply. Brief proposal applications are due on **October 25, 2007**.



Please visit www.rwjf.org/files/applications/cfp/overview_pin3.pdf for more information.

2005 Colorado Physician Workforce Survey

The Colorado Health Institute (CHI), a non-profit organization whose mission is to “advance the overall health of the people of Colorado by serving as an independent and impartial source of reliable and relevant health-related information for sound decisionmaking,” has released their 2005 Colorado Physician Workforce Survey. Over 7,500 Colorado physicians responded to the survey. Topics such as primary care availability, age distribution, time spent in direct patient care, and practice location are addressed in the final report. For example, the study finds that physicians who grew up in rural areas were more likely to practice in a rural community (18%) than physicians growing up in urban areas (9%).



To see the survey results, please visit CHI's website: www.coloradohealthinstitute.org/Documents/workforce/md_tech.pdf. More information on CHI is available at: www.coloradohealthinstitute.org or by calling (303) 831-4200.

Healthcare Reform Blog

A health blog following the Colorado Blue Ribbon Commission for Health Care Reform has been launched by the Bell Policy Center. The blog aims to track the Colorado Blue Ribbon Commission for Health Care Reform and the Colorado General Assembly in their work towards healthcare reform, and give the public a place to comment on findings and legislation. The blog is open for all to read; parties interested in commenting must first register online. The blog is available online at: www.thebell.org/blog/208/?q=node.

For more information on the Colorado Blue Ribbon Commission for Health Care Reform, please visit www.colorado.gov/208commission/. More information on the Bell Policy Center is available at www.thebell.org.

Increasing Preventive Services Could Save 100,000 Lives

This is an excerpt of an article provided by the [Robert Wood Johnson Foundation](http://www.rwjf.org)

Increasing the use of just five preventive services would save more than 100,000 lives every year in the U.S., according to a new study released today by Partnership for Prevention. That includes 45,000 lives that would be saved each year if more adults took a daily low-dose aspirin to prevent heart disease. The new study, funded by the federal Centers for Disease Control and Prevention, Robert Wood Johnson Foundation and WellPoint Foundation, found that a few measures—such as more adults getting flu shots and being screened for cancer—could save tens of thousands of lives each year in the United States.

To view the full article by the Robert Wood Johnson Foundation, please visit www.rwjf.org/newsroom/newsreleasesdetail.jsp?productid=21904. For more information on the study, please visit the Partnership for Prevention's website, www.prevent.org/content/view/full/129/72/, or call (202)833-0009.

Why Oral Health?

The following is an excerpt of the article “Why Oral Health?” compiled by Deborah Colburn, Oral Health Awareness Colorado

Oral health is more than healthy teeth. Inclusion of oral health in health reform will protect and improve the health status of all Coloradans. Oral health is related to general well-being and quality of life as measured along functional, psychosocial and economic dimensions. Diet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral health. Oral diseases and disorders in and of themselves affect health and well-being throughout life.

Oral Health Facts and Statistics

- The mouth reflects general health status; oral diseases and conditions are associated with other health problems.
- Despite the fact that oral diseases are nearly 100% preventable, dental decay is the 5th most common childhood chronic disease.
- 42% of adults in Colorado do not have dental insurance.
- Oral cancer five-year survival rates are less than breast, cervical, and prostate cancers.
- Dental problems during pregnancy increases the risk for pre-term/low birth weight deliveries
- Only 30% of seniors age 65 and over have any type of dental insurance.



Oral health is an inseparable part of general health and overall wellness. Oral health benefits promote not just dental health but systemic health. According to the Academy of General Dentistry, more than 90 percent of systemic disease including diabetes, cancer and stroke, have oral manifestations that are detectable during oral exams.

Children and adults who lack dental insurance or funds to pay for services often forego needed preventive and restorative care. Delaying dental care can have a profound and negative effects on a person's overall health.

For more information on OHAC! Oral Health Awareness Colorado! please visit www.beasmartmouth.com or call (303) 692-2569.



In which rural community is this windmill located?

The first person to answer correctly will win a prize! Please call or email Callie Preheim with your answer — (303) 832-7493, (800) 851-6782, cp@coruralhealth.org.

Congratulations to Rhett Jackson, Alamosa, and Alisha Hall, Las Animas, for correctly guessing the location of the mystery photo in the Summer 2007 edition of the Special Delivery Newsletter! The correct answer is: Blanca, Colorado.

New Members

CRHC Welcomes New Investing Members

The Colorado Rural Health Center wishes to thank our Investing Members. As a 501(c)(3), not-for-profit organization, CRHC is not funded by the state government. Our general activities are supported by membership dues, sponsorships, fee-for-service programs, and contributions. The commitment and interest in rural healthcare by our investing members enables us to provide an array of programs and services that reach numerous communities throughout Colorado. If you wish to become an Investing Member of CRHC, please visit our website, <http://www.coruralhealth.org/crhc/membership/index.html>, or call us for more information: (303) 832-7493, (800) 851-6782.

Thank You to Our New Members!

- Chaffee People’s Clinic, Salida
- Haven’s Family Clinic, Cañon City: Shawn Brigance and Jason Morgan
- Blake Hill, Lakewood
- University of Colorado School of Dentistry, Aurora: Richard Call

Please note that all member-types: Corporate, Organizational, Individual, and Student, are listed together.

Calendar of Events

DATE	EVENT	ORGANIZATION / CONTACT
October 10	Applicant Information Session Beaver Run, Breckenridge	The Colorado Health Foundation www.coloradohealth.org
October 17-19	Economic Development Council Fall Conference Marriot, Golden	Economic Development Council of Colorado Michelle Alcott, malcott21@comcast.net
October 24 (& 30)	Colorado Avian Influenza Rapid Response Training Pueblo (Greeley)	CO Dept. of Public Health & Environment www.coruralhealth.org/crhc/events
October 30	Applicant Information Session Western State, Gunnison	The Colorado Health Foundation www.coloradohealth.org
October 30	Culture of Health Conference Adam’s Mark Hotel, Denver	Colorado Business Group on Health www.cbghealth.org
November 1	Colorado Avian Influenza Rapid Response Training Grand Junction	CO Dept. of Public Health & Environment www.coruralhealth.org/crhc/events
November 14	Gestational Diabetes Training CO Dept. of Public Health, Denver	CO Dept. of Public Health & Environment www.coruralhealth.org/crhc/events

Please visit our online calendar for more events!