

HEALTH CARE

Community Vision – To offer high quality health care that is focused on prevention, provides a continuum of primary and emergency care, and includes alternative approaches.

The availability, cost, quality and accessibility of health care affect virtually every citizen in southwest Colorado as well as every economic sector. Companies wishing to move or relocate to a region carefully evaluate the health care infrastructure along with roads, telecommunications, schools, and taxes. Health care costs are one of the major expenses for businesses, and many companies are increasingly unable to offer health insurance for their employees. Residents who are uninsured or under-insured usually end up costing communities more money in the form of premium hikes, higher local medical costs, and sometimes increased local taxes.

This report includes data on **access to primary health care** because it is a pressing issue in rural Colorado, and the indicators are readily available and comparable over time. Primary care serves as a patient's first point of entry into the health care system, and is defined as medical care including health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. Primary health care access is measured by: Number of Residents who are Uninsured; Safety Net Clinic Visits; Emergency Room Patients without Insurance; Number of Pharmacies and Dentists who Accept Medicaid; and the Numbers Served by the Southwest Smiles Makers and Miles for Smiles Dental Programs.

A new feature of this Index includes indicators about **child health** including: Childhood Poverty; Low Birth Weight Babies; Women who Smoked During Pregnancy; Third Graders with Untreated Tooth Decay; and Teen Death Rates.

Rural communities are generally lacking sufficient numbers of primary care providers/physicians due to: 1) low provider reimbursement rates for Medicaid, Medicare and CHP+; 2) higher costs of delivering services; 3) fewer providers specializing in primary care; and 4) service economies that pay low wages and lack employee health plans. While a person might have insurance, this does not automatically mean that person has *access* to health care if there are no providers to see them. A growing number of providers and physicians are not accepting Medicare, Child Health Insurance Program (CHP+) or Medicaid patients and/or certain insurance plans.

Mental health is measured by the number of patients seen by the Southwest Colorado Mental Health Center's Clinics; Number of Emergency Assessments Performed; Number of Admissions to the Crossroads ATU (Acute Treatment Unit); and the number of calls recorded by the Crisis Intervention Team (CIT) in La Plata County.

For **senior citizens**, health care indicators are measured by: Long Term Care Facilities and Beds, Meals, and Hospice Care. **Hospice care** is included because it is an essential end of life health care service. Also measured are **Persons with Disabilities**, and **Leading Causes of Death**.

Together, these indicators provide a picture of important health care data and trends in southwest Colorado, identifying areas that need community-wide attention.

Primary Health Care

The estimated percentage of uninsured southwest Coloradoans exceeds the estimated state percentage for every county. San Juan County is one the top seven counties in the state with the highest percentages of uninsured people. According to the Colorado Health Institute, roughly 770,000 people in Colorado are uninsured (or 17% of the population in the year 2003-2004) and the numbers are trending upwards. Across the state, those at most risk for being uninsured are people living below 200% of the federal poverty level; young adults; Hispanics; people who work in firms with fewer than 100 employees; and people with lower educational attainment. Residents who do not have insurance are much more likely to delay needed care and thus experience more serious health outcomes. They are also more likely to use the local hospital Emergency Room (ERs) as their health provider, but ERs do not provide patients with coordination, continuity and integration of their health care.

Estimated Percentage of Uninsured by County (2000)					
Estimated State Percentage (2003-2004)	Archuleta	Dolores	La Plata	Montezuma	San Juan
17%	21%	19%	19%	20%	27%

The percentage of estimated southwest Coloradans who are uninsured for all counties except La Plata County is

from the Colorado Health Institute’s report, “*Southwest Colorado: A Demographic and Health Profile*”, November 1, 2007 (www.coloradohealthinstitute.org). For La Plata County, estimates are from a county-specific study, “*Primary Care Access Improvement for La Plata County, September 2007*”, JSI Research and Training Institute, Inc. (find this report at: www.chaclaplata.org).

Both non-profit hospitals, Mercy Regional Medical Center and Southwest Memorial Hospital, provide significant charity care costing each hospital millions of dollars annually. When residents lack insurance, cost shifting occurs in the form of higher medical costs for lab tests, hospitalizations and routine procedures, and

higher premiums for those who are paying for insurance.

Emergency Room Patients without Insurance as a % of Total Number of Patients			
	Year	La Plata	Montezuma
Emergency Rooms are located at: Mercy Medical Center in Durango Animas Surgical Center in Durango Southwest Memorial Hospital in Cortez	1994	25%	
	1995	22%	
	1996	22%	
	1997	23%	
	1998	19%	
	1999	17%	
	2000	14%	
	2001	18%	19%
	2002	18%	24%
	2003	16%	24%
	2004	*	26%
	2005	*	24%
	2006	23%	24%
2007	23%	25%	

It is estimated that close to 25% of patients seen at local emergency rooms (ERs) lack insurance. Without an adequate primary care infrastructure and with the numbers of uninsured, ERs are the source for many citizens’ medical care – which is the most costly and least preventive type of health care.

This Index reports the number of patients seen at "safety net" clinics across the region beginning with the year 2007. There have been significant changes in the region's primary care delivery, and to avoid confusion or comparing "apples" to "oranges" 2007

Patients Seen at Safety Net Clinics in 2007	
Dolores - Dove Creek Community Health Center	1,550
La Plata	
Health Services Clinic (Mercy)	1,086
Durango High School School-Based Health Center (4th Qtr 2007)	175
Montezuma	
Southwest Memorial Hospital Primary Care Clinic (Rural Health Clinic)	8,000
Southwest Open School- Based Health Center	165
Valley Wide Health Systems Mancos Community Health Center (FQHC)	2,491

Sources: Individual Clinics

numbers are now the new baseline as “safety net” clinics. These clinics, whether they are a Federally Qualified Health Center (FQHC), a stand-alone clinic, a federally-designated Rural Health Clinic, or a School Based Health Center, provide access for those who otherwise probably would not get primary care services including the uninsured and under-insured, and those on a public insurance program such as Medicare, Medicaid, or CHP+. Many private practices in the region also see these populations but due to low reimbursement rates, they are unable to handle the full demand.

A minimum of 13,467 individuals visited a safety net clinic in 2007, though there may be some duplication in this number because an individual could have visited more than one clinic. Valley Wide Health Systems closed two clinics in Durango in March 2007 due to financial losses, and Mercy Regional Medical Center established a small Health Services Clinic (HSC), using its own resources along with allocations from the City of Durango and La Plata County, to fill the gap.

Several private practices and the Health Services Clinic are currently seeking a Rural Health Clinic federal status which allows for higher reimbursements for public insurance programs. Southwest Memorial Hospital obtained Rural Health Clinic status for its Primary Care Clinic in January 2007.

Other clinics include one in San Juan County open several days/week, two School-Based Health Centers, one in Cortez and one in Durango that provide health care for teenagers while they are at school (with parents’ permission). An Indian Health Services (IHS) Clinic operates in Ignacio serving members of the Southern Ute Indian Tribe, and there is an IHS clinic in Towaoc serving the Ute Mountain Ute Tribe. In May of 2006, Archuleta County residents passed a bond issue by the Upper San Juan Health Service District to establish a Critical Care Hospital; this new service provides acute care hospital services for the residents of Archuleta County.

Available Pharmacies					
Year	Archuleta	Dolores	La Plata	Montezuma	San Juan
1995	1	0	6	*	0
1996	1	0	6	*	0
1997	2	0	6	*	0
1998	2	0	8	8	0
1999	3	0	8	8	0
2001	2	0	8	6	0
2002	2	0	8	5	0
2003	2	0	8	5	0
2007	2	0	9	5	0

In 2007, there were 16 pharmacies in the region. Since the number does not change dramatically from year to year, only years with changes are reflected. Dolores and San Juan Counties still do not have pharmacy access.

* Data not available

In 2007, six dentists accept Medicaid for the five counties in Region 9. This number represents a significant improvement from 1997 when only one dentist in the region accepted this public insurance. Since the number does not change dramatically from year to year, only years with changes are reflected.

Number of Dentists Accepting Medicaid					
Year	Archuleta	Dolores	La Plata	Montezuma	San Juan
1997	One for all five counties				
2000	3	1	0	1	0
2001	2	1	0	1	0
2002	2	1	2	1	*
2003	2	1	2	1	*
2007	2	1	2	1	0

* Data not available

From 2003 to 2007, 1,143 children were seen by Miles for Smiles and Southwest Smile Makers, a program at San Juan Basin Health Department to bring dental care to children and pregnant women who are uninsured and on Medicaid. Tooth decay is measured in third graders because it is an indicator that can be compared nationally, and important to catch early before more serious and costly problems develop. Four counties in southwest Colorado exceed the state percentage for third graders with tooth decay.

Miles for Smiles and Southwest Smilemakers Dental Health Services										
Year	Archuleta		Dolores		La Plata		Montezuma		San Juan	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
2003	18	19	5	6	259	289	419	537	15	22
2004	30	36	26	26	320	357	483	601	15	16
2005	31	31	1	1	281	315	645	823	1	1
2006	74	89	1	2	445	599	667	1030	15	18
2007	110	155	7	12	355	467	653	1068	38	52

Source: San Juan Basin Health Department

Hospice Care					
Age	Hospice of Mercy				
Ranges	2003	2004	2005	2006	2007
0-18	2	0	1	2	0
19-29	0	1	0	0	1
30-39	2	4	3	5	3
40-49	6	6	6	8	9
50-59	15	13	12	18	15
60-69	21	21	22	25	26
70-79	29	26	28	32	33
80+	74	58	62	66	77
Total	149	129	134	156	164
Age	Montezuma County				
Ranges	2003	2004	2005	2006	2007
0-18	0	0	0	0	0
19-29	0	0	0	0	0
30-39	0	0	1	1	3
40-49	5	5	4	1	2
50-59	13	13	12	11	13
60-69	13	26	21	24	17
70-79	22	29	31	26	35
80+	46	55	51	68	60
Total	99	128	120	131	137

Hospice care is for anyone at any age facing an end of life illness, although the majority of hospice services are utilized by those 80 years of age and older.

Hospice of Mercy served 732 people from 2003 to 2007 while Montezuma County's Hospice Program served 615 over this same time period. Both data charts show the number served is steadily rising.

Mental Health Care

Mental health services have become a basic piece of any community’s primary care delivery system. Regional mental health care in southwest Colorado is provided by the non-profit Southwest Colorado Mental Health Center (SWCMHC), though there are numerous therapists and

Mental Health Clients Served by SWCMHC					
	2002-03	2003-04	2004-05	2005-06	2006-07
Archuleta	393	468	512	566	551
La Plata/San Juan	2,908	2,998	2,884	3,505	3,822
Montezuma/Dolores	839	966	1,008	1,079	1,134
Other Colorado	n/a	80	55	79	72
Out-of-State	n/a	283	98	295	263
Unknown	n/a	90	112	57	165
Duplicated SubTotal	4,140	4,885	4,669	5,581	6,007
Unduplicated		3,165	2,706	2,906	3,568

counselors operating private for-profit practices some of which offer sliding scale fees. Data from these private practices cannot be accurately measured, but if the numbers served by SWCMHC are any indicator, more people are receiving care. SWCMHC saw 3,568 patients in 2006/2007, which is higher than of the four previous years, and conducted 557 emergency assessments.

2007 Emergency Assessments Performed by the SWCMHC	
Archuleta	45
La Plata/San Juan	395
Montezuma/Dolores	69
Other Colorado	28
Out-of-State	17
Unknown	3
Total	557

Substance abuse outpatient services are also available at several sites in the region but no inpatient care is available for non-Native Americans. There is an inpatient substance abuse facility in Ignacio called Peaceful Spirit.

SWCMHC also opened the **Crossroads Acute Treatment Unit (ATU)** in Durango in 2006, which serves the entire region. Crossroads operates an Assessment Unit, an Acute Treatment Unit, and a Detox Facility. In 2007, there were 200 admissions to Crossroads and all but eight of these consumers were from the region. The program offers short term stabilization and placement with a goal to avoid financially costly and emotionally-challenging trips for consumers to long-term inpatient facilities elsewhere such as the one in Pueblo.

2007 Crossroads ATU	
Archuleta	15
La Plata/San Juan	135
Montezuma/Dolores	42
Other Colorado	2
Out-of-State	6
Unknown	0
Total	200

Suicide Death Rates – Number of Deaths per 1,000						
Year	Archuleta	Dolores	La Plata	Montezuma	San Juan	Statewide
2000	3/.3	*	5/.11	4/.17	*	612/.14
2001	*	*	10/.22	11/.46	*	717/.16
2002	6/.6	*	9/.20	4/.17	*	724/.16
2003	*	*	13/.28	4/.16	*	718/.16
2004	0	*	8/.17	6/.24	*	792/.17
2005	*	0	6/.13	7/.28	0	795/.17
2006	*	0	8/.16	6/.23	0	724/.15

Suicide deaths along with the rates per 1000 are shown to the left. In 2006, both La Plata and Montezuma Counties exceeded the state rate of .15. Both counties have improved from several years ago when the incidents were almost double the state rate.

Death rate = Number of deaths for 1,000 population
 Source: Colorado Department of Public Health and Environment
<http://www.cdph.state.co.us/hs/vs/>
 * Data not available

In April of 2003, a **Crisis Intervention Team** was formed in La Plata County to train law enforcement officers to identify and de-escalate mental health crises. Since that time, law enforcement agencies in La Plata, Montezuma, Archuleta and the Southern Ute Indian Tribe have participated, training a total of 78 officers, and 24 community members. Of those agencies tracking calls, the Durango Police logged 562 calls over four years and the Sheriff’s Department tracked 346 calls. The vast majority of CIT calls resulted in a referral to the Southwest Colorado Mental Health Center or a transport to Mercy Regional Medical Center. This means many persons with mental illness are being diverted early-on and avoiding unnecessary contact with the criminal justice system. The Team can now make referrals to the Crossroads ATU.

Crisis Intervention Team Calls						
	2004			2005		
	Dgo. Police	Sheriff	Total	Dgo. Police	Sheriff	Total
Calls Handled	142	82	224	124	73	197
Arrests	6	1	7	1	1	2
Referral to SWMHC	109	47	156	90	18	108
Transported to Mercy	60	43	103	65	15	80
Transported to Detox	9	5	14	11	1	12
Repeat Offenders	48	28	76	43	14	57
Transported to Outreach Facilities	53	3	56	10	0	10
Calls -- No Action Taken	38	30	68	33	56	89
Suicide Attempts	38	19	57	55	16	71
Suicides	1	3	4	1	6	7
	2006			2007		
	Dgo Police	Sheriff	Total	Dgo. Police	Sheriff	Total
Calls Handled	147	121	268	149	70	219
Arrests	3	0	3	4	1	5
Referral to SWMHC	108	9	117	122	9	131
Transported to Mercy	70	40	110	74	29	103
Transported to Detox	10	0	10	13	4	17
Repeat Offenders	56	45	101	59	5	64
Transported to Outreach Facilities	14	0	14	4	0	4
Calls -- No Action Taken	23	72	95	54	22	76
Suicide Attempts	75	14	89	60	5	65
Suicides	1	2	3	4	5	9

Child Health

The new indicators presented below are “snap shots” of child health for five counties and demonstrate areas where more attention is necessary to help our youngest citizens. Child poverty is higher across southwest Colorado than the state as a whole, as is the percentage of women who smoked during pregnancy percentage is above the state percentage for all counties.

Child Health Indicators						
	Archuleta	Dolores	La Plata	Montezuma	San Juan	State
Child Health Indicators						
Percentage of Children in Poverty	17%	17%	12%	21%	27%	12%
Low Birth Weight Births (< than 5 lbs., 5 oz.)	7%	0%	8%	9%	*	9%
Women Who Smoked During Pregnancy	10%	29%	10%	11%	0%	8%
Third Graders with Untreated Tooth Decay	28%	28%	24%	31%	31%	26%
Teen Injury Deaths Rate Per 100,000 (ages 15-19)	*	0%	75%	157%	0%	53%

* Indicates 1 or 2 events

Source: Colorado Children's Campaign 2005 Kids Count in Colorado! www.coloradokids.org

Years of data range are 2003 and 2004. Refer to Web site for specifics.

The Colorado **Children’s Health Insurance Program (CHP+)** is a low-cost health insurance program for families that do not qualify for Medicaid yet lack insurance. A recent change in the program’s record keeping allows data to be tracked by county versus aggregated by region. In 2007, 1,812 children in the region utilized the program, though many more are eligible for this benefit.

Number of Children Enrolled in CHP+ and Percentage Eligible						
	Year	Archuleta	Dolores	La Plata	Montezuma	San Juan
Number of Children Enrolled (2003 and 2007)	2003	296	41	709	296	17
	2007	274	61	836	641	n/a
Estimated # Eligible	2007	250	88	1,170	904	n/a
% Signed Up in Relation to # Eligible		n/a	69%	71%	71%	n/a

Source: San Juan Basin Health Department

Several indicators around birth dates and prenatal care are exceeding state numbers. For prenatal care starting after the first trimester, data show that southwest Colorado communities have percentages above the state average and the numbers are rising. This is a concerning trend since prenatal care is a key predictor of child health. The table below also demonstrates that Teen Birth Rates are stabilizing, though Montezuma and Archuleta County exceed the state rate of 3.4%. Montezuma and San Juan exceed the state percentage for Births to Unwed Mothers, which is 28%.

% of Women Starting Prenatal Care After 1st Trimester						
Year	Archuleta	Dolores	La Plata	Montezuma	San Juan	State
2000	38	23	34	33	*	19
2001	42	32	38	36	*	20
2002	52	55	37	35	*	21
2003	52	20	37	34	57	21
2004	40	33	35	36	37	20
2005	49	41	36	29	75	20
2006	47	33	40	38	60	20
Teen Birth Rates (Age 10-17) % of Total Births						
2000	2.7	*	2.7	3.2	*	4.2
2001	5.6	*	1.5	5.4	*	3.7
2002	3.3	*	2.7	5	*	3.7
2003	4	*	3	3.5	*	3.5
2004	2.6	0	1.6	4	*	3.6
2005	5.2	*	1.7	5.5	0	3.4
2006	4	0	2.2	6.1	*	3.4
Births to Unwed Mothers - % of Total Births						
2000	34	42	27	32	*	25
2001	26	26	31	39	*	21
2002	30	18	28	36	*	29
2003	30	24	29	40	*	27
2004	31	*	28	39	37	27
2005	34	33	24	42	*	27
2006	23	15	26	40	30	28

* Data not available

Source: Colorado Department of Public Health and Environment

<http://www.cdphe.state.co.us/hs/vs/>

Senior Health

Long Term Care Facilities & Beds			
	Year	# facilities	# beds
Archuleta	2000	1	62
	2004	1	62
	2007	1	78
La Plata	2000	6	270
	2004	5	247
	2007	4	180
Montezuma	2000	8	311
	2004	9	342
	2007	8	335

Seniors are the fast growing segment of regional residents in this region. As people age, their health care needs can become more chronic and a full continuum of health services is needed. According to the Area Agency on Aging, the number of long-term care beds in La Plata County is decreasing due to the loss of two facilities. In Montezuma and Archuleta County, the beds and facilities are staying even with no losses. There are no facilities in either Dolores or San Juan Counties.

From 1998 to 2007, the number of meals served to seniors has nearly doubled from 44,503 to 82,081. Each of these services is crucial to seniors' health and well-being.

Emerging Issue – Home Healthcare

Considering the number of retirees and seniors in the region, there is a growing need to measure areas that give a sense of their health and wellbeing. One area that might provide insight

into senior health and services is the delivery of in-home care. Such care allows seniors, especially those who are ill or need assistance, to stay in their home longer. Since there are not enough nursing home and assisted living beds in the region, maintaining some independence is even more important to this population. There are at least nine agencies in the region that deliver a variety of home health services. Those agencies include: PASCO/SW Inc., Southwest Memorial Hospital Home Health Services, Home Care of the Grand Valley, Guardian Angel Home Health, Alpine Home Health and Hospice, Access Home Care, Mercy Home Health, and San Juan Basin Health Department.

Mercy Home Health is a Medicare certified, faith based organization that provides nursing, physical, occupational, and speech therapy as well as medical Social Work, chaplains and certified nursing assistants. Mercy, in addition to San Juan Basin Health Department and Southwest Memorial Hospital, are the only regional providers that provide charity care and/or a sliding scale fee program. Currently, home health providers appear to be meeting the demand for “acute” and long-term needs, but not the demand for private nursing, simple housekeeping services and custodial care. In the next *Index* publication, we hope to provide specific numbers to measure this issue.

People with Disabilities

In southwest Colorado, the most common types of disabilities in adults are intellectual disabilities (formerly called developmental delays) and cerebral palsy. For children, the top three disabilities include global developmental delays, autism, and cerebral palsy. Community Connections Inc. is a regional organization that works with children and adults with disabilities. In 2006, CCI served 243 people including 54 children. CCI has a current waiting list in 2008 of 35 adult clients.

Number of Meals Served per Year								
	1998	2000	2002	2003	2004	2005	2006	2007
Archuleta	5,974	8,637	13,046	13,092	14,451	14,944	12,392	12,282
Dolores	3,133	3,274	7,694	5,694	6,277	5,575	6,022	6,273
La Plata	17,408	18,529	34,439	33,953	35,045	31,988	34,720	37,904
Montezuma	17,010	20,535	31,151	25,909	33,496	24,603	23,886	24,558
San Juan	978	1,458	1,333	650	1,246	1,235	957	1,064
Totals	44,503	52,433	87,663	79,297	80,515	78,345	77,977	82,081

Number of Adults and Children Served						
	2000	2001	2002	2003	2004	2006
Archuleta	13	15	12	16	17	14
La Plata	95	107	107	115	116	127
Montezuma	62	51	56	63	65	102
Total	170	173	175	194	198	243

Source: Community Connections, Inc.

Leading Causes of Death

The Colorado Department of Health and Environment numbers reveal that heart disease and cancer are still the leading causes of death in southwest Colorado. Smoking remains the leading cause of cardiovascular disease and contributes to other many other causes of death.

Leading Causes of Death by County							
	2001	2002	2003	2004	2005	2006	Average 2001-06
Archuleta	55	63	56	58	67	69	61
Heart Disease	8	7	7	15	17	12	11
Cancer (All Forms)	21	20	10	4	19	13	15
Chronic Lower Respiratory Disease	5	0	*	9	*	*	2
Stroke	3	4	9	4	3	4	5
Unintentional Injuries	3	2	3	0	3	0	2
Motor Vehicle Accidents	0	10	8	3	4	3	5
Suicide	*	6	*	0	*	*	1
Dolores	23	20	18	20	11	23	19
Heart Disease	7	5	4	4	*	6	4
Cancer (All Forms)	4	4	*	7	*	5	3
Chronic Lower Respiratory Disease	4	5	*	*	3	3	3
Stroke	4	0	3	0	0	*	1
Unintentional Injuries	0	3	3	*	0	*	1
Motor Vehicle Accidents	0	*	*	0	0	0	0
Suicide	0	*	0	*	0	0	0
La Plata	227	251	274	247	286	285	262
Heart Disease	57	48	63	59	63	73	61
Cancer (All Forms)	38	57	65	61	60	69	58
Chronic Lower Respiratory Disease	17	21	15	10	22	10	16
Stroke	11	10	14	15	20	10	13
Unintentional Injuries	8	9	15	5	9	13	10
Motor Vehicle Accidents	10	17	13	9	9	13	12
Suicide	10	9	13	8	6	8	9
Montezuma	272	254	244	246	254	226	249
Heart Disease	78	73	45	61	60	30	58
Cancer (All Forms)	43	54	55	55	53	46	51
Chronic Lower Respiratory Disease	15	10	23	15	20	29	19
Stroke	13	15	12	12	12	10	12
Unintentional Injuries	15	7	7	4	7	10	8
Motor Vehicle Accidents	12	12	7	11	14	5	10
Suicide	11	4	4	6	7	6	6
Colorado	28,243	29,157	29,410	28,227	29,521	29,413	28,995
Heart Disease	6,271	6,403	6,483	6,047	6,282	6,099	6,264
Cancer (All Forms)	6,134	6,372	6,400	6,185	6,367	6,523	6,330
Chronic Lower Respiratory Disease	1,829	1,847	1,925	1,899	1,908	1,930	1,890
Stroke	1,821	1,907	1,806	1,633	1,595	1,525	1,715
Unintentional Injuries	956	1,032	1,092	1,100	1,266	1,318	1,127
Motor Vehicle Accidents	746	771	691	691	662	570	689
Suicide	717	724	718	792	795	724	745

Due to low number of incidents, San Juan County did not report cause by category.

Source: Colorado Department of Public Health and Environment

<http://www.cdph.state.co.us/hs/vs/>

Seeking Solutions

It is widely recognized that we are in a national health care crisis. Over 47,000,000 Americans have inadequate or no health insurance coverage and this number increases every year. Many proposals have been offered to address these and other health care issues both in Colorado and in the United States, but since solutions on the federal and state levels are not forthcoming, local communities are left to solve their own health care dilemmas.

A sampling of solutions and regional efforts include:

- In La Plata County, a Primary Health Care Community Coalition (PHCCC) formed after the failure of a proposed Health Service District in May of 2006. The PHCCC commissioned a study to assess solutions for La Plata County (find it at: www.chaclaplata.org), and secured City of Durango and La Plata County financial commitments along with federal support for a small clinic. These actions resulted in the Health Services Clinic (HSC) that serves as a safety net provider.
- The Citizens Health Advisory Council in La Plata County (CHAC) is a diverse coalition of citizens and health care interests working to find solutions and to educate residents about needs. The group has been active since 2001 and their Web site is: www.chaclaplata.org
- The San Juan Basin Health Department has hired nurses who do evaluations and referrals for seniors in partnership with the La Plata County Senior Center, and a clinic called Promoviendo La Salude Clinic offers services specialized for the growing Latino/Latina populations.
- The Blue Ribbon Commission on Health Care Reform delivered a report to the State Legislature in January of 2008 recommending broad changes in Colorado to increase access and reduce the number of uninsured. The report is at <http://www.colorado.gov/208commission/>
- The Colorado Health Foundation working with the Colorado Rural Health Center is providing \$12,000,000 in loan payment assistance to physicians willing to work in rural safety net clinics. A newly-created Colorado Rural Health Grant Council will distribute \$7.5 million in grants from 2008 to 2012 to rural communities looking to expand primary care. For more information on both of these exciting programs visit: www.coruralhealth.org (deadlines apply).
- Students in Dolores County are taking action around substance abuse issues through a group called STUD (Students Taking Action Against Drinking).
- Three groups across the region are working on reducing methamphetamine use and educating young people so they do not become addicted. The La Plata County Meth Forum has seen reduced number of meth use in that county likely due to effective public education with teenagers. Communities can consider ways for those addicted to methamphetamine to receive more substance abuse services to reduce criminal recidivism.
- Narrow the gap of children eligible for CHP+ and children actually enrolled. School districts, non-profits, civic groups, health care providers and religious organizations can each play a role in educating parents about this program and prompting more enrollments.
- Secure more pre-natal care services for expecting mothers who are not getting this service early enough by assessing barriers and working to overcome them.
- Establish more Rural Health Clinics to increase access for those on Medicare and Medicaid.
- Assess the feasibility of a regional facility that would offer inpatient substance abuse treatment.
- Strengthen and continue state funding for programs such as the Colorado Rural Health Grant Council that is specifically helping rural areas.

- Continue to track state and federal health care reform measures and make your voice heard in reform efforts that reduce cost, increase access, help businesses provide insurance, and improve quality (find a health care citizen advocacy tool kit at: www.chaclaplata.org).
- Reduce health care costs by taking personal responsibility for things that can be controlled such as weight, smoking, exercise and obtaining preventive check ups.

Health Care Web Sites:

AARP – Colorado (www.aarp.org/states/co/)

Citizens Health Advisory Council (CHAC) (www.chaclaplata.org)

Colorado Children’s Campaign (www.coloraodkids.org)

Colorado Consumer Health Initiative (www.cohealthinitiative.org)

Colorado Health Institute (www.coloradohealthinstitute.org)

Colorado Rural Health Center (www.coruralhealth.org)

State of Colorado Blue Ribbon Commission on Health care Reform (www.colorado.gov/208commission/)