Drill Baby Drill
Filling Colorado’s Healthcare Workforce Pipeline

Colorado is facing a major healthcare crisis. We don’t have enough healthcare providers. We don’t have enough doctors, nurses, dentists, pharmacists and other healthcare professionals. We don’t have enough students who go into health careers. We import too many healthcare providers from other states. We don’t have enough incentives to get healthcare providers into rural and underserved Colorado. Colorado simply can’t promise access to healthcare for everyone.

Colorado must explore for new sources of healthcare providers. Colorado needs a healthcare workforce for today.

“The final product of a healthcare provider who thrives in our complex healthcare settings requires years of development, education, and work.”

-Jack Westfall, MD, MPH
Colorado AHEC System Director

From grade school to junior high to high school to community college and four-year college to graduate school and training, excellent education must be coupled with exciting clinical experiences and a receptive and supportive community.

The Colorado AHEC has comprehensive solutions to this crisis. Its pipeline programs are designed to improve, enhance and support education and health experiences from grade school, junior high, high school, community college, four-year college, and professional school. They extend through post-graduate training, recruitment, retention and community development. These programs aim to improve science and health career education for all students, and attract the most interested and most highly-qualified students to enter health careers.

In this issue we highlight some of the pipeline programs AHEC is conducting throughout the state, from grade school to college or medical school: rural track programs are occurring in Denver, Delta, Haxtun, Walsenburg, Alamosa and countless other communities all across Colorado. Look for the programs in your region, give them a call and get involved. Get in the pipeline. Become a healthcare professional.

-Jack Westfall, MD, MPH

For more on Colorado AHEC’s related programs, please see articles throughout the newsletter.
Welcome New AHEC Staff Members

Dr. Allegra Melillo  
*Aurora Lights Program Director*

I am a family physician here at the University of Colorado Denver Anschutz Medical Campus, with a focus on community health. I have recently joined Colorado AHEC as the new Director of the Aurora Lights Program. Through the Aurora Lights program I am working with a variety of community partners – students, teachers from middle school through undergraduate levels, health care professionals and community leaders – to create a pipeline for disadvantaged students to achieve careers in science and health. I am thrilled to be part of the Colorado AHEC team, and look forward to working with our stakeholders throughout the community.

Joseph Martinez  
*Colorado AHEC System Administrative Assistant*

I am the new Administrative Assistant at the Colorado AHEC System office. While I have been employed with the University of Colorado since 1998 in various positions, I have always wished for more interaction with students and the public; I look forward to those interactions in my new position. Two main areas of focus for me will be the Aurora Lights program, and the Mini-Med School. I am delighted to join the AHEC System office, and I look forward to the years to come, and the fulfillment of knowing I can make a difference for our constituents.

Sheela Nakarmi  
*Special Projects Assistant*

I joined Colorado AHEC in 2004, as a Professional Research Assistant. My position recently expanded to Special Projects Assistant, which gives me the opportunity to work on a number of interesting projects, such as the Science Fair, National Western Stock Show, Summer Health Careers Institute, and Service Learning Program. I enjoy being part of the Colorado AHEC team.

From the Librarian’s Desk

by Clair Birkman, MLIS

How can you be sure that health information on the web is accurate? Check out the sites below for reliable, pre-screened health information:

- KidsHealth (Nemours Foundation) [http://kidshealth.org/](http://kidshealth.org/)

Health Matters

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Colorado AHEC System  
University of Colorado Denver  
Anschutz Medical Campus  
Education 2 North - Room P28-5247  
13120 E. 19th Ave., Aurora, CO 80045  
303.724.0348  
303.724.0891 Fax  
[http://www2.uchsc.edu/ahec](http://www2.uchsc.edu/ahec)

EDITOR-IN-CHIEF  
Clair Birkman, MLIS  
303.724.0343  
clair.birkman@ucdenver.edu

GRAPHIC LAYOUT AND DESIGN  
Carmella Rodriguez  
303.724.1252  
carmella.rodriguez@ucdenver.edu
Introducing Centennial AHEC

Centennial AHEC (CAHEC), established in 1978, serves northeastern Colorado’s 10 front range and rural counties, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma.

CAHEC’s Mission

To enhance health (individual and community) in northeastern Colorado by building collaborations with local providers and organizations and utilizing educational strategies to address health disparities and workforce shortages.

CAHEC provides programming in four strategic areas along a health professions workforce development continuum.

- Health career enticement programs for youth
- Clinical training of health professions students in rural and other underserved regions
- Continuing education and other learning resource activities for isolated practitioners
- Support activities that strengthen local health systems in rural regions

While it is based in Greeley, recently CAHEC has placed a major emphasis on developing programs to address the profound shortages of healthcare personnel in rural and frontier counties. Led by Executive Director Sally Henry, MA, RN, FHCE, hard-working employees insure the agency’s success.

Anna Vickery, MHSE, Program Manager, is primarily responsible for the Plains Partnership for Health funded by the Colorado Trust’s Partnerships for Health Initiative, the Colorado Heart Health Solutions program in collaboration with the Colorado Prevention Center and the Summer Health Careers Institute. Two nurses work with Centennial AHEC: Emily Jo Hasley MNSc is managing the Annual Nurse Educators Conference in the Rockies as well as Health Science Center student community service activities and Ann Hoffman, RN, BS, Ed, is coordinating the Centennial and Nightingale Awards for Excellence in Caring and continuing education seminars for health professionals.

Ms Henry is responsible for the Oral Health initiative described on page 8 of this newsletter, selected high school recruitment programs and health policy activities for the region. The Heart Healthy Solutions program has just added new staff member Deena Ziegler as a Community Health Worker.

CAHEC’s professional staff can only be effective with the support of their administrative staff: 13-year veteran Donna Herman, who also serves as student housing liaison, and Carol Humphrey. Thanks so much to a terrific crew who are creative, flexible and committed!

Centennial AHEC Staff

Continued on page 8...

Centennial AHEC
http://www.cahec.org
4650 W 20th St, Ste A, Greeley CO 80634
Phone: 970.330.3608 / Fax 970.330.3698
Educational Opportunities Grow in San Luis Valley

The San Luis Valley Area Health Education Center (SLVAHEC) has completed the first component of its Grow Your Own program, the Summer Health Careers Institute (SHCI). Now in session is the second Grow Your Own component, the Student Health Careers Guild (SHCG). The SHCG is intended to maintain communication with the high school students who attended the SHCI during the academic year. The students’ parents also take part in the SHCG, as parental participation provides important support for the students taking part in the program.

This past October, the SHCG held its inaugural event, a dinner meeting that was well-attended by both students and parents. Representatives from Adams State College Testing Services and Adams State College students services, as well as the SLVAHEC staff, also attended. Included on the agenda were presentations on ACT preparation and the College in Colorado program. Both parents and students expressed their appreciation for these pre-collegiate planning presentations, and the parents reiterated their commitment to the SHCG program. A follow-up to this very successful event was scheduled for December 2008.

The Mini-Med School was a real hit with the participants who attended the majority of the education sessions via Interactive Television. Twelve students participated in the majority of the sessions and were very appreciative of this service provided by the Denver Museum of Nature and Science and the University of Colorado Denver Health Sciences Center School of Medicine. A graduation party took place at the last session.

World AIDS Day is observed on December 1st worldwide each year, and the SLVAHEC has been a co-sponsor of this event since 1988. Adams State College hosted numerous activities for AIDS Awareness Week from December 1-4, 2008. Three NAMES quilt pieces will be on display at the Student Union Building, including a piece made by SLV community members in 1995.

“Love Your Sweet Heart – Lower Your Risk for Heart Disease” will take place on Valentine’s Day, February 14, 2009. As part of a Heart Healthy Solutions contract with the Colorado Prevention Center, the SLVAHEC is organizing this heart disease risk assessment community program for the county of Conejos free of charge to county residents. Conejos County human service agencies and the San Luis Valley Area Health Education Center have come together with great enthusiasm in planning this tremendous health program intended to serve a goal of 300 county residents.
Western Slope Projects in Full Swing

The Western Colorado AHEC’s (WCAHEC’s) Caring for Colorado Oral Health Project has begun. This project, funded by a grant from the Caring for Colorado Foundation, provides oral health care to Kindergarten through second-grade students in Garfield, Delta, Hinsdale and Montrose counties. Check-ups and fluoride treatments are provided to all students who participate, and older students (typically second-graders) who have their first molars will also receive sealants. Upcoming efforts include engaging schools, and gathering personnel and equipment. This is a one-year grant with additional years possible, and is modeled after a successful program conducted by the Centennial AHEC. Natasha Schuman is heading up the project.

WCAHEC is also collaborating with the Colorado Prevention Center on a project in Cortez to improve cardiac health. Carol Giffin-Jeansonne, Executive Director, and Alex Sherwood, Program Manager, have met with several key community leaders in Cortez who will be helping us with our cardiac screening events there. An important aspect of this project is the upcoming hiring of a new community health worker by Lori Cooper, RN, Director of the Montezuma County Health Department. She plans to hire an individual to work with Cortez community members who show a moderate to severe risk of having a heart attack within the next 10 years. The new community health worker will help those individuals find a medical home (if they don’t have one) and connect to resources for lifestyle changes that can improve their cardiac health. WCAHEC staff members have been trained in the use of cholesterol-measuring equipment, as plans are underway to conduct cardiovascular screening events in Cortez. Additionally, we continue to monitor the cardiac kiosks located in Glenwood, Montrose and Grand Junction.

We have begun our partnership with The Epilepsy Foundation of Colorado, and in the past quarter we have completed two trainings for law enforcement officers in the Grand Junction area; the response from the officers attending the trainings has been very positive.

Additional trainings are planned for other community members, including area school districts.

WCAHEC pipeline projects are in full swing, with Delta County as our pilot area. We are supporting the use of the College in Colorado Program by every freshman in Delta High School, by offering one-on-one help through the program and support in making scholastic decisions. We are looking for four candidates for the Daniels Scholarship for Delta High School Students. The Summer Health Careers Institute is already gearing up, as all the Colorado AHEC offices participate in planning and organization. At the middle school level we are excited to be working with the Delta Middle School’s physical education teachers this year; they will be collaborating with the school’s science teachers, who wrote integrated health career modules last year. The physical education teachers will be creating modules to incorporate into their curriculum, which also focus on health careers.
STEMaPalooza A Hit with Students, Teachers and Parents

Improving science, technology, engineering and math (STEM) education is a goal of the P-20 Council and the Governor’s Job Cabinet. Employers, educators, students and policy-makers were both the audience and the presenters for the inaugural interactive demonstration of all types of STEM education resources in the state of Colorado, the STEMaPalooza.

Central Colorado AHEC and winners of the 2008 Denver Metro Science and Engineering Fair attended the STEMaPalooza, which was held in October 2008. The message to the more than 5,000 participants was that taking part in a regional science and engineering fair is valuable and fun. Student surveys from the past two years showed that more than 80% said “participation in this fair increased my interest in science.” The majority of parents (90%) concurred, stating “participation in the science fair increased my child’s interest in science.” Teachers’ comments were also positive: “some students are challenged to explore subject matter deeper than they would in the classroom setting.”

Join us for our 2009 Denver Metro Regional Science and Engineering Fair, scheduled for February 25, 2009. We need judges and volunteers to help meet our goals of supporting interest in science and math, and inquiry for the future. For information, visit www.centralcoahec.org and click on Science Fair, or call (303) 724-0335.

SBIRT:
A Change in Thinking for Better Healthcare in Colorado

The Screening, Brief Intervention and Referral to Treatment (SBIRT–Colorado) is a simple and dynamic program that aspires to make screening for alcohol and other substance use as common in healthcare settings as measuring blood pressure. The program began in spring of 2007, and currently has 18 health educators providing these services across the state in the first pilot sites. Screening services have been provided to more than 20,000 clients to determine their level of risk, and 89% of the patients reported the information was useful. Early results reported changes in use of alcohol and cannabis use in a six-month follow-up of 110 patients who scored positive for a brief intervention, or further services, as of September 2008. The goal of the SBIRT program is to make such screenings an every-patient occurrence.

In September 2008, working in collaboration with the Colorado Clinical Guidelines Collaborative (CCGC), SBIRT released a new evidenced-based clinical guideline for health care providers.

The first Central Colorado AHEC-sponsored SBIRT Training Community Advocates event will be held January 22, 2009 at 2170 South Parker Road, Denver, Colorado 80231. Please register on our website: http://www.centralcoahec.org, or call Gloria Nussbaum or Jenny Dull at 303–724–0335 for further details.

We can't solve problems by using the same kind of thinking we used when we created them.

–Albert Einstein
AHEC Programs Promote Health in Southeastern Colorado

The Southeastern Colorado AHEC (SECAHEC) has begun a comprehensive new program in partnership with the Colorado Trust, the Create Health program, focused on health career pipeline development in rural areas.

Focused primarily in Huerfano County during its first phase, the program includes activities from grade school through college, that will assist in: raising the level of interest in health careers; preparing students to be good candidates for health care training programs; guiding students into health careers; and helping to move students in entry level health careers into next-level options.

In this program, SECAHEC will be working closely with the school district, local health care facilities, local business community and regional community colleges. Components of the program include science fairs, Medical Academy of Science and Health (MASH) camps, teacher training (via the Teachers Exploring and Advocating for Careers in Health program), community health worker training, student-run health fairs, and college student internships.

SECAHEC is also working with the Colorado Prevention Center and the Health-e-Solutions II Program, to improve cardiovascular health in the southeast region. The program provides education, screening for cardiovascular disease risk factors and navigation into health care.

This program is an effort to integrate scientific evidence into a community prevention program, and includes the use of kiosk technology and screening programs to help identify those at risk for developing cardiovascular disease. The program will utilize a community health worker to help provide barrier-free, culturally competent screening, prevention education and navigation into care.

Cathryn Sanchez, the newest addition to our office, will spearhead this grant effort, which builds upon previous work and relationships in working to prevent and treat cardiovascular disease in Southeast Colorado.

SECAHEC Hires New Regional Director

Dr. Charlie Raye announced that a new Regional Executive Director has been hired for the Southeastern Colorado Area Health Education Center (SECAHEC). Dr. Raye is president of the SECAHEC board, a non-profit affiliate of the CU Health Sciences Center serving 16 southern Colorado counties.

Iris Clark will replace long-term SECAHEC Director Randy Evetts who left to direct a new health program for Pueblo City Schools. Clark holds an MA in organizational management and undergraduate majors in biology, chemistry and education. Her experience includes ten years of non-profit and public education work in the San Luis Valley along with eight years in commercial lending. Most recently she was Vice President of SBA lending for American National Bank in Colorado Springs. She graduated from East High School and after a decades-long absence is happy to be living again in Pueblo.

SEAHEC is charged with ultimately improving the health of all citizens in southeast Colorado by providing educational services for students, professionals and consumers in the counties of Baca, Bent, Chaffee, Cheyenne, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Otero, Park, Prowers, Pueblo and Teller.

Ms Clark may be reached at (719) 544-7833 or iris.clark@secahec.org.
CU Medical Student Assists Centennial AHEC at Haxtun Health Fair

A Hands-on Healthcare Symposium was held at the Haxtun Community Center in frontier Phillips County. The event, sponsored by Rocky Mountain Farmers Union Education Services, drew 60 students from eight area high schools and Northeast Junior College. The day included health professions presentations, visits from a medical flight helicopter as well as an ambulance service, display tables, and drawings for door prizes for the students. Emily Jo Hasley, Education Coordinator for Centennial AHEC, served on the planning committee along with Dr. Jack Westfall, Director of the Colorado AHEC System and the University of Colorado Denver (CU) Vice Dean for Rural Health, Patti Smith RN, a health educational consultant, and others.

Centennial AHEC provided an interactive table presentation which offered students learning experiences, resources and educational prizes. Students were given pocket notebooks imprinted with Colorado AHEC health careers manual and Centennial AHEC’s scholarship website addresses. They took turns on the Health Professions Spinning Wheel, answered health careers challenge questions, and were awarded CU Mini-Med School student packets as prizes. A tri-fold tabletop board held a colorful display of information about varied health careers. Several copies of Colorado Health Careers were available for perusing and each school counselor was provided a copy of the Centennial AHEC Scholarship and Financial Aid Manual.

Two CU health professions students participated as part of their AHEC Rural Rotation Community Service Projects: School of Medicine third-year student, Michael Buendia, completing a clinical rotation at Wray Community Hospital, and Dan Iler, a fourth-year pharmacy student assigned to Barnes Pharmacy in Sterling, talked individually with students and gave brief presentations to the large group. They discussed preparation for college, their professional curricula and experiences as health career students.

Local health career fairs such as this are an integral part of Centennial AHEC’s Grow Our Own health professions recruitment strategy. Repeatedly, research has demonstrated that health providers who grow up in rural areas are the most likely to practice in rural areas. Centennial AHEC is committed to successful recruitment.

Caring for Colorado Foundation Grant Serves Frontier School Children

Centennial Area Health Education Center (CAHEC) has received a $150,000 grant from the Caring for Colorado Foundation to provide school-based oral health services to preschool thru second-grade children in seven of Colorado's eastern frontier counties. In collaboration with the Northeast, Lincoln, Kit Carson and Cheyenne County Health Departments and the Rural Communities Resource Center, CAHEC will oversee dental hygienists and public health nurses providing oral health education to 1,000 children and their parents/caregivers, screen 500 children for early dental disease and apply fluoride varnish and sealants to teeth as recommended by the Colorado Department of Public Health and Environment’s Be Smart and Seal ‘Em program.

Prophylactic dental services are easily adapted to the school setting. As a matter of fact, the hygienists report that children are often more cooperative than in a traditional office—perhaps because it is a familiar environment, not one filled with scary equipment and unusual sounds and odors.

In the first year of the program, which served just Lincoln, Kit Carson and Cheyenne Counties, over 250 children age four to eight received the screenings and prevention treatments. Local school administrators have welcomed the program and made time in their already
full curricula for the 20-minute education piece. One superintendent wrote, “Thank you so much for caring and taking care of our children.”

Dental decay is an infectious disease in which bacteria in the mouth process simple sugars into acid, which erodes the enamel structure and causes cavities (cavities). The most cost-effective, proven method of addressing the problem is the application of fluoride and sealants on children’s teeth—starting as soon as the first tooth erupts. Fluoride is a naturally occurring mineral which strengthens the enamel of teeth, thereby making them more resistant to bacteria which cause dental caries. Sealants are a thin plastic coating placed on permanent molars to form a protective shield.

Repeated studies have shown that approximately half of elementary school children in Colorado have dental caries. According to the Surgeon General’s 2000 report, Oral Health in America, “Diet, nutrition, sleep, psychological status, social interaction, school and work are affected by impaired oral health.” Yet there is a profound shortage of dentists and dental hygienists in the frontier areas and very few of the local providers accept Medicaid or CHP+. Most of the indigent care is provided by the region’s safety-net clinics, either Saud or Plains Medical Center; both agencies have long waiting lists and limited funding.

The Caring for Colorado Foundation has made a major commitment to the state’s indigent population with its six-year-old Oral Health Initiative. Not only did it generously expand the Eastern Plains Oral Health program to Phillips, Sedgwick, Washington and Yuma counties this year, the foundation also funded Western Colorado AHEC to duplicate the program in four western slope counties. This is a program which is truly making a difference in underserved communities.

Centennial AHEC’s Board of Directors: Engaged Community Volunteers

There is no question that without its committed board of directors, Centennial AHEC could not fulfill its mission. Non-profit boards of directors are directly responsible for the organization’s mission and purpose, fiduciary and legal oversight of the agency, strategic planning, policy establishment and enhancing the organization’s public image – all on a volunteer basis!

CAHEC’s board actively participates not only in their own meetings and obligations, but have an outstanding attendance record at the state board retreats and advisory meetings. In October seven members were eager contributors at the board and preceptor conference in Vail and have pledged to continue to share their time and expertise in order to address health workforce issues in the northeast region.

Current board members are:

- Don Enninga, EMT-1, Morgan Community College, (President)
- Mark Johnson BS, EMT-P, Front Range Community College, (Vice-President)
- Marty Bachman, PhD RN, Front Range College, (Secretary)
- Karen Thompson, MSN RN, North Range Behavioral Health, (Treasurer)
- Faye Hummel, PhD RN CTN, (past President)
- Kathleen Frisbee, MSN RN, Morgan Community College
- Heather Lelchook, MA, Aims Community College
- Kindra Mulch, BSN RN, Kit Carson County Health and Human Services
- Marc Ringel, MD, East Morgan County Hospital, Brush Colorado

Thank you, generous board members!
Fetal Alcohol Syndrome: A Call to Action
The Public Health Costs of Fetal Alcohol Syndrome

In this first of a series of features on Fetal Alcohol Syndrome, we will focus on the costs to the public of Fetal Alcohol Syndrome, or FAS (also called Fetal Alcohol Spectrum Disorder, or FASD).

What is FAS?
FAS refers to birth defects caused when a mother drinks while pregnant. The problems that can occur to a baby with FAS include: developmental delays (mental retardation); vision or hearing problems; behavior problems; difficulty with learning and remembering.

These problems last a lifetime, and the “cost” to an individual struggling with FAS cannot be calculated. While there is no cure, therapies and special school services can help individuals with FAS to cope with daily life.

Cost?
However, these services do come at a cost: According to Colorado Responds to Children with Special Needs, the estimated costs for treatment and care of one person with FAS in the United States ranges between $75 million and $9.7 billion.

Prevention?
The Colorado Department of Public Health and Environment estimates that as much as 11% of residential care for mental retardation in the United States can be attributed to FAS. The only way to prevent FAS is to avoid drinking during pregnancy (no safe level of alcohol during pregnancy has been determined).

Information?
For more information, please visit:
Colorado Department of Public Health and Environment at http://www.cdphe.state.co.us/dc/crcsn/fetalsyn.html

March of Dimes
http://search.marchofdimes.com/msmres.asp?query=fetal+alcohol

KidsHealth

Contact Dr. Pamela Gillen at (303) 724-0327 or pamela.gillen@ucdenver.edu.

All FASDs are 100% preventable—if a woman does not drink alcohol while she is pregnant.
http://www.cdc.gov/ncbddd/fas/fasask.htm

Office of Diversity and Inclusion University of Colorado Denver Anschutz Medical Campus

The mission of the Office of Diversity and Inclusion is to promote and support a diverse community that values, fosters and benefits from the unique qualities, rich histories and wide variety of cultural values and beliefs that mirror and fulfill the University of Colorado Denver’s mission of education, healthcare, research and community service.

We provide outreach and support to students at the middle school, high school and undergraduate levels, by facilitating summer programs that introduce local and statewide students to professional careers in health care and preventing health disparities. Our priorities for the upcoming year include developing and implementing a High School for Health Careers, and strengthening and raising visibility of the undergraduate pre-health programs. Our goal is to share the many opportunities and benefits of such programs, to enhance diversity university-wide and to foster a culture of inclusion and cultural competence with a focus on the development and training of faculty and staff.

For more information, please contact the Office of Diversity and Inclusion Vicky.saulsberry@ucdenver.edu or (303) 724-8003.
Laura Holder, National Western Scholarhip Recipient
Looks Forward to Working as a Rural Doc

I am currently a second-year student at the University of Colorado Denver School of Medicine. I am a member of the Rural Track, which has provided me with many opportunities to learn about and prepare for a career as a physician in a rural area, which as you know is quite different than working as a specialist or in an urban area. I knew going into school that I wanted to practice medicine in a rural clinic.

The rural setting provides the ideal physician-patient relationship: I am excited to deliver a child and then perform their college entrance sports physical. I believe that it will be extremely helpful to have insight into the community and people who I work with. I love the people of rural Colorado; they are hard-working, kind, grateful, and selfless. I also am intrigued by the challenges a rural doctor faces: the rural doctor has to be the local cardiologist, the local dermatologist, the local psychologist, the local obstetrician, the local who-can-take-care-of-whatever-walks-through-the-door. I look forward to gaining all these skills to serve my community.

After I graduate, I would love to stay in Colorado for my residency. I then plan to go to Gunnison, Colorado. I spent last summer working with Dr. Matthews in Gunnison and loved the challenge. I loved the patients, doctors, and staff. (Did I mention my own father, John Holder -- and Dr. Tarr, who delivered me 24 years ago -- worked at the same clinic?) I spent twenty years in this community and am excited to serve the people who have served me growing up. I look forward to treating my teachers and friends.

Everyday I sit in class, I hear how rural physicians are struggling to make money. I hear how specialists only work twice a week and make twice the salary. However, I know that I am destined to be a rural doctor. I am very thankful that there are scholarships available through wonderful organizations such as the National Western Stock Show (NWSS), AHEC, and Gunnison Hospital Foundation to help students who have an interest in rural medicine pursue their dreams.
Colorado STRIDES
Sustainable Towns: Rural Improvement, Development, Expansion, and Success

Many enjoy living, working and playing on the eastern plains, in the Rockies and on the western slope! However, rural areas struggle to recruit healthcare providers. Sometimes, providers don’t see the remarkable things we love about Colorado’s small communities.

This is especially troublesome because Colorado is a rural state: 73% of Colorado’s counties are designated rural or frontier (fewer than six people per square mile). Moreover, our average rural county covers 1,632 square miles, an area larger than the state of Rhode Island. Of Colorado’s counties, eight have only one full-time primary care physician, four of whom are not accepting new Medicaid patients.

Six additional rural counties lack even one full-time primary care physician, and one rural county has no primary care physician at all. Fourteen rural counties do not have a dentist accepting Medicaid, while seven have no dentist at all. Almost every county in rural Colorado is designated as a Medically Underserved Area or a Health Professional Shortage Area, showing that access to care is severely limited.

At the same time, recruiting and retaining healthcare professionals to rural Colorado is a tremendous challenge. Even healthcare providers who originate in rural areas become accustomed to urban amenities during their education and training, which generally takes place in urban settings. This helps explain the geographic disparities in physician placement in Colorado: of physicians responding to a 2005 Colorado Health Institute workforce survey, 89% of Colorado physicians practiced in an urban setting, compared to 11%, who practiced in a rural Colorado community. That means that only 11% of Colorado’s physicians serve 73% of the state! In short, Colorado’s rural and frontier counties in Colorado have extreme difficulty recruiting and retaining an adequate number of primary healthcare providers.

To address this problem, the Colorado AHEC System and Colorado Rural Health Center have developed a new program called Sustainable Towns: Rural Improvement, Development, Expansion, and Success, or STRIDES. Realizing that healthcare providers are drawn to areas with amenities, economic vibrancy, and engaged and engaging local leadership, STRIDES facilitates a collaborative approach to community development, maximizing the local community’s ability to attract healthcare providers. This collaboration consists of members from all facets of the local community, working in tandem with state, federal and philanthropic resources offered through Colorado STRIDES, in order to identify and build upon community assets while addressing opportunities for developing local amenities, a vigorous economy and intentional leadership.

Colorado STRIDES has generated excitement already. Recent activities include:

• hosting a resource group meeting with attendees from across the state
• applying for grant funding for the project
• receiving technical assistance in program development and evaluation from “recruitable communities” expert and Associate Vice President for Rural Health at West Virginia University, Hilda Heady
• receiving an invitation to join with Colorado’s Office of Economic Development and International Trade (OEDIT) and Department of Local Affairs (DOLA) to work on a project in a large frontier county

For more information on Colorado STRIDES, contact Clint Cresawn at (303) 724-2480 or clint.cresawn@ucdenver.edu.
Monday, Wednesday and Friday mornings you spend listening to medical school professors lecture. Monday, Wednesday and Friday afternoons you spend working on simulated patients or in laboratories. Tuesdays and Thursdays you shadow physicians, nurses, pharmacists, dentists and other medical professionals as they do real work in real hospitals and clinics.

It may sound more like summer school than summer vacation, but 20 rural high school students from across Colorado volunteer to do it each year. That is the purpose of the Colorado Rural Health Scholars Program. It combines with programs such as the University of Colorado Denver School of Medicine’s Rural Track program and other kinds of outreach to attract rural students to pursue careers in rural health care. All of it comes together in the medical school’s Rural Health Initiatives program directed by Jack Westfall, MD.

In August 2007, Gov. Bill Ritter explained, “Many of our rural areas face a critical undersupply of health services.” Some Colorado counties have no licensed physicians. Others have fewer than five. Rural residents must often drive dozens of miles for a routine doctor visit.

That’s why I’m proud of the work done by Jack Westfall and the Colorado Area Health Education Center System. Getting young people interested in rural health care careers as early as middle school and keeping them interested as they enter their undergraduate college years is every bit as important as having a Rural Track for them to study when they finally arrive in medical school.

We know from statistics that students from rural areas are more likely to practice medicine in rural areas. They don’t undergo the culture shock that drives some away from rural medicine.
The University of Colorado Foundation

Building on Momentum

The University of Colorado Foundation is the largest foundation in the Rocky Mountain West dedicated exclusively to higher education. Since 1967, the CU Foundation has partnered with the University of Colorado to raise, manage and invest private funds for the benefit of the University. These funds also benefit the University’s initiative to ensure comprehensive healthcare for rural Colorado, the Rural Health Initiative. This critical support enables CU to invest in cutting-edge research for our faculty, provide transformational educational experiences for our students and develop life-saving critical care for communities throughout Colorado and the nation. Private philanthropy allows CU to reach its full potential and to transform lives.

Generous individuals and foundations across the state have come together to make Rural Health Initiative programs a reality at the University of Colorado. Now is the time to build upon this momentum in order to effect real change for rural communities in need. Scholarship support for healthcare students determined to return to practice in rural areas can make the difference between a community receiving the healthcare it needs or going without. The University is reliant on private support for this and many other rural outreach programs. We need your help. The CU Foundation is dedicated to a healthy rural Colorado. Please join us!

For additional information about how you can make a difference in your community, please contact Stephanie Spence, Senior Director of Development, at (303) 728-4217 or Stephanie.spence@cufund.org. Please look us up at http://www.cufund.org for more information.
Building on Momentum

Recently, civic leaders and generous individuals have stepped up to support the Rural Health Initiative in numerous ways. Help us build upon their momentum and make a difference in rural communities.

- **Colorado Trust**: $3.1 million for the CREATE Health Program to improve health and science education for rural Colorado students and attract the best rural students to health careers
- **Williams Family Foundation**: $2 million for the Patrick and Kathleen Thompson Endowed Chair in Rural Health
- **Janet Mordecai**: $1.5 million for the Daniel and Janet Mordecai Rural Health Nursing Endowed Chair and $400,000 for four Rural Health Nursing Endowed Fellowships
- **Colorado Trust**: $280,000 to establish the Rural Health Track
- **The Colorado Health Foundation**: $150,000 for CREATE Health rural pilot programs in Walsenburg, Alamosa, and Delta
- **Walt and Laura Dear**: $131,000 for the Hermosa Creek Scholarship in Rural Medicine
- **National Western Stock Show**: $25,000 per year for Scholarship for Rural Health
- **Anschutz Family Foundation**: $10,000 for the Rural Track and $10,000 for the Rural Health Scholars
National Western Stock Show
A Vision for Healthier Rural Communities

While 20 percent of Americans live in rural areas, only nine percent of the nation’s physicians practice there and only three percent of recent medical school graduates plan to do so. The leadership of the National Western Stock Show (NWSS) recognized the need for greater access to health care in rural areas early on.

The National Western Scholarship Trust began granting scholarships to University of Colorado Denver (UCD) School of Medicine (SOM) students in 1995. Its involvement in education at UCD and other schools allows NWSS to continue its outreach to rural Colorado and Wyoming, an important part of the mission of NWSS. This critical support allows one UCD SOM student a year to follow his or her dream of practicing medicine in a rural community.

This long-standing partnership between NWSS and UCD SOM strengthens our community at the University and throughout the state. Together, we are working to improve the lives of people living in rural areas. The University of Colorado Foundation is grateful to NWSS for its commitment to the University and for its vision for healthier rural communities.

Scholarships make an impact for future caregivers

Fourth-year medical student Autumn Orser could have chosen to specialize in surgery, dermatology or any number of medical specialties known for bringing in the “big bucks.” Instead, this 26-year-old is planning to return to the San Luis Valley where she was born and raised, and follow in the footsteps of her childhood pediatrician, Dr. Robert Kelly. Part of what has made this possible is a $6,000 scholarship she’s received each year from the National Western Scholarship Trust.

“The scholarship has been really helpful,” says Orser. It does more than just help pay the $23,000 yearly tuition; it keeps her motivated while surrounded by medical students who are studying much more lucrative specialties. Orser has attended the National Western Stock Show each year, helps out at events like the Junior Livestock Auction and spoke at the Citizens of the West Dinner.

Orser began thinking seriously about becoming a rural pediatrician in high school after listening to a conversation between her father and Kelly, the only pediatrician in town. Kelly lamented that he could not retire because no other doctor wanted to take his place.

“I just started thinking about whether I was capable of becoming a doctor and whether the valley was a place I wanted to stay for the rest of my life,” she said. “All of the answers were yes, so it started me on the path.”

Orser is one of only ten percent of her class studying rural medicine. But she’s on track to fulfill a lifelong dream.