Hey Community Engagers,

Gretchen Hammer (facilitator of our past two PACT Retreats) sent us information about a collaboration of engaged residents, health care providers, and community agencies. A little over a year ago, over 150 community and health care leaders and residents attended a public meeting on health care access in Aurora. From this group, the Aurora Health Access Taskforce was born—a group of residents, leaders, providers, and community agencies committed to transforming the health care system in Aurora. Another community meeting on Aurora's health care needs is being held on February 16, 2011, 6:30-8:00pm, St. Therese Parish Hall. See the attached flyer and synopsis, and spread the word to your neighbors.

Take a look at this issue brief on the Colorado Health Institute Web site, using 2008-09 Colorado Household Survey data..."Analysis of data shows that if state and federal health reform were fully enacted today, more than 540,000 of the 800,000 currently uninsured Coloradans would be newly insured. The reform measures would reduce the number of uninsured Coloradans by two-thirds. Because newly insured individuals have pent-up demand for health care services, this finding is particularly important as state and local policymakers evaluate the capacity of their current health care infrastructure."

Uninsured Coloradans: Who will be newly covered under health care reform? Who will remain uninsured? - January 18, 2011

[CBPR] National Collaborative on Childhood Obesity Research Launches Surveillance Resource
The National Collaborative on Childhood Obesity Research (NCCOR) announced the launch of a new, free online resource to help researchers and practitioners more easily investigate childhood obesity in America. NCCOR's Catalogue of Surveillance Systems describes in detail existing surveillance systems that collect data related to childhood obesity. It provides one-stop access to more than 75 surveys and other data sets, allowing users to search and select surveys that provide a wealth of data at the national, state, and local levels on a range of variables, including school policies and health outcomes, as well as eating and exercise behaviors. Health officials at the city and state level also can find data related to their programs. The Catalogue of Surveillance Systems is available at www.nccor.org/css. To register for upcoming webinars on the features and uses of the Catalogue, send an e-mail to css@aed.org.

Getting to Know You...Crystal LoudHawk-Hedgepeth, M.Ed., Community Liaison
Hi, my name is Crystal LoudHawk and I am American Indian (Navajo Tribe) from Sanostee, New Mexico, located on the Navajo reservation. I grew up on and off the Navajo reservation and moved to Colorado in 1998. I am currently a doctoral candidate at the University of Colorado-Anschutz Medical Campus,
Clinical Sciences Program and employed as Senior Research Assistant (Health Educator/Community Liaison) at the Centers for American Indian and Alaska Native Health (CAIANH). As a Health Educator, I work on a cardiovascular disease/diabetes risk reduction intervention project among urban American Indians and Alaska Natives (AI/AN). As a Community Liaison, I help build and support relationships between the Denver American Indian (AI) community (members/organizations) and academic investigators to reduce health disparities in Colorado. I strive to strengthen the lines of communication (City of Denver, Colorado Department of Public Health and Environment, AI community, AI organizations & non-AI organizations) by:

- formalizing and fostering relationships between organizations/academic investigator by having shared decision-making, common goals, and objectives
- increase community awareness about health disparities to foster collaborative research to reduce health disparities
- increase knowledge about AIANs

You may be asking yourself, why is this important and why are different entities working together? This is important because:

1. Of the 4.1 million enrolled American Indian/Alaska Native populations in the United States, 2.1 million live in or near cities, and about 40,000 live in Colorado. (American Indian and Alaska Native Population: 2000, U.S. Census Bureau, Census 2000 Special Reports, Feb 2006.)
2. Of those 40,000, only two groups have tribal governments based in the state (Southern Ute and Ute Mtn. Ute tribes).
3. While only two tribal governments are located in the state, individuals from any of the 565 federally recognized tribes and villages may live in the state. These urban Natives are often “invisible” without their tribal representation in Colorado to advocate for their interests.

This is where the above three bullets come in. We’re working together because federal health care policy toward AIANs continues to focus largely on the needs of those living in rural areas on reservations than those living in urban areas. With more than 50% of AIANs living in urban areas like Denver, little is known about the health of urban AIANs, and few resources are directed toward their health needs. For this reason, we’re working together to:

- promote the health and well-being of AIAN (mentally, physically, socially, environmentally, etc.)
- disseminate/share information and resources
- support one another to create meaningful and lasting partnerships
- be a resource for each other
- increase community awareness about health disparities
- establish and build effective work relationships

Thank you for getting to know me and a little about AIAN’s in Colorado and how we’re working together to bridge the gap through CCTSI, Community Engagement.

Have a great weekend!
Jack Westfall
Community Meeting on Aurora’s Health Care Needs

- Culture of Wellness
- Culture of Care
- Improving Access & Care Coordination
- Health Information Exchange

- Update on our first year of ORGANIZING TO IMPROVE HEALTH CARE ACCESS IN AURORA
- COMMUNITY TESTIMONIES
- OPPORTUNITIES TO TAKE ACTION

Wednesday, February 16, 2011
6:30-8:00 pm
St. Therese Parish Hall, 13th Ave. & Kenton St.

A collaborative effort of St. Therese FAMILY, a member of Metro Organizations for People (MOP), and the Colorado Coalition for the Medically Underserved with over thirty community partners throughout Aurora. For more information, call: Rich McLean, 303-884-6751.

Childcare and Interpretation will be provided.
Welcome to Aurora Health Access, a collaboration of engaged residents, health care providers, and community agencies. Aurora Health Access is committed to creating a health care system in Aurora that meets the needs of all residents.

Why Aurora?
Aurora is home to more than 320,000 people. It is the third largest city in Colorado and spans the Eastern border of the Denver Metro Area. The City boundaries span multiple counties, including Adams County and Arapahoe County. For over twenty years, engaged citizens, health care providers and local agencies have worked hard to build a quality health care system in Aurora. Despite these efforts, the current health care system in Aurora is not meeting the needs of many individuals and families that live in the city at a great human and economic cost.

Aurora is home to one federally qualified health care system dedicated to providing primary care to the medically underserved. In 2008, Metro Community Provider Network provided care to more than 16,000 patients in Aurora. As an outpatient, primary care delivery system, MCPN is not designed to meet community urgent or specialty care needs. The recent economic downturn, impacting both employment rates and family budgets as well as the City and State budget, has further stressed the safety net system in Aurora and highlighted the need for a concentrated community effort to transform the health care system so it can adequately meet the needs of all residents.

On November 10, 2009 over 150 community and health care leaders and residents attended a public meeting on health care access in Aurora. From this group the Aurora Health Access Taskforce was born; a group of residents, leaders, providers and community agencies committed to transforming the health care system in Aurora.

The Taskforce has over 30 participants, representing health care facilities like University, Children’s, Medical Center of Aurora; payers and HMOs like Kaiser and Colorado Access; doctors; both Adams and Arapahoe Human Services; Colorado Department of Health Care Policy and Finance (HCPF); Aurora and Cherry Creek Schools; Tri-County Health Department; community clinics like MCPN, Doctors Care, Aurora Mental Health Center, and Rocky Mountain Youth Clinics; Rural Metro Ambulance; Aurora Adams Medical Society; YMCA; Stapleton Foundation; city council and several other non-profits and individuals with an interest in health care.
Aurora Health Access Guiding Principles

- The health care system in Aurora can meet the needs of all residents.
- It will take all of us working together to succeed.
- The diversity of Aurora is a strength and all with aligned interests are welcome.

Identified Challenges
1. High numbers uninsured/underinsured
2. Inadequate primary care capacity
3. Limited integration, care coordination and access to specialty care
4. Inequitable distribution of health care resources
5. Lack of cohesion and ownership in the community of the health care system
6. The need for a stronger, widespread and public commitment to health within the community
7. Structural and cultural barriers to health and healthy living
8. Cultural and language diversity of residents of Aurora
9. Unpredictable impacts of health care policy

Mission
Through community engagement and research, formulate solutions for a health care system in Aurora that meets the needs of all residents.

Vision
A health care system in Aurora that would meet the needs of all residents will have:
- A culture of health that permeates the community
- Multiple points of entry
- Adequate primary care and chronic disease management
- Access to specialty care for residents
- Information flow and care coordination among all providers
- Equitable distribution of resources across the system
- High quality and evidence based care delivery

Work Groups
There are currently four active workgroups of Aurora Health Access
I. Create a Culture of Health and Wellness
II. Create a Culture of Health Coverage
III. Improve Access and Care Coordination
IV. Support Health Information Exchange

For more information about Aurora Health Access contact Joe Campe at the Colorado Coalition for the Medically Underserved at joe.campe@ccmu.org.